



# Vulnerable Migrants

## Experiences of health care

December 2024



### What we did

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) are undertaking work as part of [The National Framework for NHS - action on inclusion health](#). It aims to reduce health inequalities by understanding the needs of people in inclusion health groups – which includes vulnerable migrants – and delivering integrated and accessible services for them.

At a recent BOB ICB workshop, a case study about Swan Practice's experience of working with migrants was given but no direct feedback from any vulnerable migrants in Bucks. We wanted to collect their experience of health care and share this information with providers of services so they could understand what affects those individuals when accessing care.

28 vulnerable migrants gave us feedback. We collected this via an online survey (24), an in-depth face-to-face interview (1) and online at a focus group (3). All responses were collected between 4 October and 18 December 2024.

### Key Findings

- + 63% of respondents told us that they were given information about the health services available to them in the UK when they came to Buckinghamshire.
- + 63% also said it was easy, or very easy, to register with a GP.
- + Because the health care systems are very different, in say Ukraine and Afghanistan to the UK, many vulnerable migrants only know what they are told, and what others from their community tell them.
- + Many did not understand why they had to wait so long to see a GP or be referred to a consultant. Many, from Ukraine, would obtain medication from their home country if they could not get a GP appointment or obtain the medication they were used to.
- + One person said they did not know how to give feedback to a GP.
- + For several, a lack of public transport was an issue when visiting a GP or a hospital.

- + While two women did not feel listened to when talking about women's health issues at a GP surgery, two were pleased with the cervical screening programme. However, not everyone was aware of the NHS checks or screening programmes.
- + 29% (8/28) of respondents told us they had not seen a dentist in the UK, mainly because they said they local dentists were not taking on new NHS patients.
- + 35% (6/17) of respondents who had seen a UK dentist, did not have the treatment recommended by the dentist told them because of cost, waiting times or availability of treatment.
- + Half of the respondents had been to an optician. There was a lack of awareness amongst some about how to see an optician and how to maintain ongoing access with a dentist.
- + 84% (21/25) had experience of Outpatients or Accident & Emergency (A&E) at a hospital. Almost half of these said the waiting times in A&E or waiting for a referral made the experience difficult. Five people experienced difficulties effectively communicating with staff.
- + Nine respondents had asked for mental health support but not all had received it.
- + 68% felt they could speak or understand English well but 48% said they could not read English well.
- + In addition to reducing waiting times to see a GP, a consultant or dentist, suggested improvements included more use of **digital services**, (including interpretation services), online booking of GP appointments and sharing more information about how the NHS works including health prevention work.

## Our recommendations

### **We have made the following recommendations to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).**

- Address health inequalities by ensuring GP surgeries provide clear information to vulnerable migrants, on registration, to improve understanding of how a GP practice works within the context of the NHS. This includes details about:
  - o The staff in the surgery so they understand how many GPs there are in a practice and what services are provided by them and other staff.
  - o [The Friends and Family Test](#) and how to make a complaint following NHS treatment, including advocacy services.

- [the NHS App](#) to enable them to make appointments online.
- [NHS health checks](#) for those over 40.
- [NHS screening](#)
- ☑ Ensure interpretation services are booked for appointments when needed.
- ☑ Provide information in plain English for those who find reading English difficult.
- ☑ Continue to support NHS healthcare staff to increase understanding of issues around cultural and health through resources such as '[The Cultural Competence and Cultural Safety e-learning tool](#)'. Culturally competent care is sensitive to people's cultural identity or heritage.
- ☑ Ensure dentists make people aware that becoming a patient "[does not mean you have guaranteed access to an NHS dental appointment in the future.](#)"

**We have made the following recommendations to Buckinghamshire Council.**

- ☑ To support vulnerable migrants further with their healthcare, insert the following information into the health packs they receive on arrival in the county:
  - how to access eye care / visiting an optician
  - a link to [video about how the NHS works](#) (subtitled in many languages)
  - a specific section about services for children including information about [free NHS services for those under 19 years of age](#), self-referral options e.g. to CAHMS, and local groups supporting children.
  - local community transport schemes.
- ☑ Publicise the link to those [dental practices in Bucks](#) who are taking part in [the flexible commissioning of primary care dentistry scheme](#). This may help some who have not previously managed to access NHS dental care.

# What the project was about

## Background

A recent BOB ICB Primary Care and Dentistry Access and Experience of Asylum Seekers/Refugees/Inclusion Groups Workshop presented data with an aim of co-producing better access and experience of primary care for vulnerable migrants. A case study about Swan Practice was given but no feedback was given directly from any vulnerable migrants in Bucks.

The work BOB ICB are undertaking is part of [The National Framework for NHS – action on inclusion health](#). This was published in October 2023. It aims to reduce health inequalities by understanding the needs of people in inclusion health groups and delivering integrated and accessible services for them. Vulnerable migrants are one of these groups. Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma.

Whilst some GP practices, and Buckinghamshire Council, have some knowledge of the health issues and experiences of vulnerable migrants in the county, no one has collected feedback directly from refugees, asylum seekers and those on resettlement schemes. These are a group of individuals who service providers do not hear from regarding access to health services and experiences of those services. Yet, they are often directly affected by the political unrest surrounding refugee issues and are expected to navigate a health care system different to the one they know. They are among the least advantaged groups within society, tend to live in the most deprived areas, and are among the groups facing the greatest barriers in accessing local services.

We have noticed from our recent projects ([GP surgery care when you're Deaf, deaf or hard of hearing](#) and [Women's Health Hubs](#)) that people who don't speak English as their first language can find it difficult to access the healthcare they need without interpreters, or good explanations in simple English because of cultural differences. They often require more time during their appointments than was originally scheduled. Vulnerable migrants may also face similar challenges.

Access to primary care is free of charge to everyone regardless of immigration status. This includes routine vaccinations. Prescriptions, dental treatment and sight tests are free of charge if asylum seekers obtain an NHS charges HC2 certificate. This is part of

the NHS Low Income Scheme which offers full help with health costs and includes anyone in receipt of job seekers allowance.

Access to secondary care is free of charge to people who ordinarily reside in England and for some migrants, including refugees and asylum seekers. Some services are free to all. Maternity care (antenatal, childbirth at hospital and postnatal care) is free to asylum-seeker women. Failed asylum seekers may be charged for these services but NHS guidance states that “maternity care is ‘immediately necessary’ and must not be withheld because the woman is unable to pay” (Refugee Council, 2013).

## **Our Aims**

We wanted to hear from vulnerable migrants about their health care experiences and share that information with the people who provide services. We aimed to enable providers to understand the challenges these individuals face when trying to get care. Through talking to people directly we also hoped to improve their awareness of services available and their access to them.

We anticipated that vulnerable migrants would face challenges accessing primary care. Additionally, we thought they would have difficulties if they were on a waiting list in another county, for secondary or mental health services, when they moved to Buckinghamshire.

## Who talked to us

There is no legal definition of migrant. We are using the following for this project:

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Migrants in vulnerable situations are migrants who are unable effectively to enjoy their human rights, [and] are at increased risk of violations and abuse... [in their country of origin] (*GMG Principles and Practical Guidance on the Protection of the Human Rights of Migrants in Vulnerable Situations:*)

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For the purpose of this project which aims to identify any issues accessing care when a person has moved from their country of birth, not by choice but because of other factors such as war, we are including:

- asylum seekers (people applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined) and their dependants
- refugees (people who have been granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependants
- people receiving support under [section 95 of the Immigration and Asylum Act 1999](#) from the Home Office
- victims, and suspected victims, of modern slavery or human trafficking, as determined by the UK Human Trafficking Centre or the Home Office

We decided to collect feedback from those who have been in the UK for less than 5 years. We did not talk to those who have arrived as unaccompanied minors.

28 people provided us with feedback. 24 completed the survey and 4 attended a focus group or were interviewed by us. Full details about who talked to us can be found in Appendix 2. We found the following:

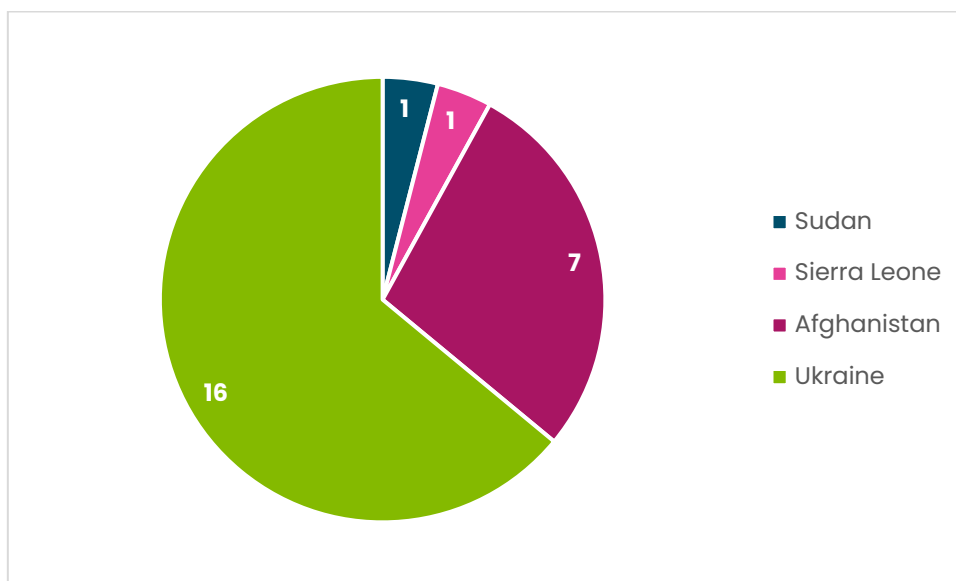
- + 76% (19/25) identified as woman and 24% (6/25) identified as a man.
- + The median age of 22 respondents was 42.
- + Of the 14 people that gave full postcodes, 64% (9) lived in “the bottom 40% of postcodes for levels of deprivation in England (IMD2019)”.

## What we heard

This report reflects the views of the 28 people who completed our survey or talked with us. All lived in Bucks or were registered with a Bucks GP. Where we invited them to leave a comment, we analysed, and have summarised, these by theme. Where people commented on more than one theme, the number of comments is greater than the number people who responded. Full details about how people answered our questions can be found in Appendix 3.

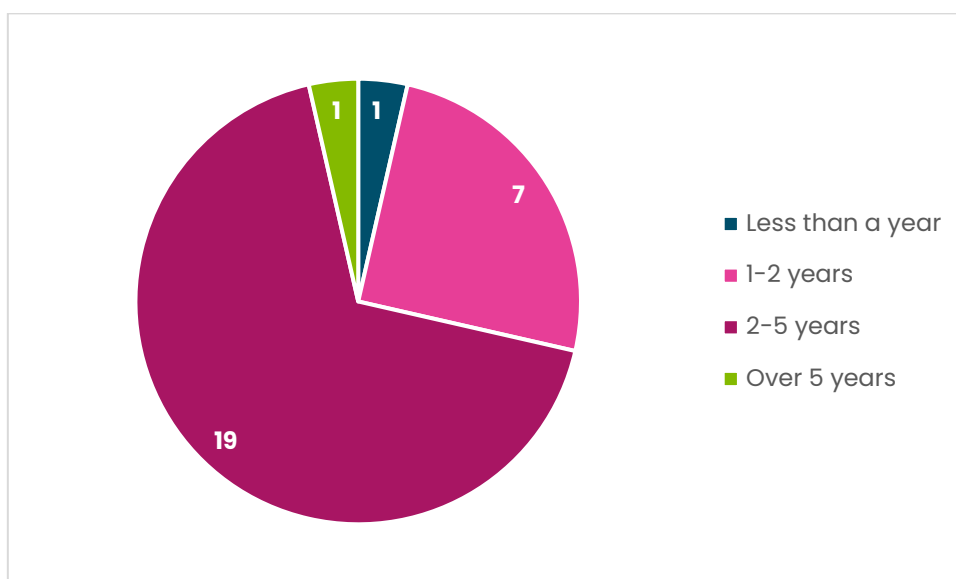
### Intro

Over half (16/25) of those we heard from told us they originated from Ukraine.



**Figure 1 - In which country were you born / did you originally have to leave?**

Two thirds (19/28) had been in the UK between 2-5 years.



**Figure 2 - How long have you been in the UK?**

## Experiences of UK health services

### Knowledge of UK health services

63% (17/27) people told us that they were given information about the health services available to them in the UK when they came to Buckinghamshire.

"I got a huge book. I used this to help register with a GP surgery."

### Use of UK health services

"The NHS staff are so supportive, and Buckinghamshire Council give us all support we request."

### GP

63% (17/27) people said it was easy, or very easy, to register with a local doctor (GP).

| Registering with a GP        | Total     |
|------------------------------|-----------|
| Very easy                    | 2         |
| Easy                         | 16        |
| Not Easy                     | 7         |
| Not easy at all              | 1         |
| I'm not registered with a GP | 1         |
| <b>Total</b>                 | <b>27</b> |

**Table 1 - Was it easy to register with a local doctor (GP)?**

Three people told us it was easy because a council staff member, or their sponsor, was there to help them fill out the forms. Another two said it was simple because they signed up online.

Eight said the registration process was not easy. This was often because they were not familiar with the way the NHS worked or because they said the process was unclear.

"The procedures of the registration took too long & was complicated."

Several people mentioned that it was hard to grasp how the GP worked within the overall NHS system, especially since they came from a place where most people only go to private doctors. They were used to getting medication and seeing specialists without a long wait.



“In GP, it's horrible, because apart from 2 minutes of time and measuring the pulse and blood pressure, they did nothing. No treatment was prescribed.”

“Among my acquaintances, most will get medicines from Ukraine, because they do not expect to receive help from GP.”

Several respondents did not understand why they had to wait so long for a GP appointment. Not all found their GP **caring**. Two women said they did not feel listened to when talking about women's health issues.

“[The] GP was not open to any discussion about how to regulate PMS and heavy periods; only offered the pill which I didn't want.”

However, several women had been impressed by the availability of regular smear tests.

“[I] wasn't aware of the screening programme, but smear tests are excellent although I was surprised it was done by nurse not gynaecologist.”

Three people also said, because of the distance, it was difficult to get to their GP surgery.

“Took a long time to be registered in a local GP. It's far away from the accommodation that I live in.”

One person told us they were not registered with a GP even though they had been in the UK between 2–5 years.

## Dentist

71% (20/28) of respondents had seen a dentist since they arrived in the UK. Two people told us it had taken a long time to get access to an NHS dentist. One person was able to get access to an NHS dentist for their child but had to wait a year until a place became available for them.

Almost all (17/19) said they had needed treatment. 65% (11/17) of these had had treatment. One was positive about the braces due to be fitted to their child's teeth.

However, 35% (6/17) of respondents had not had the treatment they were told was necessary. Two people told us this was because of the cost. One said they were told there was a charge when they should not have been.

“I was charged £150 for this even though I am on Universal credit and am entitled to a free filling and treatment.”

Two others said the wait for appointments had resulted in them seeking treatment from dentists in Ukraine. Others had waited for UK treatment.

“From the moment of [seeking] treatment to the moment of receiving treatment, about 2 years passed.”

Two people had not liked the available treatment options offered to them on the NHS. One said tooth extraction was the only option offered by a dentist when they believed fillings were the best solution in three teeth. Another said that they wanted white not grey fillings so had gone back to Ukraine for this.

30% (8/27) of respondents told us they had not seen a dentist in the UK. Two said they didn't need to see a dentist, and four others said they had been unable to access an NHS dentist. One said the waiting times were too long, and one said it was too expensive.

One person, who had been seen by an NHS dentist, had not attended their second appointment. While the children had remained 'registered', the adult was 'deregistered'. This person was unaware this could happen, and did not know how to get future dental help. People were generally not aware that they needed to regularly visit an NHS dentist to remain a patient. They thought registration with an NHS dentist was the same as registration with an NHS GP.

## Optician

Half of the respondents (14/28) had seen an optician since they arrived in the UK. Two people told us they were very happy with how the optician had treated them. When one person had got something in their eye and was concerned, they decided that the quickest way to get help was through an optician rather than a GP.

“The optician was very good; gave me eye drops.”

One person we spoke to was unaware that their children could get [free eye tests](#) and they themselves could with an HC2 certificate.

"No, I don't know where to register and how much it will cost."

After providing them with this information, we were later told that their children had now had eye tests.

"Thank you for letting me know how to book an appointment with an optician... both now need to wear glasses. If I hadn't managed [to get them assessed] it might have been too late."

## Hospital

Only 3 people said they had not visited a hospital since they arrived in the UK. 89% (25/28) people had been to a UK hospital. Half of these told us they had been to outpatients.

| Type of hospital visit                                | Total     |
|---|-----------|
| Urgent Care - no appointment (Accident and Emergency) | 9         |
| Day visit with an appointment (Outpatients)           | 12        |
| Stayed overnight with an appointment (Inpatients)     | 4         |
| <b>Total</b>  | <b>25</b> |

Table 2 - Which type of hospital visit have you made?

## What was easy about the hospital visit?

Five people left comments about why they found their visit to outpatients easy. These including receiving recognisable medicines they'd been prescribed previously in Ukraine, the **appointment booking** process and **care and kindness** of NHS staff.

"Everything was clear, and the doctor supported me."

Six people told us why they found their visit to Accident and Emergency easy.

"...An ambulance came quickly, thank you."

One person said it had been easy to find the hospital. One person, who had sought urgent care treatment, told us **communication** was good, and, on the whole, the doctors were easy to understand. Four said the **quality of the treatment** was good.

"I had 3 blood tests, have been given 3 months allergy medication and have been referred to a dermatologist."

## What was difficult about the hospital visit?

The top theme mentioned was long **waiting times** (7). For three this was because they were waiting with sick children for between 6–8 hours in A&E. For another adult it was because of time required before emergency surgery. Another three were concerned about the **referral process**. One was still waiting to see a specialist and the medication to manage their condition was running low. Someone else waited for months, not knowing how to get an x-ray, and was finally told they had pneumonia. One person said they had moved address and GP surgery, and had been told their referral had been lost.

"I have been waiting over a year for an MRI scan.... I have pain all the time."

Three experienced misunderstanding through **communication** difficulties.

"Not understanding what is happening and what will happen next."

"I couldn't call for an ambulance myself as my English is not good enough"

For two, **reasonable adjustments** had not been made because an interpreter had not been booked, for the appointment, or had not turned up.

Three people found getting to and from the hospital difficult because of where they lived in relation to the hospital and the lack of public **transport** available.

"Public transport to Stoke Mandeville from Iver takes 2.5 hours which is difficult when you can't walk well."

Two people mentioned that the **treatment** they received wasn't what they hoped for. One was expecting to be referred to a dietitian for their child, but that didn't happen. Another had expected an x-ray.

"Antibiotics didn't work. Had to wait for 4 hours in A&E. No X-ray which was a surprise even though I had bronchitis. I still have a cough."

One person told us they did not feel listened to by staff. They were distressed, and one of the doctors got angry, but they didn't understand why. There was also some

confusion regarding a child's safety, which led to the police being called, making the situation even more stressful for the patient.

One person said that experiencing miscarriage, soon after arriving in the UK, was made more traumatic because of a lack of cultural sensitivity.

"We came here to save our children."

## Mental Health

63% (17/27) of respondents told us they had not asked for any mental health support.

"All refugees are concerned that their children will be taken off them if they say they need any help with mental health."

One person told us that they didn't know there was any support in this area when they first arrived in the UK.

Of the nine who had asked for mental health support, two had asked for help for a child but not for themselves. One person told us they struggled at times with their mental health because of the trauma of leaving loved ones behind, not understanding the systems in the UK and being worried about their housing and income, as well their children. They acknowledged that the council had checked in with them, every six months at the beginning, that they were not isolated and had a friend to talk to. Whilst they had not actively sought mental health support they were interested in finding out how to do this. Confidentiality to them was key. They were unaware that they could seek mental health support from NHS 111 or voluntary groups such as the Samaritans.

One person had found accessing mental health support easy because of the help they received from their support worker.

Two people said it was easy to register for help, but neither had then heard anything more.

"I've been waiting for a referral for 3 years, it turns out it wasn't even in the system, even though our GP did it twice."

One person was not happy with the **treatment** they had received.

"We were advised to walk and sleep...No one paid attention to the super-powerful headaches"

Another said they had approached the GP for mental health support for their teenager and the GP had suggested she approach the school for help via a counsellor.

One person told us they had not asked for help with their mental health because of the long waiting lists. Instead they had paid for private online support from a Ukrainian therapist.

## Language support

68% of the people we asked said they could understand (15/22) or speak (15/22) English well or very well. However, two of these also mentioned that they could understand every day English, talking about a medical issue using specific medical terms was more challenging for them.

“... you still need to understand all the accents and specific medical concepts, which are quite difficult.”

One person said that language might not be the only issue; sometimes a person’s cultural background makes them feel embarrassed to discuss certain health issues.

When it came to reading English, 48% (10/21) of the people surveyed said they struggled to read it well.

“I use Google translate to communicate but I am taking English lessons”

| English language knowledge  | Not well | Well | Very well | Prefer not to say | Total |
|-----------------------------|----------|------|-----------|-------------------|-------|
| I understand spoken English | 7        | 10   | 5         | 0                 | 22    |
| I speak English             | 9        | 7    | 6         | 0                 | 22    |
| I read English              | 10       | 7    | 4         | 0                 | 21    |
| I write English             | 11       | 10   | 1         | 0                 | 23    |
| <b>Total</b>                |          |      |           |                   |       |

**Table 3 - How well can you understand, speak, read, and write English?**

67% (16/24) of respondents who said they needed an interpreter, to access health services, said they were provided one.

Two people queried the quality of some of the interpreters employed.

“I don't think the interpreter was very good when PIP forms were being completed as I didn't get PIP.”

Three people said they didn't need an interpreter. However 5 people said they had not been provided with the interpretation support they needed.

"Two requests for an interpreter were ignored."

We were told about another person from Afghanistan who didn't speak any English. They didn't understand why their spouse couldn't translate for them at the GP surgery, even though they had given permission. They preferred this option to waiting longer for an appointment with an interpreter.

### What could be done better?

Sixteen people gave us comments about how they would improve these health services. We summarised these by theme. Some people commented on more than one theme, so the number of comments is greater than the number people who responded.

Four people said they should have quicker **access to services**. One suggested increasing the number of receptionists so GP surgery phones were answered quicker.

"Have more staff on reception. I once spent over an hour queuing and still no one answered the phone."

Three suggested more use of remote appointments (where the interpreter was remote) and greater use of **digital services** generally as a way of improving access to GPs.

"Introduce online video consultations with the possibility of automatic translation."

One suggested being able to make appointments online. Some people didn't seem to know about the NHS app and the online options for making appointments.

"I would create an application for an electronic appointment with a doctor... In 2 years, I managed to get to the doctor only once. It's terrible."

One person said it was very difficult to get an appointment outside work hours. Another was finding it very difficult to get a diagnosis for their son, who has undiagnosed ADD/ADHD. The parent had filled out all the forms and had the support of their sponsor, school and social worker.

"We have been waiting over two years. We were told we could pay for a private assessment, £700, but we can't afford that."

In particular, people wanted reduced **waiting lists** (5) and quicker **referrals** (3) to consultants/specialists.

"We have to take more care of our own health because it is not easy to see a specialist here. I have been waiting for more than a year to see a specialist."

Two people wanted to be able see a dentist sooner.

"Do more about access to the dentist please. I managed to get an appointment for a tooth extraction after a year of pain."

Three people suggested that the NHS should share **more information** and be clearer so that everyone has a better understanding of how it works.

"The health systems are different in the UK to Afghanistan. There go to a doctor and pay to see them. No appointments, you just turn up and maybe wait for one or two other people to be seen. So, getting seen is very easy. At the hospital this happens too. There is almost no free health care so we don't understand how it might work in the UK. Only the very poor use government hospitals. There are no GPs. We can also buy very strong medicines from a pharmacy. Prescriptions don't exist. I was surprised when I had a chest infection to be told to take ginger tea and paracetamol for another week. However, when I needed antibiotics after this, they were provided."

Another suggested that a dedicated support worker for refugees and migrants would be helpful. One person was confused when they were offered a different GP at their surgery as they were unaware that most surgeries are run by a group of GPs not just one full time GP. They were not sure if it was ok to accept the appointment or not.

Another did not know how to give feedback/complain about a GP.

"... give the opportunity to leave feedback on treatment in GP ... If there is such an option, then present it and provide rights awareness services."

One person said more mental health help was needed and sooner. Another said people should be given more information about health care and where they could access mental health support.

Two talked about **preventative medicine**.



"It would be great to check up my health to prevent any illnesses or will find them."

There seemed to be patchy knowledge of NHS health checks and screening. One person was concerned their daughter would have to undergo a compulsory cervical smear test at 18. They themselves had not had a smear test.

Two suggested making the work environment better for healthcare workers could help attract more people to the profession and ease some of their stress.

## Any other comments

Three people gave us further comments about other services/issues.

One person said there were still things they didn't understand, but they weren't sure what those things were. In the absence of information, they often relied on other refugees for support, but this sometimes led to confusion and false information. An example of this was that, at first, they didn't correct their children's behaviour in public because of what their fellow refugees had said.

"If you shout at your children, the police will take them off you."

They now know this is not true.

One person said they did not understand why NHS 111 asked so many questions which seemed not to have any bearing on the symptoms the patient had given.

There was praise from one person for the support given by community groups.

"Wycombe Refugee Partnership are wonderful."

## Acknowledgements

We thank all the people who talked with us about their health experiences. We also thank Buckinghamshire Council, other partners and community groups who shared our survey enabling us to collect feedback directly from vulnerable migrants. Particular thanks goes to the Hilltops Ukrainian Support Community for setting up a focus group.

## Disclaimer

Please note this report summarises what we heard. It does not necessarily reflect the experiences of all vulnerable migrants living in, or registered with a GP in, Bucks.

If you require this report in an alternative format, please contact us.

Address:

Healthwatch Bucks

PO Box 958

OX1 9ZP

Phone number: 01494 324832

Email: [info@healthwatchbucks.co.uk](mailto:info@healthwatchbucks.co.uk)

Website URL: [www.healthwatchbucks.co.uk](http://www.healthwatchbucks.co.uk)

X: @HW\_Bucks

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# Appendix 1

## More about our approach

### Who we contacted

To reach out to refugees, asylum seekers and 'vulnerable' migrants we approached a range of organisations. These included:

|  |                                     |  |
|--|-------------------------------------|--|
| Buckinghamshire Council                      | Hilltop Ukrainian Support Community | Citizens Advice                        |
| All local Community Boards                   | Wycombe Refugee Action              | Department for Work & Pensions         |
| BOB ICB Social Prescribing Manager           | Slough Refugee Partnership          | CAP Job Club                           |
| Buckinghamshire Libraries                    | Refugee Employability Programme     | Fairhive Housing                       |
| Buckinghamshire College Group                | Marlow Ukraine Collective           | Beyond the Difference                  |
| Buckinghamshire Health & Social Care Academy | Chiltern Sunflower Support          | Connection Support                     |
| Bucks Adult Learning                         | Care4Calais                         | Elgiva Language Cafe                   |
| St Annes & St Peters Church                  | Christ Church URC Marlow            | Wycombe Wanderers FC                   |
| Refugee Employability Programme              | Chiltern Welcomes                   | Milton Keynes Chinese Christian Church |
| Local faith groups & places of worship       | Oasis Partnership group             | Clearsprings Readyhomes                |
| Buckinghamshire Adult Learning ESOL          | The Palladium Group                 | Oxford Health Foundation Trust         |

## Who we included

We collected feedback from 28 people. All of them lived in Buckinghamshire or were registered with a GP in Buckinghamshire. As well as collecting feedback via our survey online we collected individual's views by interview. We also held one online focus group.

All participants focus group were informed that:

- Participation in the study was voluntary
- Personal information collected would be stored in accordance with the Data Protection Act 2018
- Transcripts would be anonymised
- Participants could withdraw from the study within 7 days and request that their information be removed and destroyed, where possible.

## Who we will share our findings with

We will share our findings with the Care Quality Commission and Healthwatch England, the independent national champion for people who use health and social care services. We also share all our reports with the Buckinghamshire Council Health and Wellbeing Board and the Health and Adult Social Care Select Committee.

We will also share our findings with BOB ICB and Buckinghamshire Healthcare Trust.

## How we follow up on our recommendations

We will request a formal response to our recommendations from:

- The BOB ICB
- Buckinghamshire Council

We will follow-up each formal response to confirm what changes have been made.

## Appendix 2 – Who talked to us

### How old are you?

| Age Group      | Total     |
|----------------|-----------|
| 18 to 25 years | 1         |
| 26 to 35 years | 4         |
| 36 to 45 years | 11        |
| 46 to 55 years | 3         |
| 56 to 65 years | 3         |
| <b>Total</b>   | <b>22</b> |

### Please tell us your gender

| Gender       | Total     |
|--------------|-----------|
| Woman        | 19        |
| Man          | 6         |
| <b>Total</b> | <b>25</b> |

### Please tell us your ethnicity

| Ethnic Group      | Total     |
|-------------------|-----------|
| Asian             | 5         |
| Black             | 1         |
| Black African     | 1         |
| White             | 16        |
| Prefer not to say | 1         |
| Other             | 1         |
| <b>Total</b>      | <b>25</b> |

**Do you have a disability?**

| <b>Do you have a disability?</b> | <b>Total</b> |
|----------------------------------|--------------|
| <b>No</b>                        | <b>20</b>    |
| <b>Yes</b>                       | <b>4</b>     |
| <b>Prefer not to say</b>         | <b>1</b>     |
| <b>Total</b>                     | <b>25</b>    |

**Do you have a long-term health condition?**

| <b>Do you have a long-term health condition?</b> | <b>Total</b> |
|--|--------------|
| <b>No</b>  | <b>12</b>    |
| <b>Yes</b>                                       | <b>12</b>    |
| <b>Prefer not to say</b>                         | <b>1</b>     |
| <b>Total</b>                                     | <b>25</b>    |

**Are you a carer?**

| <b>Are you a carer?</b> | <b>Total</b> |
|-------------------------|--------------|
| <b>No</b>               | <b>19</b>    |
| <b>Yes</b>              | <b>6</b>     |
| <b>Total</b>            | <b>25</b>    |

**Please tell us your sexual orientation**

No respondent answered this question.

## Appendix 3 – What did people tell us?

Were you given any information about the health services available to you in the UK, when you came to Buckinghamshire?

| Given information about health care | Total     |
|-------------------------------------|-----------|
| Yes                                 | 17        |
| No                                  | 9         |
| Don't know                          | 1         |
| <b>Total</b>                        | <b>27</b> |

Why have you not seen a dentist in the UK?

| If you haven't seen a dentist, why not? | Total    |
|---|----------|
| I don't need to see a dentist           | 2        |
| I can't register with a dentist         | 4        |
| Other                                   | 2        |
| <b>Total</b>                            | <b>8</b> |

Have you asked for any mental health support?

| Asked for mental health support? | Total     |
|----------------------------------|-----------|
| Yes                              | 9         |
| No                               | 17        |
| Prefer not to say                | 1         |
| <b>Total</b>                     | <b>27</b> |