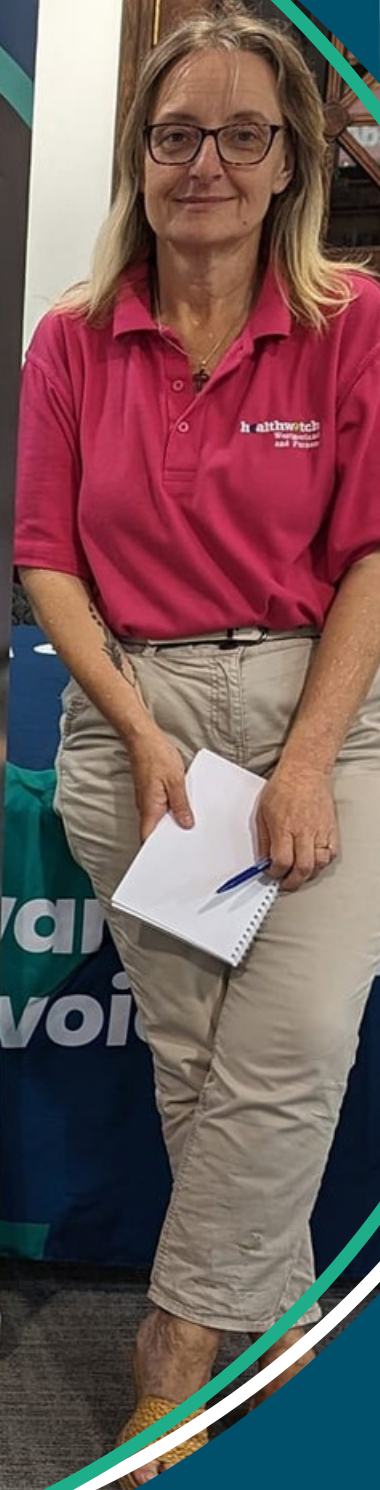


Your say Your way

Tell us your experiences
of health and care



Communication: I want it that way Accessibility Report

About Healthwatch

Healthwatch Westmorland and Furness (HWWaF) is the local health and social care champion.

Independent of all services, Healthwatch is in place to engage with local people, communities and neighbourhoods, listening to their feelings, wishes and experiences of using health and social care services.

Healthwatch works to reduce inequalities and barriers to services by seeking out the experiences of those who could be classed as under-represented communities and sharing intelligence gathered to drive improvements.

Defined by the Health and Care Act 2012, our statutory role is to:

- Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports about how those services could or should be improved, and make recommendations to decision-makers on how to improve the services they are delivering, enacting positive change.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.

To fulfil our statutory functions, Healthwatch undertake a range of engagement from pop-up events in villages and towns, attending existing support groups and networks, running focus groups, and visiting services to see them in action (this is called Enter and View).

By law, there must be a Healthwatch in every local authority therefore local Healthwatch are funded by and accountable to local authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWWaF to bring important issues to the attention of decisions makers nationally. We do this by:

- Making the views and experiences of people known to HWE, helping us to carry out our role as national champion.
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern.

Acknowledgements

Healthwatch Westmorland and Furness would like to thank all the people who contributed to this project by sharing their personal experiences, including those who completed the the survey, and those who participated via partaking in a focus group.

We would also like to thank our volunteers for generously giving their time to support this piece of work.

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Executive Summary

The engagement for Healthwatch Westmorland and Furness (HWWaF) 'Communication: I want it that way' project ran from 14th August 2023 until 7th October 2023, and in total 119 people shared their experiences and feedback with Healthwatch. 87 people responded to the survey, and HWWaF facilitated five focus groups to speak to a further **32** participants. The aim of this project was to explore how accessible the information and advice was from GPs, dentists and pharmacies (particularly in reference to those living with impairments).

The main themes highlighted by this engagement were:

- Health information and advice is usually accessed via the internet or from leaflets.
- Access needs sometimes have to be repeated when making an appointment with a medical service, however, for the majority this is not the case.
- The initial appointment is usually via telephone these days, especially for triage and an in-person appointment arranged as a follow-up if necessary. However, the preferred appointment method would be to have the initial appointment in person.
- Some patients are not given a reason why they have not been given an in-person appointment, however, a common reason given to patients is that there are no in-person appointments available.
- Most people have no issues or problems getting to medical appointments due to transport, especially if the services are local. Issues arise when people are reliant on others (for example friends, family or public transport) to get to appointments, especially when services are not local. Then there are often difficulties experienced.
- GP websites are regarded as more accessible than dentist or pharmacy websites.

- Often at appointments people feel that they got the time they needed to discuss the medical issue with the medical practitioner, however, for most people this does not happen at every appointment.
- For most people the health advice, diagnosis/prognosis given to them was easy to understand and delivered in an accessible way.
- Overall GPs are better at asking their patients their communication preferences than dentists or pharmacies. The preferred methods of contact highlighted were by email, telephone and text message.

Based on the experiences shared and the feedback received throughout this project HWWaF has formulated the following list of recommendations, which apply generally across Westmorland and Furness.

Recommendations

- 1.** GPs, dentists and pharmacies should standardise having individuals' access needs in their patient notes, and these should be reviewed before an appointment, so the necessary support is in place and available. Patients should be asked annually if there has been any changes to their access needs and notes updated accordingly. (This should also be taken into account when cancelling or changing appointments.)
- 2.** GPs, dentists and pharmacies should standardise having individuals' preferred contact method in their patient notes, and patients should be asked annually if their preference is the same/changed and notes updated accordingly.
- 3.** If a patient is not given an in-person appointment a reason should be given if asked for.

4. Signposting documents providing information and details on public transport and patient transport support should be made easily accessible by GPs, dentists, and pharmacies.
5. GPs, dentists, and pharmacies should undertake an accessibility audit on their websites.
6. At every appointment, medical professionals should check the patients' understanding of the information that they have delivered, and offer the space and time for questions and discussion.
7. GPs, dentists and pharmacies should be asking patients for regular feedback, including around how accessible their service is to ensure that constant improvements and developments are done (The HWWaF Feedback Centre can support these services ensuring they are receiving feedback from their patients.)
8. From these recommendations HWWaF have created a list of 'next steps' that we are committed to, which can be found in the conclusion section of this report (page 51).

Introduction / Background

Between January and March 2023, Healthwatch Cumbria conducted the Disability Voices project. The project aimed to capture the voices of disabled people across Cumbria in order to understand their experiences of everyday life, the barriers they encounter, their frustrations or worries, and what changes they feel are needed to improve their lives. In total, Healthwatch Cumbria engaged with **758** people across Cumbria, which included disabled people, their carers, and professionals (including personal assistants) working with disabled people.



**We engaged with 758 people
across Cumbria**

In the final finding report, it was outlined that further research was necessary to explore 'disabled people's experiences of accessing health services throughout Cumbria'. Therefore, Healthwatch Westmorland and Furness (HWWaF) decided to look into this further as part of their core work plan for 2023 – 2024.

Access is such a wide and varied topic, and therefore it was decided that HWWaF would focus on just one element of accessibility – patients access to information and guidance. Thus, the aim of this project was to explore how accessible the information and advice provided by GPs, dentists and pharmacies is to those living with impairments. As well as, asking carers, personal assistants and parents of disabled people about their experiences of communicating with GPs, dentists and pharmacies.

Methodology

The engagement for this project ran from **14th August 2023 until 7th October 2023**, and in total **119** people shared their experiences and feedback with Healthwatch. There were 2 parts to the project engagement:

- Survey
- Focus groups

Survey

This version of the survey was launched on Survey Monkey at the start of the engagement period and remained open throughout. There were **87** respondents.

Anyone living in Westmorland and Furness was eligible to complete the survey online. As they were asked to specify at the start of the survey if they identified as:



Someone living with an impairment



A carer or personal assistant of someone living with an impairment



A parent of someone living with an impairment



Other

A link to the survey was shared on the HWWaF Facebook and Twitter and was also distributed to a number of support groups in the area to be passed onto their members. The survey was also sent to a community magazine in the Eden area.

HWWaF also held pop-up engagements across Westmorland and Furness for the purpose of this project. A paper copy of the survey was also taken along to these face-to-face engagement events so that members of the public could fill it out and leave it with a team member. In total HWWaF held 11 pop-ups:

Barrow-in-Furness	Kendal	Sedbergh	Penrith	Alston
<ul style="list-style-type: none"> • Library • Leisure centre • Health & Wellbeing Event 	<ul style="list-style-type: none"> • Library • Leisure centre • Town centre Age Friendly Wellbeing Event 	<ul style="list-style-type: none"> • St Andrews Church coffee morning 	<ul style="list-style-type: none"> • Library • Bandstand 	<ul style="list-style-type: none"> • Library

There were a total of **21** questions asked in the survey.

The survey itself was limited to **17** questions to ensure it was relatively easy to complete and not too time consuming for the participant. The majority of questions were multiple choice to add to the ease of completing. The survey also included some 'open questions' to allow respondents to share personal insights and opinions.

After the **17** questions, an optional additional **4** questions were asked in relation to the characteristics of the respondent, which gave a demographical insight into those taking the survey. Allowing the opportunity for in-depth analysis via demographic in the future.

The full set of questions asked in the survey can be found in appendix A.

Focus Groups

As part of this project there were 5 focus groups held, consisting of a total of 32 participants. These focus groups were done throughout August and September 2023.

Focus Group	Participants
Langwathby Coffee morning	9
Hug in a Mug (Cancer support group)	6
Furness Breast Cancer Support	6
Barrow Deaf Club	5
The Chat room	6

The focus groups were done in a semi-structured interview style, with a list of questions prepared to guide the discussion, but for each question there was space for an open discussion between the participants.

There was at least one Healthwatch representative at each focus group to facilitate.

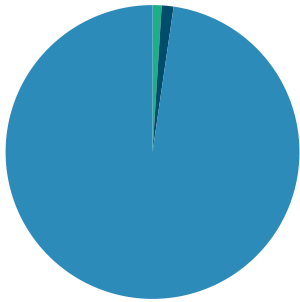
A copy of the focus group form, including the full set of questions asked during the focus group can be found in appendix B.

1. Survey Insights

1.1. Demographics: Understanding who responded

There were **87** respondents to the survey. All respondents resided in the Westmorland and Furness area, and were predominately White British, over 65 and female.

How would you describe your ethnicity?



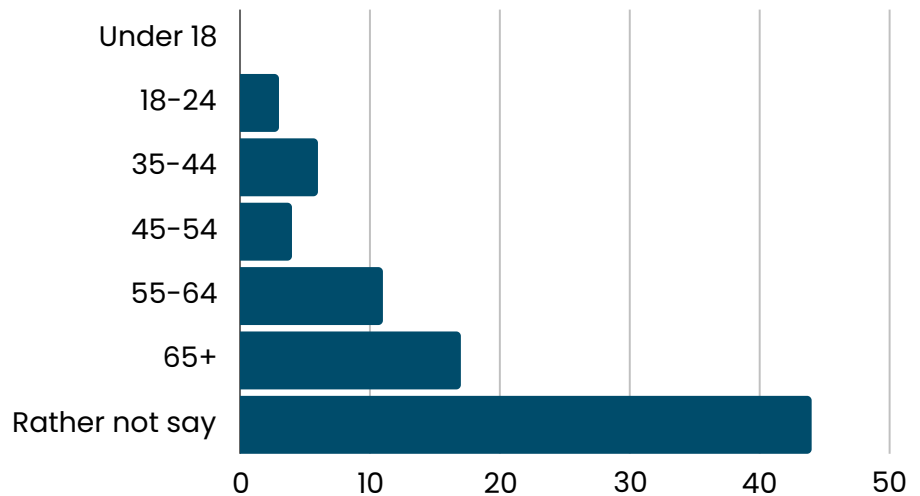
97.7% of survey respondents described themselves as White - British.

The other 2.3% of respondents described themselves as:
Asian or Asian British - Bangladeshi
Black or Black British - African

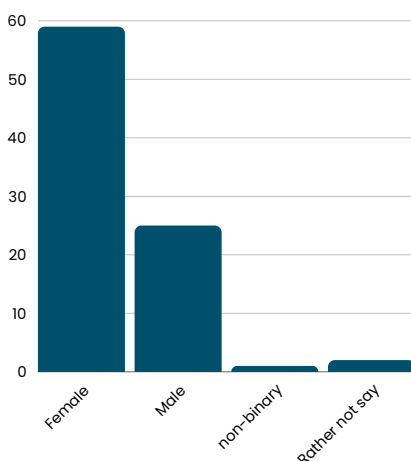
How old are you?

All survey respondents were over 18 years old.

Most respondents, 50.6%, shared that they were over 65 years old.



What is your gender?



67.8% of survey respondents were female.

28.7% of survey respondents were male.

At the start of the survey respondents were asked to specify if they identified as:

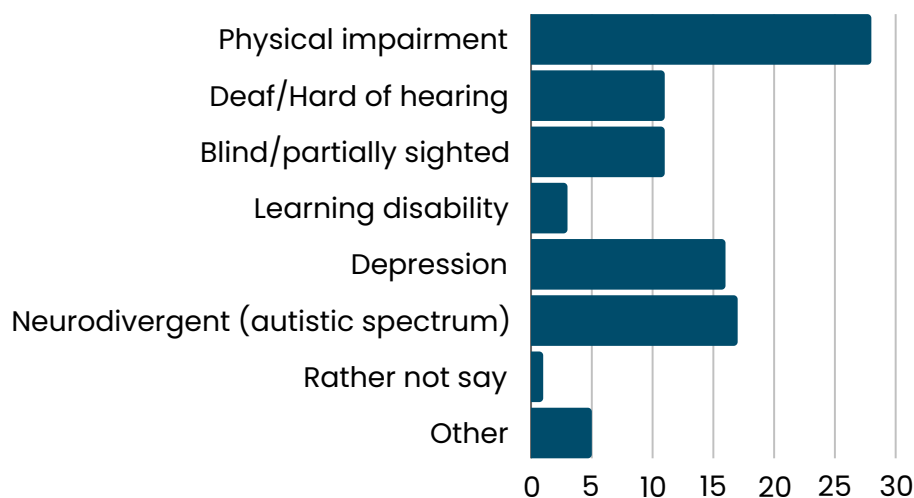
	% of survey respondents
Someone living with an impairment	60.9
A carer or personal assistant of someone living with an impairment	9.2
A parent of someone living with an impairment	6.9
Other	23

Those who selected 'other' do not consider themselves to be someone living with an impairment, nor a parent/carer/personal assistant of someone living with an impairment.

However, those who stated that they were living with an impairment were asked to describe the classification of their impairment/s. The most common impairment classifications were:

Which of the following best describes you?

- 1. Physical impairment – 28.9%
- 2. Depression – 16.5%
- 3. Anxiety – 13.4%



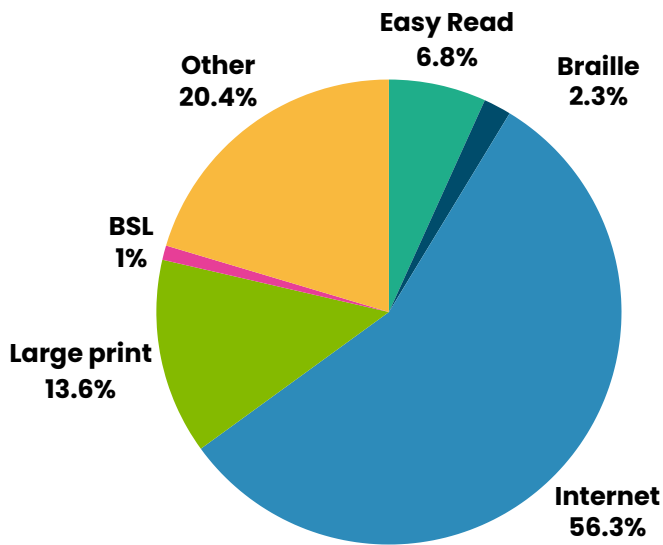
Based on the respondent answers to whether they were;

- someone living with an impairment
- a carer or personal assistant of someone living with an impairment
- a parent of someone living with an impairment
- or someone who does not consider themselves to be any of these

HWWaF has been able to undertake cross-sectional analysis to draw comparisons between these respondent groups. This analysis is displayed throughout the question segment of the survey section.

1.2.Survey findings: Understanding what we heard

How do you normally access information/advice for your health?



Made up of a total of 86 responses

Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Easy Read	8.1	9.6	0	16.7	5
Braille	2.3	0	0	33.3	0
MP3/CD	0	0	0	0	0
Internet	67.4	63.5	50	83.3	80
Large print	16.3	19.2	12.5	16.7	10
BSL	1.2	0	0	0	5
Other*	24.4	17.3	50	33.3	30

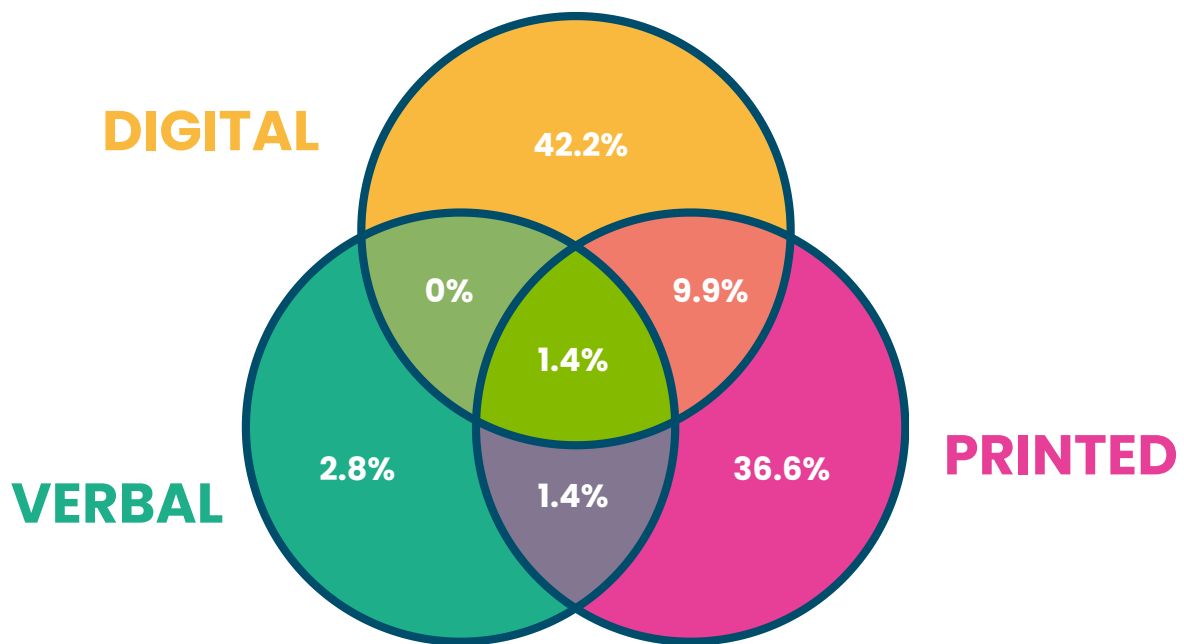
*Other: includes speaking directly to their GP, leaflets and that they used to be a GP themselves.

The majority of respondents normally access information and advice about their health via the internet (**67.4%**), this is also consistent for each respondent group when broken down. No respondents accessed information via MP3/CD.

Interestingly, large print was selected by at least one person in each respondent group, and Easy Read was also used by those who did not have an impairment. This indicates that information displayed in these styles is useful for those without an impairment as well as those with. There is often an assumption made that only those with an impairment would benefit from Easy Read/large print however, as this shows those without can also find them helpful. There are many possible explanations for this, for example, in a study conducted in 2020 it was reported that approximately **77%** of women and 68% of men wore glasses or contact lenses in the UK[1] - most likely a significant proportion of these people would benefit from large print even if they do not consider themselves to have an impairment. It should be considered that based on these responses that Easy Read should be the standard.

[1] Statista. (n.d.). *Glasses and contact lenses wearers in the UK 2020, by gender*. [online] Available at: <https://www.statista.com/statistics/1308235/glasses-and-contact-lenses-wearers-in-the-uk-by-gender/>

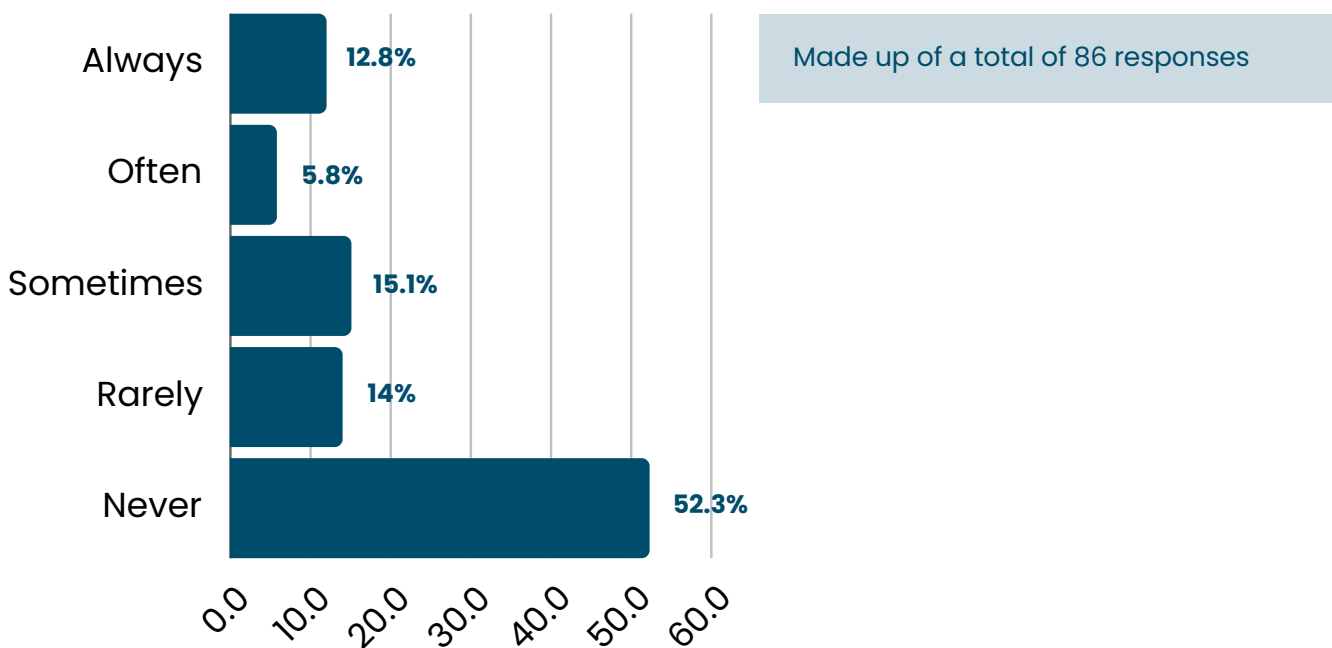
What is your preferred format for health leaflets, posters, and other promotional items?



2.8% said they were unsure and 2.8% said none

Of the **72** respondents who answered this question, **42.2%** shared that they would like to receive the information solely in a digital format. **36.6%** stated that they would like to receive the information solely in a printed format, while another **2.8%** prefer solely verbally. However, of the **72** respondents, **12.7%** shared that they would prefer to receive the information in a combination of different styles (with **9.9%** stating both digital and printed are the preferred combination).

Do you have to repeat your access needs when making a medical appointment? E.g. request ground floor access, interpreter, personal assistant support



Respondent Group Spotlight

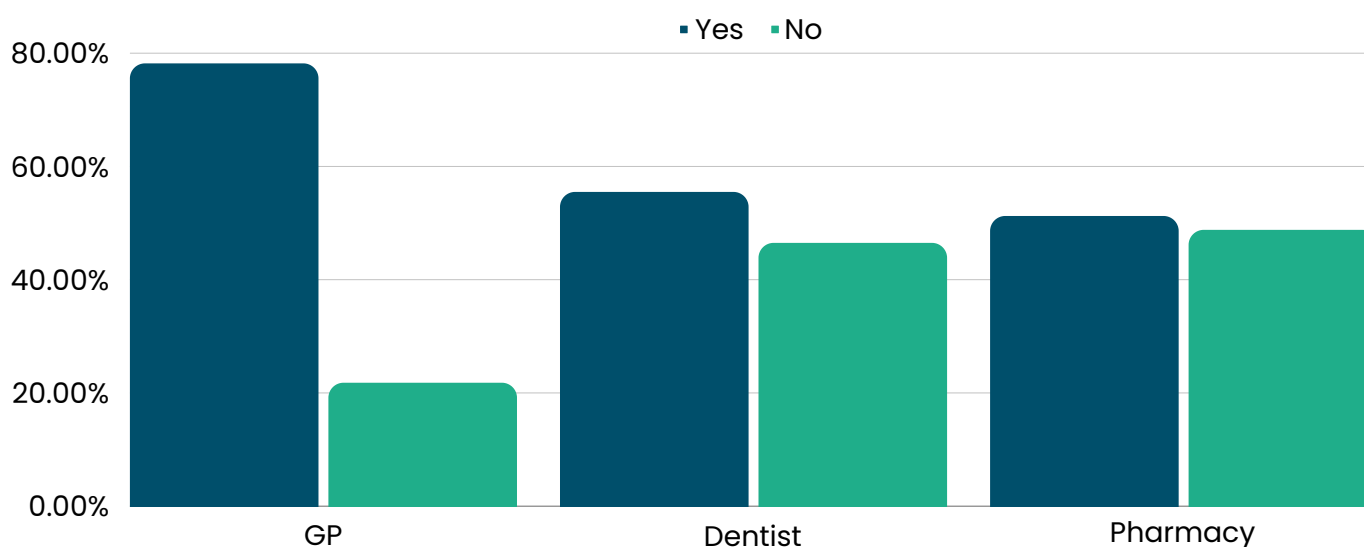
	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Always	12.8	17	0	0	10
Often	5.8	3.8	14.3	0	10
Sometimes	15.1	13.2	28.6	50	5
Rarely	14	17	0	33.3	5
Never	52.3	49.1	57.1	16.7	70

In total the majority of respondents (**52.3%**) do not have to repeat their access needs when making a medical appointment.

However, respondents who answered rarely, sometimes, often or always are all saying they have had to repeat their access needs when making a medical appointment at some point in their lives. Therefore, this shows that for two of the respondent groups (someone living with an impairment and a parent of someone living with an impairment) more people have had to repeat their needs than those who have never had too. Indicating that these individuals are required to advocate for themselves or for their child when making a medical appointment. More should be done by the services to ensure that people are not forced to repeat themselves.

On the other hand, carers/personal assistants may not have to repeat themselves because they themselves are covering the access needs or supporting these needs for the individual living with an impairment, therefore already mitigating the changes needed. Furthermore, the majority of those in the other respondent group stated that they do not have impairments/care for someone living with an impairment therefore they do not have any access needs that need to be shared or have any circumstances that need mitigating against.

Have you had an appointment (in the last six months) with your GP, Dentist and/or Pharmacist?



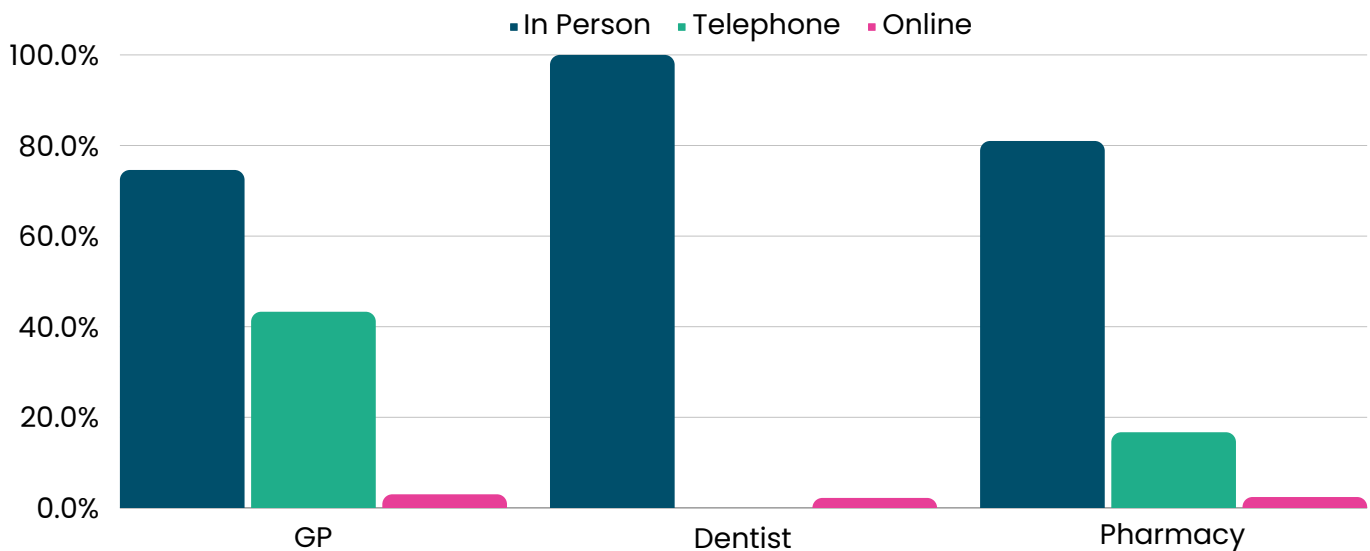
Respondent Group Spotlight

		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	Yes	78.2%	77.4%	75%	100%	75%
	No	21.8%	22.6%	25%	0%	25%
Dentist	Yes	53.5%	52%	50%	83.3%	50%
	No	46.5%	48%	50%	16.7%	50%
Pharmacy	Yes	51.2%	58%	12.5%	66.7%	45%
	No	48.8%	42%	87.5%	33.3%	55%

Only **five** respondents did not have an appointment with either their GP, dentist or pharmacist in the last six months. While the other **82** respondents had at least with one of the three services.

For each service at least half of the respondents have had an appointment in the past six months. However, the service which has been used by the most respondents during this time period was the GP, with **78.2%** of respondents having an appointment.

If yes, what type of appointment was it?



Respondent Group Spotlight

		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	In person	74.6%	77.5%	50%	66.7%	80%
	Telephone	43.3%	42.5%	25%	66.7%	26.7%
	Online	3%	0%	0%	33.3%	0%
Dentist	In person	100%	100%	100%	100%	100%
	Telephone	0%	0%	0%	0%	0%
	Online	2.2%	3.9%	0%	0%	0%
Pharmacy	In person	81%	85.7%	100%	75%	66.7%
	Telephone	16.7%	14.3%	0%	25%	22.2%
	Online	2.4%	0%	0%	0%	11.1%

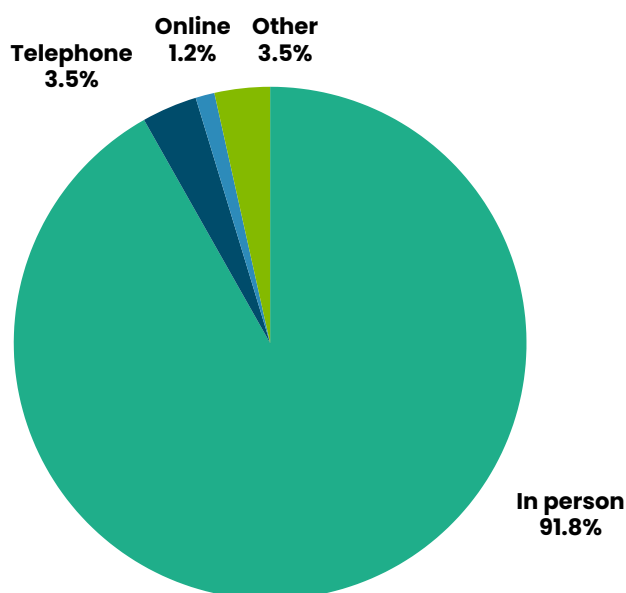
Of those respondents who accessed the services in the last six months, Healthwatch asked what type of appointment they had. Some people had more than one appointment with a service and thus had different types of appointments.

Respondents who had a GP appointment, the majority (**74.6%**) had an in-person appointment, but many (**43.3%**) people had a telephone appointment with their GP. Of the **29** respondents who had a telephone appointment with their GP, **12** also had an in-person appointment (suggesting that the telephone appointment was not sufficient, and an in-person appointment was also required). For carer/personal assistants and parents of someone living with an impairment, telephone appointments came out as their most common type of appointment, this could be out of convenience, be for regular check-ups or accessibility reasons. But it could also be the only type of appointment that they were offered, as only one carer/personal assistant had both an in-person and telephone, while only two parents had both types of appointments.

All respondents who had a dentist appointment had an in-person appointment. One respondent (who is someone living with an impairment) also had an online appointment with their dentist, but no respondent had a telephone appointment.

For all respondent groups the majority of people had an in-person appointment with their pharmacist (if they have had an appointment). The next most common type of appointment was by telephone and then least commonly via online.

What is your preferred appointment method?



Made up of a total of 87 responses:
91.8% In person
3.5% Telephone
1.2% Online
3.5% Other

Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
In person	92%	94.3%	100%	100%	80%
Telephone	3.5%	1.9%	0%	0%	10%
Online	1.2%	0%	0%	0%	5%
Other	3.5%	3.8%	0%	0%	5%

*Other: All 3 respondents who responded 'other' explained that it depended on the situation and its complexity on what their preference of appointment type would be.

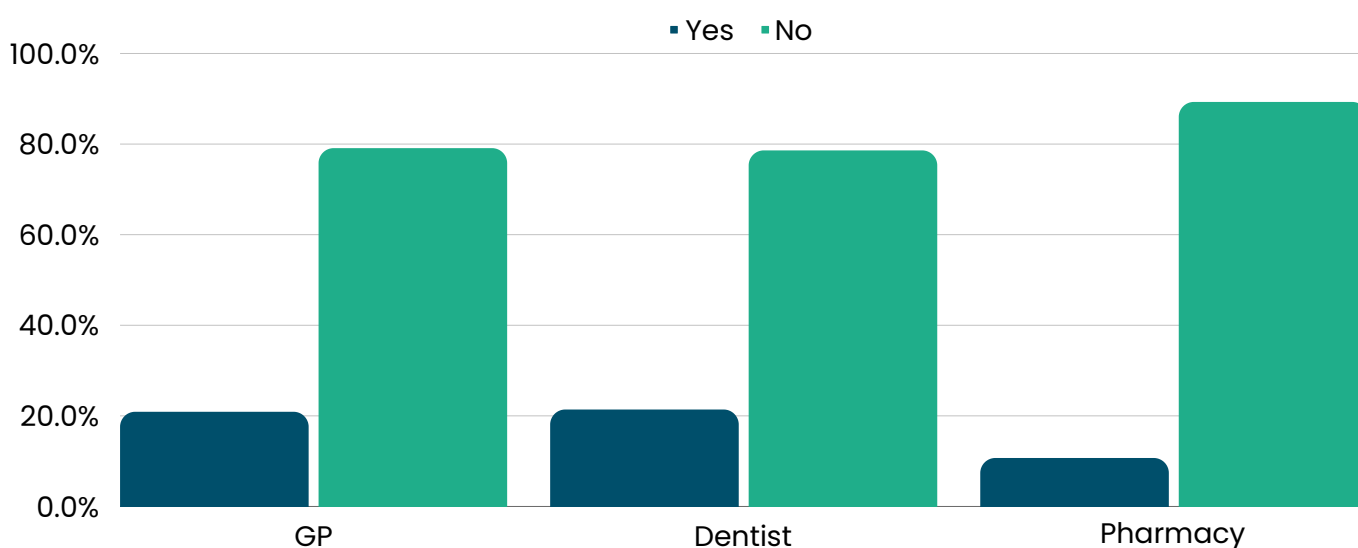
For most respondents (**92.0%**) the preferred appointment method would be in-person, with all respondent groups choosing in-person appointments as their preferred method of appointment.

Two respondent groups (respondents who are carers/personal assistants of those living with an impairment and parents of someone living with an impairment) unanimously agreed that in-person appointments would be their preference. This is despite, as previously mentioned in the last six months for respondents who are carer/personal assistants the majority had a telephone appointment, this not being their preferred appointment method.

Whereas the majority of respondents (**94.3%**) who are people living with an impairment would prefer in-person appointments, **1.9%** did state that they would rather have a telephone appointment. But none said that they would like an online appointment. Telephone and online appointments cannot always identify or give context to the situation that the individual is experiencing, and those people living with an impairment would rather not have to constantly repeat their story when this could be avoided via an in-person appointment.

The respondent group that has the largest variety of preferences was the 'other' respondent group. While **80.0%** of respondents would prefer in-person appointments, but **10.0%** stated that they would prefer a telephone appointment, and **5.0%** shared they would prefer an online appointment. What was made clear in discussions was that whilst respondents had a preference for a certain appointment method, they would rather have a different appointment than none at all. Meaning that they would take a telephone or online appointment if they could not get an in-person one.

Do you have any difficulty accessing the GP, dentist or pharmacy due to transport difficulties?



Respondent Group Spotlight

		Respondent Group Spotlight				
		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	Yes	20.9%	21.2%	25%	16.7%	20%
	No	79.1%	78.9%	75%	83.3%	80%
Dentist	Yes	21.4%	18%	25%	50%	20%
	No	78.6%	82%	75%	50%	80%
Pharmacy	Yes	10.7%	8%	12.5%	16.7%	15%
	No	89.3%	92%	87.5%	83.3%	85%

The majority of respondents did not have any difficulty accessing the GP, dentist or pharmacy due to transport difficulties. However, of those individuals who did have access issues as a consequence of transport difficulties, nine people struggled to access all three services, while five people struggled to access their GP and dentist but can access the pharmacy. Therefore, the findings show that if someone struggles to access one service because of transport difficulties they are most likely going to struggle to access other services as well. Furthermore, it also highlights the importance and need of local pharmacies as for some people, this is where they can get health advice and medication when they are unable to get to their GP or dentist.

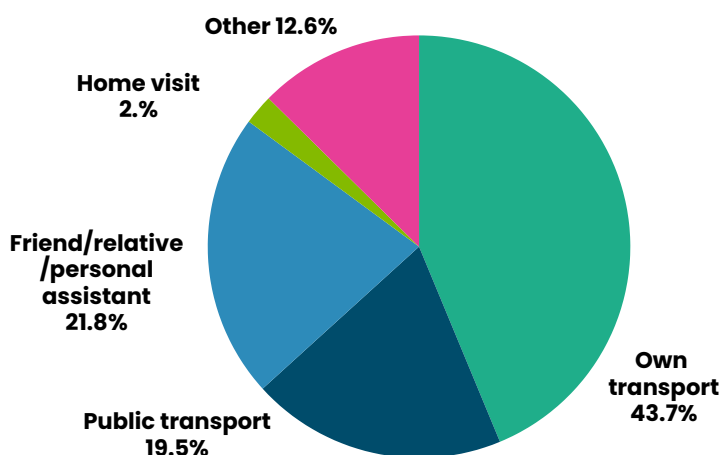
Of those people living with an impairment, the majority did not have any issues in accessing services because of transport difficulties. The service that is the least difficult to access was the pharmacy, and the service that is the most difficult for people because of transport issues was the GP. Of those who do have access issues as a consequence of transport difficulties four people struggled to access all three services, while three people struggled to access their GP and dentist but can access the pharmacy.

The majority of respondents who are a carer or personal assistant of someone living with an impairment did not have any issues in accessing services because of transport difficulties. The service that is the least difficult to access was the pharmacy. However, of those who do have access issues as a consequence of transport difficulties one person struggled to access all three services, while one person struggled to access their GP and dentist but can access the pharmacy.

Of those people who are a parent of someone living with an impairment, the majority did not have any issues in accessing services because of transport difficulties. GP and pharmacy came out as the least difficult to access whilst the dentist is the service that is the most difficult for people because of transport issues. Of those who did have access issues as a consequence of transport difficulties one person struggled to access all three services.

Most of the respondents that are in the 'other' respondent group did not have any issues in accessing services because of transport difficulties. The service that is the least difficult to access was the pharmacy. Of those who did have access issues as a consequence of transport difficulties three people struggled to access all three services, while one person struggled to access their GP and dentist but can access the pharmacy.

If you are having an in-person health appointment, how do you most commonly get there?



Made up of a total of 87 responses:
 43.7% Own transport
 21.8% Friend/relative/personal assistant
 19.5% Public transport
 2.3% Home visit
 12.6% Other

Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Own transport	43.7%	37.7%	50%	33.3%	60%
Public transport	19.5%	24.5%	0%	0%	20%
Friend/relative/personal assistant	21.8%	20.8%	25%	66.7%	10%
Home visit	2.3%	0%	12.5%	0%	5%
Other	12.6%	17%	12.5%	0%	5%

*Other: includes walking and a combination of transport methods.

Overall, own transport was the most common way to get to an in-person health appointment by respondents, with **43.7%** of respondents using this method of transportation. However, other popular ways respondents relied on getting to in-person health appointments was by getting a lift from a friend/relative or personal assistant (**21.8%**), or via public transport (**19.5%**). It is concerning that people are more reliant on a friend or relative than public transport, which could be an indication that the state of public transport in the area is poor, unreliable or in some cases non-existent as people are arranging their lives so that they do not have to use it.

For both the carer/personal assistant response group and the 'other' response group at least half of the respondents stated that they use their own transport to get to an in-person health appointment.

The most common way for respondents living with an impairment to get to an in-person health appointment was also via their own transport. However, with this group it was not the majority, as many are required to find an alternative method of transportation. Nearly a quarter of individuals use public transport (**24.5%**), approximately a fifth rely on a friend/relative or personal assistant to take them (**20.8%**) and just over a tenth of respondents in this group stated that they would walk (**11.3%**). This indicates that people living with an impairment are more likely having to rely on another transportation method than their own. One respondent shared that they mainly drive themselves but sometimes they are too unwell to do this, and thus are forced to rely on another form of transport to get them to their appointment, in their case a friend would give them a lift. This could be similar for other individuals in this respondent group, that they are unable to transport themselves because of their condition or pain levels.

The respondent group made up of parents of someone living with an impairment the majority said that they would get a lift from a friend, relative or personal assistant to get to an in-person appointment.

Interestingly, those respondents who shared that they had difficulty accessing health services due to transport difficulties do not tend to use their own transport to get to an in-person health appointment.

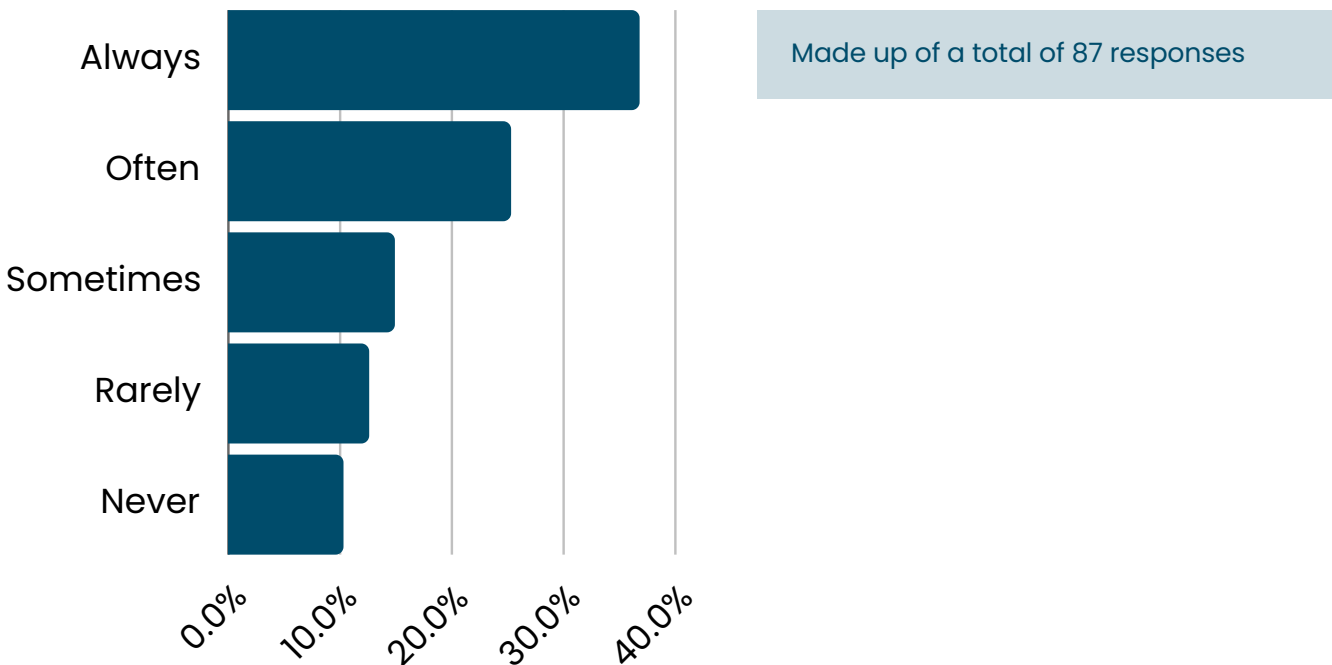
Respondents who stated that they had difficulty accessing health services:

	Own transport	Public transport	Friend/relative/personal assistant	Home visit	Other
GP	0%	33.3%	33.3%	11.1%	22.2%
Dentist	11.1%	27.8%	44.4%	11.1%	5.6%
Pharmacy	0%	22.2%	66.7%	0%	11.1%

*Other: includes walking and a combination of transport methods

This suggests that the reason many of these individuals have difficulty accessing their health services is because they are reliant on other people (either friends, relatives, personal assistants, or public transport) to get them there or to come to them (via home visits).

Are you given the option of in-person health appointments?



*Other: includes walking and a combination of transport methods.

Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Always	36.8%	41.5%	25%	33.3%	30%
Often	25.3%	20.8%	25%	50%	30%
Sometimes	14.9%	17%	25%	5%	5%
Rarely	12.6%	11.3%	25%	16.7%	15%
Never	10.3%	9.4%	0%	0%	20%

89.6% of all respondents have been offered an in-person health appointment at some point, however, only **36.8%** of all respondents are always given the option. But **10.3%** of respondents have never been given the option at all.

Eight of the respondents that said that they did not always get offered the option of an in-person appointment shared that the reason they were given for this was that there were no in-person appointments available. However, another six people stated that they were not given a reason.

Nine respondents mentioned that they were given a telephone appointment prior to an in-person appointment. This was met with a mixed response; some respondents felt that this procedure is adequate (as then they only go in for an appointment when necessary), whilst others felt that getting an in-person appointment straight away would be more efficient (especially regarding time efficiency).



Have a telephone appointment first to decide if a face-to-face appointment is then needed to be booked

- A comment made by a carer/personal assistant of someone living with an impairment.



Other respondents shared that they feel as if the receptionist decides if someone gets a telephone or in-person appointment with the doctor. But several pointed out that they felt this is not right, as they did not want to or felt uncomfortable sharing details with the receptionist.



First you go through to the receptionist, and I don't want to discuss my affairs with them

- A comment made by someone living with an impairment.



Regarding getting in-person appointments, one parent shared that they advocate for their child to get seen by the health professional, rather than get a telephone appointment. Indicating that the offer is not always made and thus they feel that they are forced to fight for their child to be seen.

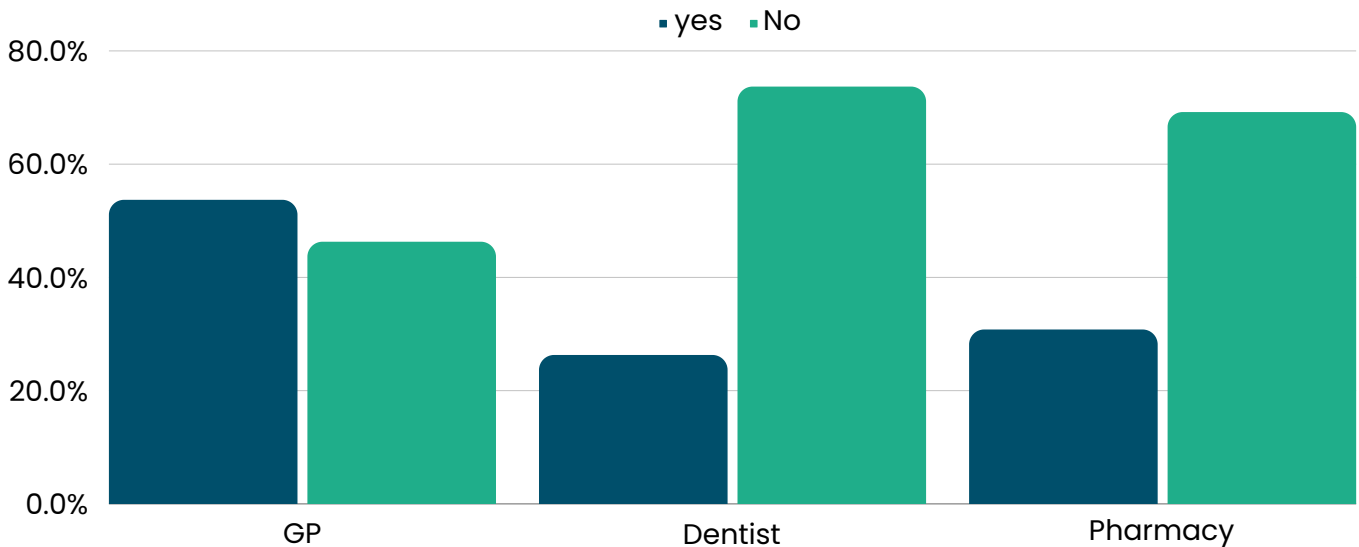


I insist that he is seen as we don't go unless it is really necessary.

- A comment made by a parent of someone living with an impairment



Do you feel that the website for your GP, dentist and/or pharmacy is accessible to you?



Respondent Group Spotlight

		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	Yes	53.7%	54.9%	57.1%	80%	42.1%
	No	46.3%	45.1%	42.9%	20%	57.9%
Dentist	Yes	26.3%	23.5%	33.3%	60%	22.2%
	No	73.7%	76.5%	66.7%	40%	77.8%
Pharmacy	Yes	30.8%	32.7%	42.9%	25%	22.2%
	No	69.2%	67.3%	57.1%	75%	77.8%

It was evident that health service websites were thought to be fairly inaccessible by respondents. Of all the health services, the GP websites were regarded by respondents to be the most accessible (as it was the only health service that more respondents agreed was accessible than inaccessible), and the dentist websites the least. However, in none of the respondent groups did the majority of respondents feel that the pharmacist websites were accessible.

Some reasons given by respondents to explain why they felt that the websites were inaccessible were personal. For example, three people said that they do not use the internet at all or do not have a computer/smart phone to view the websites on. While another 18 stated that they that they do not look at the websites (particularly for the dentist or pharmacy websites). This could be because they do not think that they will be useful or have the information that they are looking for.

However, eight respondents said that their health services do not have a website available to view. Whilst another two shared that they were unable to view their GP website because to do so you need to have photographic ID (or three pieces of other ID), which they did not have easy access to or do not want to share to gain access to a website.

Other comments included that the websites were out of date or do not work, and that whilst technology is available to make websites more accessible not everyone has access to this equipment (due to availability and/or cost).

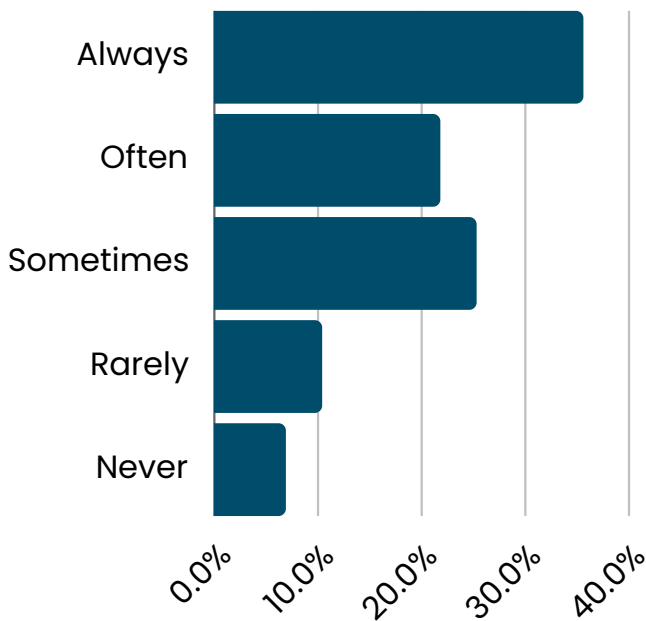


When living with a sensory impairment the website isn't accessible, and I do not have access to the technology to make it accessible

- A comment made by someone living with an impairment.



Do you feel that medical practitioners take enough time to discuss your medical issue with you? E.g. do you have extra time to explain your needs/medical issues during appointments?



Made up of a total of 87 responses

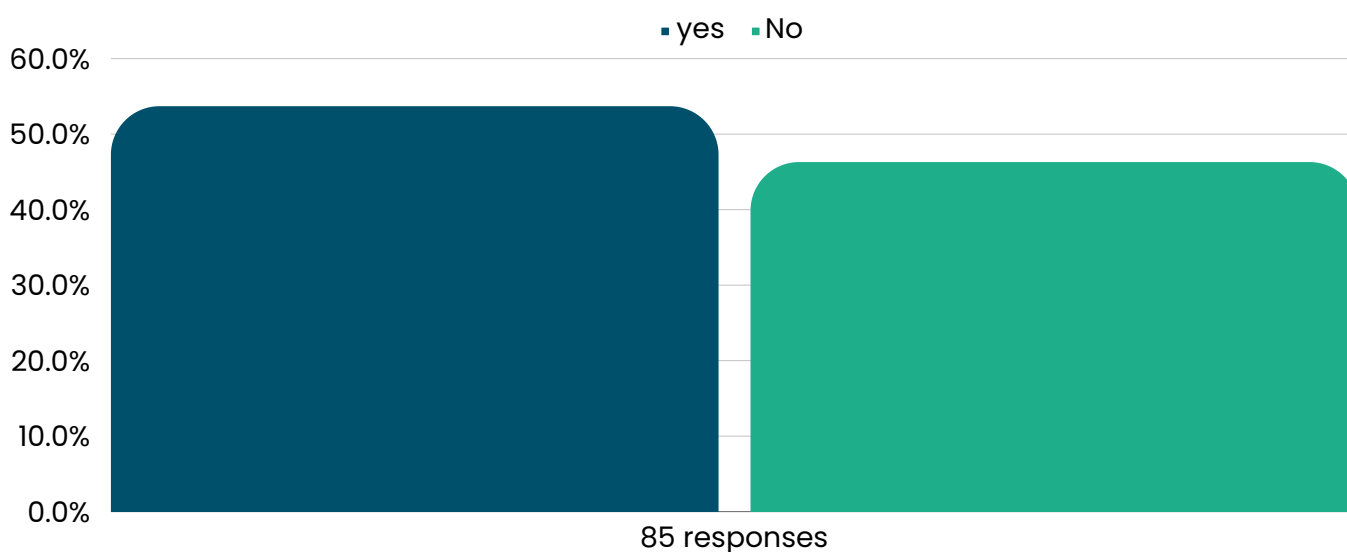
Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Always	35.6%	43.4%	0%	0%	40%
Often	21.8%	18.9%	50%	0%	25%
Sometimes	25.3%	22.6%	25%	66.7%	20%
Rarely	10.3%	5.7%	25.5%	33.3%	10%
Never	6.9%	9.4%	0%	0%	5%

Approximately, **93.0%** of all respondents felt that at some point they got the time they needed to discuss the medical issue with the medical practitioner, however, only **35.6%** of all respondents feel that this happens in every appointment. Furthermore, **6.9%** of respondents feel that this has never happened with them.

For two respondent groups, the carer/personal assistant respondent group and the parent respondent group, none of the respondents stated that they felt that they always got the time they needed to discuss the medical issue with the medical practitioner. This indicates that those who attend medical appointments to support others do not feel that they are always given the chance, discussion or time to understand what the medical situation is. This could mean that medical practitioners have to better acknowledge or consider that parents, carers, and personal assistants need to be given the time and support to comprehend the medical issues that they are being informed off. As these are often the primary supporters of the individual living with an impairment and they need to know the situation fully to be able to help and care as best as they can.

Has the health advice, diagnosis/prognosis given to you been easy to understand and accessible? E.g. Have medical professionals checked your understanding?

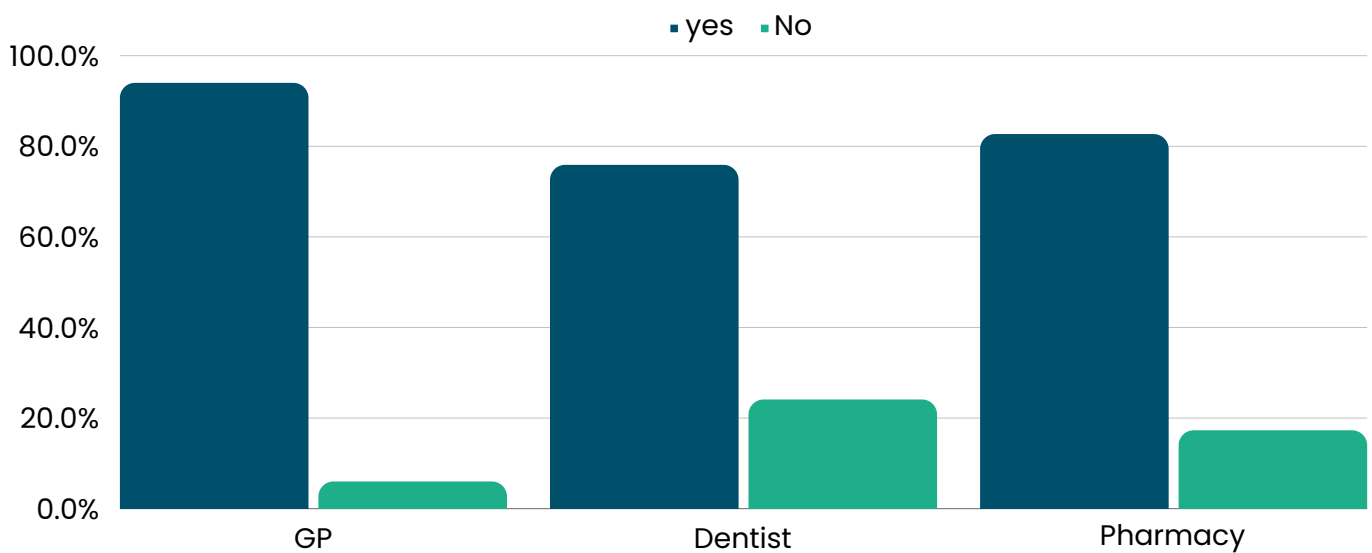


Respondent Group Spotlight					
	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Yes	70.6%	73.6%	42.9%	66.7%	77.8%
No	29.4%	26.4%	57.1%	33.3%	22.2%

The majority of all respondents felt that the health advice, diagnosis/prognosis given to them was easy to understand and accessible (**70.6%**).

This is also consistent for each respondent group, except the carer/personal assistant respondent group. Indicating that medical professionals need to consider the impact of the role of the carer/personal assistant and support them in understanding the health advice, diagnosis/prognosis given as their clarity of understanding could influence the care and treatment they provide.

Is the signage at your GP, dentist and/or pharmacy easy to understand with clear instructions?

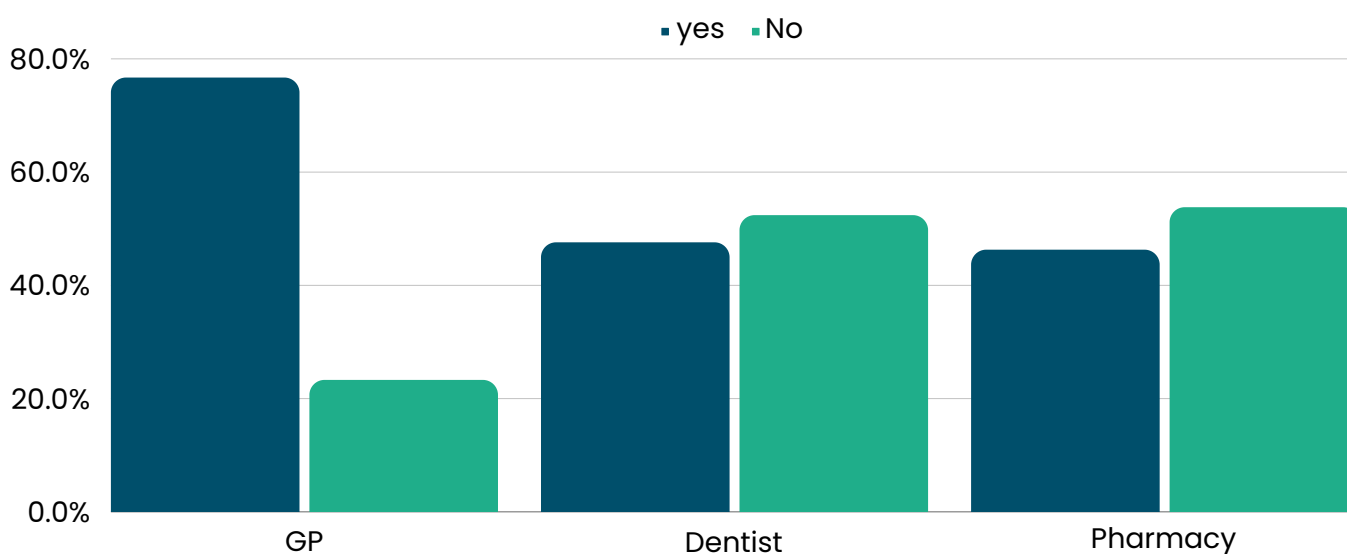


Respondent Group Spotlight

		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	Yes	94%	94.2%	100%	100%	88.2%
	No	6%	5.8%	0%	0%	11.8%
Dentist	Yes	75.9%	71.4%	85.7%	100%	76.5%
	No	24.1%	28.6%	14.3%	0%	23.5%
Pharmacy	Yes	82.7%	82.4%	87.5%	60%	88.2%
	No	17.3%	17.5%	12.5%	40%	11.8%

For all three health services, the majority of respondents stated that they felt that the signage was easy to understand with clear instructions. Of all the health services, the GPs were considered to have the best signage, and dentists the worst. However, still over three quarters of respondents felt that the signage at their dentist was easy to understand with clear instructions.

Have you ever been asked by your GP, dentist or pharmacy what is the best way of contacting you?



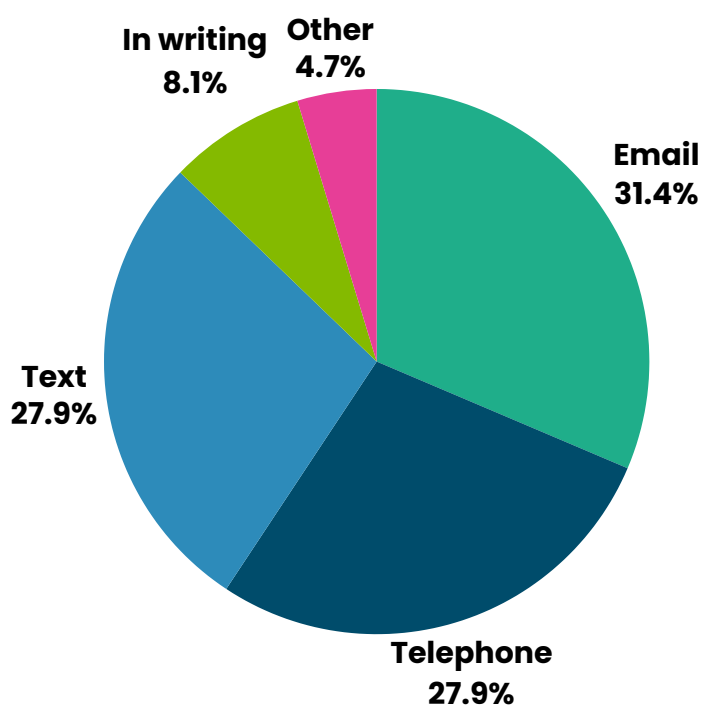
Respondent Group Spotlight

		Respondent Group Spotlight				
		All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
GP	Yes	76.7%	79.2%	62.5%	50%	84.2%
	No	23.3%	20.8%	37.5%	50%	15.8%
Dentist	Yes	47.6%	42%	42.9%	50%	63.2%
	No	52.4%	58%	57.1%	50%	36.8%
Pharmacy	Yes	46.3%	52%	25%	20%	47.1%
	No	53.8%	48%	75%	80%	52.9%

Of all respondents the majority had been asked by their GP what would be the best way of contacting them (**76.7%**), this is also consistent for each respondent group. Indicating that overall GPs are good at asking their patients their communication preferences.

However, on the other hand, less than half the respondents had been asked by their dentists and/or pharmacy what would be the best way to contact them. The only respondent group that more respondents had been asked what the best way of contacting them would be by their dentist than not was 'other' respondents. Whereas the only respondent group that more respondents had been asked what the best way of contacting them would be by their dentist than not was someone living with an impairment respondent.

What is the best way of meeting your access needs?



Made up of a total of 86 responses:
31.4% Email
27.9% Telephone
27.9% Text
8.1% In writing
4.7% Other

Respondent Group Spotlight

	All responses	Someone living with an impairment	A carer or personal assistant	A parent of someone living with an impairment	Other
Email	31.4%	25%	62.5%	66.7%	25%
Telephone	27.9%	32.7%	12.5%	16.7%	25%
In writing	8.1%	9.6%	12.5%	0%	5%
Text	27.5%	28.8%	12.5%	16.7%	35%
Other	4.7%	3.9%	0%	0%	10%

*Other: includes, mix of choices and having a combination of options.

Overall, email was voted as the best way of meeting all the respondents access needs (**31.4%**). The reasons for this could be that emails are a form of written communication in an electronic format. This allows people to get a detailed explanation but also have this information regularly accessible via tablets, phones and laptops. Email was the most popular way of meeting the access needs of carers/personal assistants and parents of someone living with an impairment.

However, both telephone and text also were regarded to be a good way of meeting the respondents access needs (both **27.9%**).

For people living with an impairment telephone came out as the best way of meeting their access needs. This could be because it is a form of verbal communication which gives people the opportunity to talk to someone about the information and discuss immediately.

Whereas respondents in the 'other' group stated that the best way of meeting their access needs was via text. The majority of those in the other respondent group shared that they do not have impairments/care for someone living with an impairment, therefore their preference for text suggests that it is out of convenience, as most people have their phones on them at all times. But it could potentially be because these people would prefer instant information. However, it does also suggest that this could be because they do not expect to be receiving as much detailed information from their health services.

2. Focus Groups Insights

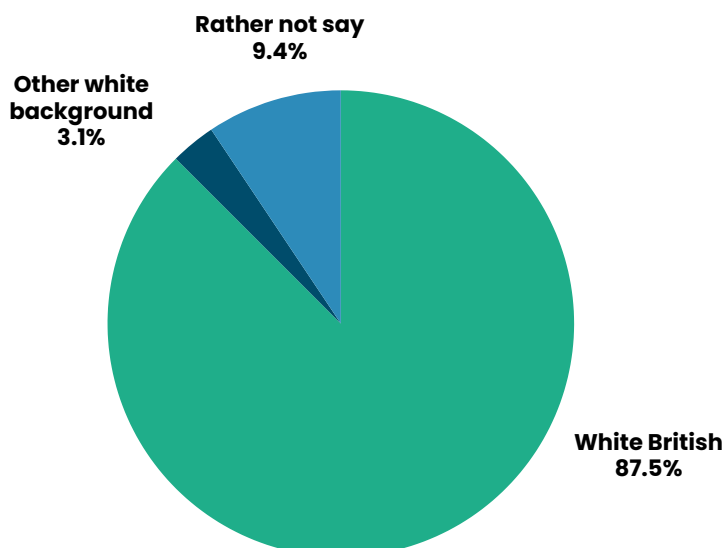
2.1. Demographics: Understanding who responded

As part of this project there were 5 focus groups held, consisting of a total of 32 participants.

Focus Group	Participants
Langwathby Coffee morning	9
Hug in a Mug (Cancer support group)	6
Furness Breast Cancer Support	6
Barrow Deaf Club	5
The Chat Room	6
TOTAL	32

All participants resided in the Westmorland and Furness area, and were predominately White British, over 65 and female.

What is the best way of meeting your access needs?

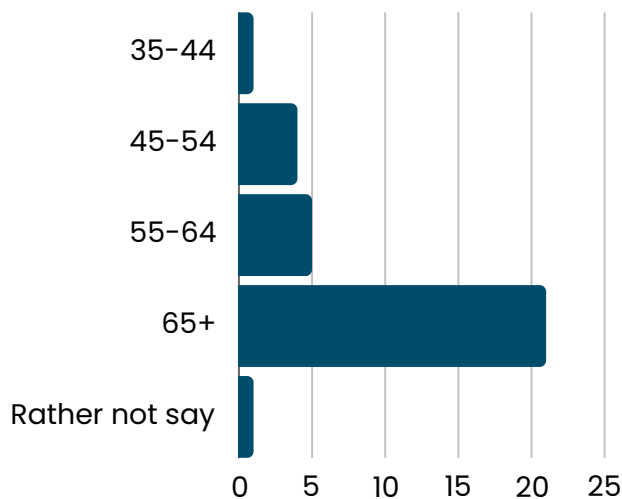


87.5% of survey respondents described themselves as White – British.

The other 12.5% of respondents described themselves as:

- Other White Background
- Rather not say

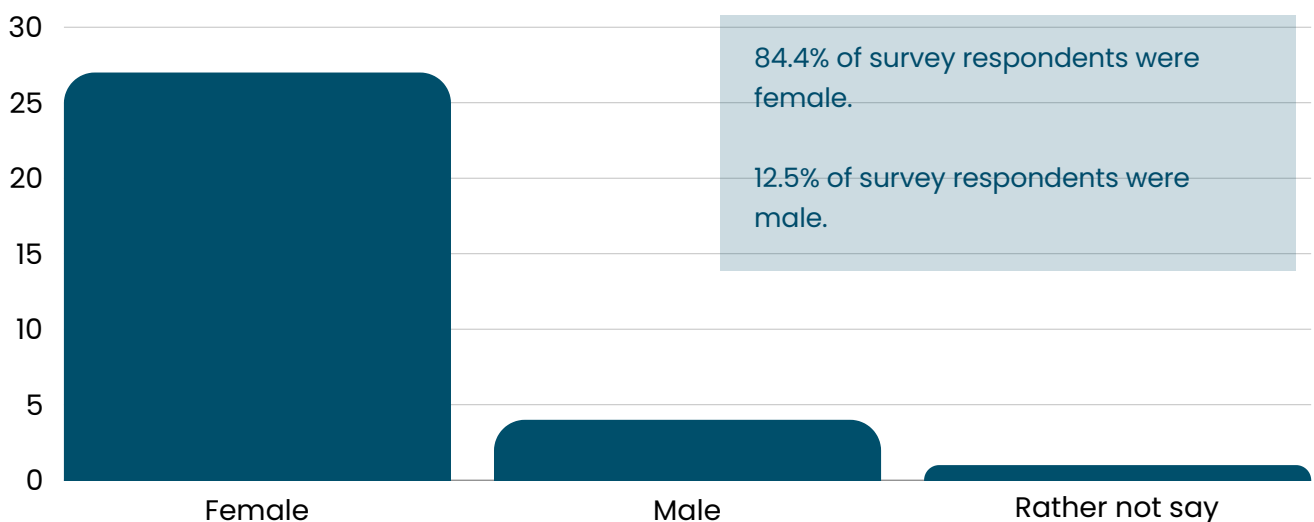
How old are you?



All survey respondents were over 35 years old.

Most respondents, 65.6%, shared that they were over 65 years old.

What is your gender?



84.4% of survey respondents were female.

12.5% of survey respondents were male.

Participants were asked if they had an impairment and they shared that they identified as:

	% of survey respondents
Someone living with an impairment	62.5
A carer or personal assistant of someone living with an impairment	3.1
A parent of someone living with an impairment	6.3
Other	28.1

Those who selected 'other' do not consider themselves to be someone living with an impairment, nor a parent/carer/personal assistant of someone living with an impairment.

However, those who stated that they were living with an impairment were asked to describe the classification of their impairment/s. The most common impairment classifications were physical impairments, visual and hearing impairments, neurodivergent and anxiety.

2.2. Focus Group findings: Understanding what we heard

How do you normally access information/advice for your health?

Several participants mentioned that they would read leaflets to get the information that they needed.

The internet was also commonly mentioned as a way to access information and health advice. However, it was discussed that, as a consequence of the rurality of Westmorland and Furness, the internet is not always accessible and there are people who are digitally excluded who couldn't get information that way.

Some participants said that they get health information and advice by phoning their doctor directly and asking the GP or nurse for information or advice. Several said they could phone the doctor and then get transferred to speak with the nurse, who would impart advice over the phone for them.

Finally, another way participants mentioned was that they would ask their friends or speak to other members of their support group. The communities these individuals are part of are supportive and information sharing appears to be a regular part of their networks.

Do you have to repeat your access needs when making an appointment?

Several participants shared that they did not need to ask for adjustments regarding their access needs. This is because their services were already accessible for them. For example, it was mentioned that Temple Sowerby practice was deemed to be accessible to participants as it is all on the ground floor.

However, other participants did not ask for access needs even if having mobility problems – but this was their own choice.



When going to my local surgery I will walk upstairs and not ask for a downstairs room, as I feel going up the stairs is exercise. The surgery does have banisters on each side to help. But if I asked the doctor would come to a ground floor room

- A female participant with mobility problems



On the other hand, two participants with hearing impairments said that they have to repeat their access needs. One participant told us of a dental appointment for which he had arranged for a BSL interpreter to attend. However, the interpreter did not arrive and the dentist refused to try and contact them when asked to do so by the patient. As a result, he left feeling very frustrated and has not attended since. Participants who had hearing impairments shared that BSL interpretation is usually provided by the service they are attending, however on occasions BSL interpreters are provided by Cumbria Deaf Association, which absorb the costs.

When you have a medical appointment what type of appointment is it? Was this what you asked for?

Participants discussed the issues with booking an appointment with the doctor.

I phoned 72 times one morning to get through to doctors. The phone just constantly rang with nobody answering.

-A female participant living with an impairment.

I spent an hour and 20 minutes on the phone trying to get through to the GP to make an appointment

-A participant living with an impairment.

The participants had either a telephone or in-person appointment with their GP in the last six months. However, of those participants who got an in-person appointment, they had to get triaged first before they were given an in-person appointment.

Most participants had a telephone appointment, and this was not what the majority had wanted. Participants explained that the regular process with GPs is now that you are given a telephone appointment first, and then the doctor decides if you need an in-person appointment. Several participants voiced that this frustrated them as it meant that it prolonged them receiving the help they required. Delays in treatment can also cause needless discomfort for the individual who is forced to wait.



We phone up at 8am to wait in the queue, when you ring it could say you are 19th in the queue. Then when get through are triaged by receptionist. Sometimes the appointment you're given by the receptionist can be up to 10 days away. Then you're phoned by the doctor and triaged again to see if a face to face is required. This is a long time to get help!

-A female participant living with an impairment.



I spent an hour and 20 minutes on the phone trying to get through to the GP to make an appointment

- A participant living with an impairment



Participants shared that they felt that telephone appointments are no good as over the phone the doctor cannot see you, therefore, the doctor cannot see the patient's mannerisms or if the patient has any other signs of illness. On the phone, patients have to verbalise what the problem is, but the patient may have other symptoms that they do not share as the patient they may think those additional symptoms have nothing to do with what they are experiencing. If a doctor could see the patient they may pick up on these additional symptoms, supporting the doctor to give a more accurate diagnosis.

Some participants also spoke about dentist appointments. Of those who had a dentist appointment in the last six months it was an in-person appointment. But it became clear that getting a dental appointment has been difficult for several participants. One participant shared that they had not seen a dentist in over two years and is no longer registered with a dentist, as they have been removed as a patient. Another participant said that they have to pay privately to see dentist. Participants agreed that the current situation with dentists is poor and needs to improve.

Do you have any problems getting to medical appointments at GPs, dentists, or pharmacies due to transport difficulties? How do you normally get there?

Several participants shared that they had no issues or problems getting to medical appointments due to transport. It was explained that if the services are local, then it is fairly easy to get transport to them.

However, if participants do not live near to the services, then it can be more difficult to access them. Especially if they do not have their own mode of transport. One participant mentioned (which others agreed with) that wintery conditions can affect their ability to get to appointments, as public transport is not always available in certain weather conditions.

During the discussion about public transport, participants mentioned that it is often limited. But if they need to travel and have no transport of their own, they have to rely on good will, family members, community transport or pay for taxi.

It was pointed out that community transport is cheaper than taxis, as petrol costs are paid only but this is still expensive, and the transport has to be booked well in advance too. Taxis are much more costly, and most participants indicated that for long distances they would not be able to afford this mode of transportation.

Furthermore, participants mentioned how long it takes to access medical care if having to leave the area, this particularly seems to be an issue when accessing hospital services. But this can cause some people difficulties as they are not always able to travel long distances easily or at all to get to appointments. This could also potentially be a financial issue, even further affected by the cost-of-living crisis, as the cost to travel long distances can be significant and for some unaffordable. Therefore making appointments inaccessible.

However, some participants who did not have services near to where they live, don't have their own form of transport or cannot drive said that they got lifts from others to get to their appointments.



My daughter collects and takes me by car to all my appointments

- A participant living with an impairment



Do you think GPs, dentists, pharmacists give you enough time at your appointment to talk about your medical issues?

The general consensus was that participants were given enough time at their appointments to talk about their medical issues. But this was if they were able to see their doctor in-person. For some participants they shared that they felt that their GP was like a family doctor, the doctor would make time to speak with them and they could phone up anytime during the day and get an appointment.

Participants who had a hearing impairment said they preferred face to face appointments with interpreter present, as it made discussions with the medical professional better.

However, two participants were not happy with local pharmacies. As a result, they have now joined an online pharmacy for information and prescription ordering and delivery. They explained that it is quicker, less mistakes are made, and they always have the medication available (unlike the pharmacy in their area).

Has the health advice given to you by GPs, dentists, pharmacists at your appointments been easy to understand? If not, what would help you to understand more?

The majority of participants shared that they felt that the health advice given to them by GPs has been easy to understand.

However, two participants said that sometimes the NHS uses jargon and medical professionals do not always check understanding. Those participants with a hearing impairment expressed the most that they can find it difficult to understand the health advice given to them during appointments. They mentioned that they sometimes have difficulty in understanding those medical professionals with facial hair and those from an ethnic minority as their language accent can be hard for them to interpret. Furthermore, they explained that when appointments are changed there is often no BSL interpreter available for the new appointment, they stated that GP's surgeries often get frustrated by this.

Have you ever been asked the best way of contacting you by your GP, dentist or pharmacist? What is the best way for you?

For appointments, overwhelmingly the participants preferred in-person appointments and would like the same doctor for continuity of care. Participants accept that telephone calls may be the usual nowadays especially to triage with an in-person appointment arranged as a follow up if necessary. But participants still feel that the personal touch achieved through an in-person appointment would be better (as this allows more social interaction as things can get picked up in-person that may be missed on the telephone). However, some have been offered online appointments on the internet, but many do not like e-consults and feel that this offer is unacceptable.

The majority of participants had not been asked by services what the best way to contact them would be, but some had. Of those who shared their preferences on receiving information about appointments or results, the preference was via a telephone call, but others also wanted to receive an email. One mentioned that they like that they receive a text message.

2.3. Focus Group additional comments and quotes



Prescriptions get sent electronically to the chemist, but if I am actually in the doctors' surgery, I would rather get handed my prescription as it is quicker to get and take to the chemist than wait for them to receive it electronically.

- A focus group participant



My GP discards prescriptions if sent in too early but that they didn't tell patients this.

- A focus group participant



If the dispensary doesn't have my medication, I have to check in daily to see if it has arrived. I would like it for the dispensary to phone me to say my medication has come in instead.

- A focus group participant



My husband has ADHD and has been prescribed medication by the consultant (a controlled drug). However, once this got sent to the GP, they wouldn't accept the prescription and wouldn't write it out for my husband. The consultant had to talk to the GP for it to be accepted.

- A female participant of a relative of someone living with an impairment



2.3. Focus Group additional comments and quotes



I was prescribed diazepam by my consultant, but my GP wouldn't prescribe what the consultant had asked for. The consultant had to reissue the letter with detailed explanations regarding his choice of medication for me.

- A participant living with an impairment



There is no radiotherapy service in Barrow, so I have to travel to Preston which is a two-hour journey from Barrow. There is a community ambulance service available, but if you are mobile, like I am, you can't use it as you don't meet the criteria. It needs to be booked in advance. So, to get to my appointments in Preston, my son takes me, but he has to take the day off work to do this.

- A female participant living with an impairment



A dentist only attends Alston once a week for NHS but has no spaces on the list to accept new patients. So, people have to travel to Hexham for dental appointments and other medical appointments.

- A focus group participant



2.3. Focus Group additional comments and quotes

I prefer to attend Hexham hospital than Cumberland, I trust Hexham hospital more.

- A focus group participant

A lady was in Carlisle hospital and could come home but there was no available step-down hospital or community care available. So, her family had to travel to Carlisle regularly to visit her, for over 10 weeks. Sadly, she has passed away now.

- A focus group participant

A gentleman who had a degenerative condition needed a package of care locally. He was kept in Carlisle hospital then stepped down to Penrith hospital for weeks. Altogether he spent over 14 weeks in hospital when he could have received care nearer to home. He passed away now.

- A focus group participant

We have a new first response vehicle in Alston. It is good that this service is here, and it was well equipped, but it can't transport patients or stretcher somebody off the floor if they need moving. I broke my wrist on black ice, the first response vehicle treated me at the scene, but they couldn't lift me off the floor until an ambulance arrived. It's no good if you're in pain and freezing on the floor.

- A female focus group participant

Conclusion

The aim of this project was to explore how accessible the information and advice provided by GPs, dentists and pharmacies, (particularly in reference to those living with impairments). HWWaF has achieved this by speaking with a total of 119 people about their personal experiences. These respondents could be separated into four different respondent groups, which allowed cross-sectional analysis to be done. The following table shows the four groups and the percentage of the total 119 respondents they represent:

	% of survey respondents
Someone living with an impairment	61.3
A carer or personal assistant of someone living with an impairment	7.6
A parent of someone living with an impairment	6.7
Other	24.4

The main themes highlighted by this engagement were:

- Health information and advice is usually accessed via the internet or from leaflets.
- Access needs sometimes have to be repeated when making an appointment with a medical service, however, for the majority this is not the case.
- The initial appointment is usually via telephone, especially to triage and an in-person appointment arranged as a follow up if necessary. But the preferred appointment method would be to have the initial appointment in-person.

- Some patients are not given a reason to why they have not been given an in-person appointment, however, a common reason given to patients is that there are no in-person appointments available.
- Most people have no issues or problems getting to medical appointments due to transport, especially if the services are local. Issues arise when people are reliant on others (for example friends, family or public transport) to get to appointments, especially when services are not local. Then there are often difficulties experienced.
- GP websites are regarded as more accessible than dentist or pharmacy websites.
- Often at appointments people feel that they get the time they needed to discuss the medical issue with the medical practitioner, however, for most people this does not happen at every appointment.
- For most people the health advice, diagnosis/prognosis given to them was easy to understand and delivered in an accessible way.
- Overall GPs are better at asking their patients their communication preferences than dentists or pharmacies. The preferred methods of contact highlighted were by email, telephone and text message.
- From the experiences shared and the feedback received throughout this project HWWaF has formulated a list of recommendations, which apply generally across Westmorland and Furness.

Recommendations

- GPs, dentists and pharmacies should standardise having individuals' access needs in their patient notes, and these should be reviewed before an appointment, so the necessary support is in place and available. Patients should be asked annually if there have been any changes to their access needs and notes updated accordingly – This should also be taken into account when cancelling or changing appointments.
- GPs, dentists and pharmacies should standardise having individuals' preferred contact method in their patient notes, and patients should be asked annually if their preference is the same/changed and notes updated accordingly.
- If a patient is not given an in-person appointment a reason should be given if asked for.
- Signposting documents providing information and details on public transport and patient transport support should be made easily accessible by GPs, dentists and pharmacies.
- GPs, dentists and pharmacies should undertake an accessibility audit on their websites.
- At every appointment medical professionals should check the patients' understanding of the information that they have delivered, and offer the space and time for questions and discussion.
- GPs, dentists and pharmacies should be asking patients for regular feedback, including about how accessible their service is to ensure that constant improvements and develops are done – The HWWaF Feedback Centre can support these services ensuring they are receiving feedback from their patients.

Healthwatch's Next Steps

1.

Share the report and findings with our network (including key providers) to amplify people's voices and to highlight the recommendations.

2.

In approximately a year, undertake a follow-up on this project to see what has improved in regard to accessibility for those living with an impairment.

3.

As part of HWWaF's Enter and Views, accessibility of the service will be reviewed during these visits.

4.

To conduct a series of accessibility audits on dentistry and pharmacy websites and share recommendations of improvements and best practice with the service.

5.

Meet with ICB Primary Care to talk about the development and introduction of a system to ask patients attending GPs, dentists and pharmacies if there has been a change to their access needs, and what their preferred contact method is.

6.

Update the HWWaF feedback centre questions to reflect the findings from this report, to encourage regular feedback on this topic.

Appendix A: Survey questions

1. Are you?

- Someone living with an impairment
- A carer or personal assistant of someone living with an impairment
- A parent of someone living with an impairment
- Other (please specify)

2. Which of the following best describes you: (Tick all that apply)

- Physical impairment
- Deaf/ Hard of hearing
- Blind/ partially sighted
- Learning disability
- Anxiety
- Depression
- Neurodivergent (autistic spectrum disorder, ADHD, dyslexia, dyspraxia)
- Non-disabled
- Prefer not to say
- Other (please specify)

3. How do you normally access information / advice for your health?

- Easy Read
- Braille
- MP3/CD
- Internet
- Large print
- BSL
- Other (please specify)

4. What is your preferred format for health leaflets, posters and other promotional items?

5. Do you have to repeat your access needs when making a medical appointment? E.g. request ground floor access, interpreter, personal assistant support

- Always
- Often
- Sometimes
- Rarely
- Never

6. Have you had an appointment (in the last 6 months) with your:

	Yes	No
GP		
Dentist		
Pharmacist		

7. If you have, what type of appointment method was it?

	In person appointment	Telephone appointment	Online appointment	Have not had an appointment
GP				
Dentist				
Pharmacist				

8. What is your preferred appointment method?

- In person
- Telephone
- Online
- Other (please specify)

9. Do you have difficulty accessing any of the following due to transport difficulties?

	Yes	No
GP		
Dentist		
Pharmacist		

10. If you are having an in person health appointment how do most commonly get there?

- Own transport
- Public transport
- Friend/relative/personal assistant provides your transport
- Home visit
- Other (please specify)

11. Are you given the option of a face to face health appointments?

- Always
- Often
- Sometimes
- Rarely
- Never

Follow up: When you are not offered a face to face appointment, what is the reason given for this?

12. Do you feel that the website for the following were accessible to you?

	Yes	No
GP		
Dentist		
Pharmacist		

Follow up: If they are not, why are they not?

13. Do you feel that medical practitioners take enough time to discuss your medical issue with you? E.g. do you have time extra time to explain your needs / medical issues during appointments?

- Always
- Often
- Sometimes
- Rarely
- Never

14. Has the health advice, diagnosis/prognosis given to you been easy to understand and accessible? E.g. Have medical professionals checked you understanding?

- Yes
- No

15. At the following, is the signage easy to understand with clear directions?

	Yes	No
GP		
Dentist		
Pharmacist		

16. Have you ever been asked by the following what is the best way of contacting you?

	Yes	No
GP		
Dentist		
Pharmacist		

17. What is the best way of meeting your access needs?

- Email
- Telephone
- In writing
- BSL interpreter
- Easy read
- Text
- Other (please specify)

18. What is your postcode?

19. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Rather not say
- Other (please specify)

20. What is your gender?

- Women
- Men
- Non-binary
- Rather not say
- Prefer to self describe:

21. How would you describe your ethnicity?

Appendix B:

Focus group questions

- 1. Are you someone living with an impairment or parent/carer of someone living with a condition/impairment?**
- 2. If you are happy to tell us, what type of impairment do you have?**
- 3. How do you normally access information/health advice (E.g., easy read, internet, BSL, large print etc.)?**
- 4. Do you have to repeat your access needs when making an appointment? (E.g., Interpreter needed, ground floor room, support worker, etc)**
- 5. When you have a medical appointment what type of appointment is it? E.g. face to face, telephone, online? Was this what you asked for?**
- 6. Do you have any problems getting to medical appointments at GPs, dentists or pharmacies due to transport difficulties? How do you normally get there?**
- 7. Do you think GPs, dentists, pharmacists give you enough time at your appointment to talk about your medical issues?**
- 8. Has the health advice given to you by GPs etc at your appointments been easy to understand? If not, what would help you to understand more?**
- 9. Have you ever been asked the best way of contacting you by your GP, dentist or pharmacist? What is the best way for you? (E.g., email, telephone, text, easy read etc)**

10. Anything to add?

11. What are the first half of the postcodes for each person attending the focus group?

12. What is the age of each person attending the focus group?

13. What is the gender of each person attending the focus group?

14. What is the ethnicity of each person attending the focus group?



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