**VCSE Focus Group1**

**Date: 15 Feb 2022**

**Participants: 3 females**

**Duration: 1:10:**

Interviewer: I'm interested in hearing your thoughts, and I know your thoughts will be informed thoughts because of the work that you do with communities in Cumbria. So, it is all about the barriers that poverty put in place to accessing healthcare. So, can I just start by asking what does living in poverty mean to you?

VCSEFG1part1 Basically being on a low income and not have any access to be able to offer transport to get to places and having to rely on food banks, clothing banks. And basically, not having things like the average person and being able to afford essentials.

VCSEFG1part2 Not low income.

VCSEFG1part2 And not having access.

VCSEFG1part3 I think as well, it depends what poverty is, you’ve got your very, very poor, like when I did it, my sociology is like almost class, which they're not like underclass, which on benefits and you've got people who are on a very low income. Then you've got people working who are still on a lowish income but not as low as other people, who still can't afford to live. So, there's varying degrees.

VCSEFG1part2 Yeah, I would add it. It's, uh, sorry that echo. It’s people who can’t afford the bare necessities

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Interviewer: But if you could start again, I would really appreciate that.

VCSEFG1part1 Yeah, of course. Oh sorry, I changed my background. They're trying to get my shoulder in.

VCSEFG1part3 So yeah, please ignore my background, we were messing with backgrounds. I'm keeping mine. I quite like that.

VCSEFG1part1 Poverty basically to me, and one that word gets mentioned it's somebody who's needing help you know food wise either haven't rely on food banks and on clothing banks because they don't have the money to clothe their children or their selves, and they don't have money to run for transport. Public transport to get to hospital appointments, and somebody who's relying on family members to help, you know, with childcare and help them, you know, feed their children as well when they can't get their sales to food banks. Basically, somebody who is living beyond the basic normal, cannot afford basic needs, essential food, and essential clothes, and basically essential living.

VCSEFG1part3 And then I went on then realized you weren't there. I went on to say that as well. I think it's someone who could basically afford to live, but they can't afford any luxuries. So, they can’t afford to go on holiday, and they may not be classed as in ultimate poverty, but they can just sort of cover the bills, but over the long-term times it will depreciate because they can’t afford to like replace things as well. So it's a case if they're not having the standard of a lot of other people, but they they may not even think they’re classed as in poverty because they might be able to just sort of afford the bills and just afford this but they can't go on holiday, they take their the kids for days out, they won't be able to go and do anything they could just sort of cover everything.

Interviewer: VCSEFG1part2, have you anything to add.

VCSEFG1part2 All I was going to add was that with the rising prices of everything throughout the the years that someone who could be earning a certain level 10 years ago could be in poverty now, even though they weren't then just because of how prices change. So, it's just the idea that what [VCSEFG1part3] is basically saying like you don't actually have to have no money to be in poverty, still be earning you just can't earn enough to get over that Poverty line.

Interviewer: So when people contact your service, I'll say your service, so it comes up as your service, what are the clues that people are experiencing poverty? Would you necessarily know?

VCSEFG1part2 I don't think we would necessarily know unless they were very open about it, and we don't like to judge or assume anything that's kind of our policy. But I think if they mention not being able to use, afford to use services so it if they mentioned that they have to be a long waiting list because they can't go privately or if they have to travel long distances because they don't have a car or that they've got, uhm often it could be that they they actually quite open about not being able to find work, so they're trying to work around other things. And I think that's what the indications we get that there may be on a little bit less income than the average person.

VCSEFG1part3 because, they don't sort of come, really. We're not sort of an organization are we, I’m quite new, correct me if I’m wrong, so it's we're not really an organization as in [org name] where they actually come to us to seek help for things like that are they. It's just. So, if we're doing like a survey or out in general, we might notice a little bit. So, it's not, it's more like I would imagine they might come in for help with the efficacy side of things first, you might know more than we would know. Would you agree?

VCSEFG1part2 Overall, yeah, we kind of go and we tend to target areas of seldom heard groups and that is low income is one of those groups because it's hard to get reached them because they often definitely in COVID, did not have the technology. So, we've struggled to keep in contact with them. But sometimes we do get phone calls asking for enquiries and queries about or could you help us find or signpost us somewhere and that's where sometimes we pick up information. But as [VCSEFG1part3] said, we also, it's mainly through surveys or face to face engagement when we talk to people. But sometimes we know just based on which area we’re visiting. If it's more likely to be that kind of demographic.

Interviewer: OK, that's great. Thank you. So, what sort of barriers make it more difficult for people living in poverty to access health care?

VCSEFG1part1 I would say one of the main reasons is the, a lot of folk are living in rural areas and then the public service and health services, are sometimes only opening during office hours. And the public services don't always run like a normal bus time or train time. You know, that allows the person or family to get to that appointment. And so, there's them issues that they face, obviously like if they don't have their own transport, they will have to use public transport and that will be an issue to them constantly, that they will have to face.

VCSEFG1part2 Building on that is the hours of if someone is not working office or, they are working office hours or shift hours. Sometimes those services aren't open in the same time frame so, accessing Healthcare is often difficult in that way, and so we've got the transport issue but also if you're working two jobs, for example, you might not have the chance to go and take time out of work. But also, if you are on lower income, taking that time out of work is more significant than if you're in a higher income because you're losing that hours’ pay, often they are on like hourly pay rather than a wage. Yeah, annual wage, I mean. So that can often be a significant factor as well.

VCSEFG1part3 I'm just thinking as well regarding the travel. I actually, my home is in [town name]. So, if you were on a very low income and you wanted to get to a GP or to local hospital, where I live that's not so bad. The worst comes to worst, you could walk and, but if you live in any of our outlying villages or [remote town], for example, or anywhere that's nowhere near the hospitals as we [name] said, you just simply cannot afford if you're not on enough money, you have to save and save to take your child or yourself to try and get to the UM, the local hospital because it's just not cost effective if you're on, if you're on certain means tested benefits, then you get given money to to get hospitals. But if you're not, it's very costly.

And I was just thinking, we discussed as well didn't we, about if you've not got very much money, access to health, thinking about arm, I don't know if this is got anything to do with this, but sort of you don't have as much. You don't eat the right food or anything like that. So that therefore you end up getting poolier quicker and it's a vicious circle as well.

VCSEFG1part2 Yeah. We mentioned about the fact that if you’ve not got the money that often the cheaper foods are not as good for you or if you can't afford to do activities or get your kids into activities, it's actually builds quite bad habits from a young age and it builds on long term. So even if you get. So even if you get - sorry, [name] if you want to say something? … It's just, uh, yeah, if you if it builds bad habits, so it's actually a long-term issue. Even if you start making more money in the future and go above that poverty line, you you still have those bad habits which could be, but also is sort of long term conditions that come in to effect and the fact that often if you have one, through our work if you have one long term condition often have more than one, you often have one or two or three, and then you have to go to special services. And we were discussing this like we're trying to work out this morning where the specialist services were and I think we were discussing like often for children, it's actually Newcastle's the closest or I think its Manchester or is often closer or Lancaster and you had you have to travel even further and it's just a big cycle of if you can't get access, you just can't get access at all.

Interviewer: No, I think, quite often you set up these schedules and everybody answers all the questions in the first answer. So, if it appears to be repetitive, please forgive me, but we may be able to sort of pull more things out

Yeah. So going back to my next one is it's about appointment scheduling. So, the question is, does the timing and availability of appointments create problems for families? And obviously you've you've told me that they do. Do you have any concrete examples?

VCSEFG1part3 I could go from where I used to work, if that's helps from experience. Before I was saying how I used to work in a primary school. So, if we if the parents, generally the parents could get access during school times they would do, and it would normally be parents who either worked part time or parents who didn't actually work, or they were on shifts. But generally, if it was working parents or parents like, I previously, I've done this, who had more than one job, access to health appointments. They’d always, when we'd have parents evening, they would tell us about that, if there was, any child has needed any health appointments or anything and they would say about the problems because they're trying to get appointments for health or even for CAMHS, which mental health or anything like that. They simply didn't always turn up for the appointments because they just couldn't get time off work. But if they only had a part time schedule or if they weren't, didn't have to work, then they had no worries getting appointments. So, it's sort of a vicious circles from what my previous position.

VCSEFG1part2 We just did a project about emergency departments, and it was highlighted in that that people often attended the A&Es on Saturdays because they couldn't get through to the GPs throughout the week, but they had their Saturday off so they could take their kids or take themselves. And they use that as an extra appointment, which obviously isn't what A&E is for, but that's all they could facilitate on their schedule.

Interviewer: That's really interesting.

VCSEFG1part3 Can I build on that as well? I just realized, remembered something. Cumbria have something called CHOC, Cumbria Health on Call and I must admit I have done this in the past myself, but when you know that you simply don't have time to get out to go to your own doctor for yourself or your child. You always used to know that if you called CHOC, they would give you an appointment. So, lots of people used to use CHOC as like your local GP, because you think it's easier to go after work and take your child then. So, you'd phone up and say the doctors have shut can I take my child then. So, this sort of use that as an added bit of a GP because they can't get during the day.

Interviewer: I must confess to having done that myself, but. And so. But basically, what we're saying here is that there is something that's preventing poorer families making appointments that are times at times that is convenient to them. Do you think that's something to do with Internet access? Is it to do with knowledge? Is it to do with telephone answers? What do you think the reasons for that are?

VCSEFG1part1 I think it's a number of all of them, sorry.

VCSEFG1part3 [Name’s] right. But I also think it depends what your job is. I think if you've got, if you're like [name] said, if you're salaried and they've got good working policies where you can take the time off to get access to medical care, then you could do it by the Internet because the majority of people that I know even when we're in lockdown, have access to the Internet for the young families, for the children. So, I don't think it's so much that I think it's a case of if you're in a lower paying job or you're in a job where they don't have the policies as child friendly because it's hourly paid or it's shift driven. You cannot simply get out and take your child to the whatever or you'll lose out on pay. I think personally it's my point of view.

Interviewer: I think you're on mute.

VCSEFG1part1 Basically I managed to be a support worker for mental health and then now, the situation with COVID and with the children being home-schooled, I think there's going to be a really, really, really big massive problem with the mental health situation of the children, the impact that it they've gone through, and I mean my child, he was five years old when COVID started and going into primary one and his anxiety went through the roof. Uh. Compulsively washing his hands. And now this is, like, obviously from my 5-year-olds point of view. You know, he’s 6 now and but he’d just turned 5 when you enter primary one, it compulsively washes his hands. He was scared to touch other pupils and stuff, but a lot of children, when they did go back to school, a lot of the poor families didn't send their children back to his class there was at least seven children off. And it was due to that they couldn't afford to send their children to school because they’d spent their money on personal things, you know, during COVID.

And I don't know if explained that thing didn't happen and like obviously, they had to home school them. So, they've had to pay out more money to to get equipment and stuff. So then when it come back to sending the kids to school and they just kept them off, they seemed to be off for a few weeks extra at that time.

Interviewer: Do you have anything to add, [name]?

VCSEFG1part2 And I'll just say that I think it's not always lack of knowledge or technology. I think often it's just not being able to, I think there is definitely the fact, that idea that if they haven't got as much education or not got the technology, it makes things difficult, more difficult for them, which I think we always see that as well. But I think often they worry about, I think, often when we talked to them, they are very aware of that stereotype, and they are always emphasizing how much they do want to help their kids. It's often with when I have kids or want to help themselves, but they just try and explain that these are invisible barriers, they can’t get over and, yeah, I think that's why I would add to that.

Interviewer: OK, so we've already discussed the impacts on parents or carers wages from having to take time off for appointments. But UM, within sort of health providers, is there provision made for additional individuals, such as siblings, when they need to attend appointments.

VCSEFG1part2 Do you mean like if they if their sibling comes with them to appointments as well?

Interviewer: Yeah, if they, if they've no childcare or something and they have to take children with them to appointments. Does that happen? Is that something that's made easy or difficult or?

VCSEFG1part2 I think that's definitely something we've came across that if their sibling’s ill that they bring the whole family across, definitely if they're younger. So if they're under 5 or something like that and they're not at school age, they tend to take both kids with them or it's also the same if the single parents or they don't have grandparents nearby because often I think, a struggle for these people is that if they don't have the support nearby, it doesn't always have to be paid. It can be if they don't have their relatives close by to access. And that's a problem, they have to rely on themselves so much more. And so, we have when we do like work in emergency departments or GPs, we do often see it's families of more than one child go in at once and it's the same with older adults as well, and often they bring their partners and I think it's that support also would then go in, to access those cares. It is a need, that support in the whatever news I might be being told good or bad for. And I think there is an element of not being able to afford things, and also like that's counted it into their cost of either travel as well. So, you can't just, if you’re getting public transport often kids are free, but sometimes it is, or you have to pay for more than one child and that's gets put in and they can't have that childcare aspects. And yeah, I think it impacts. What do you think?

VCSEFG1part3 To be honest, I don't know what I I necessarily would think. I I would. I would think. I don't know about the reasons, but I would say in general, if there isn't any appointments and if they are, not necessarily because, they’re poor. You know, you've got problems of their money, but I think a lot of times some of the people who are more vulnerable, are in the lower income bracket and because they are more vulnerable like you said I just don't think they've got the self-confidence to do anything on their own. So, it's a case of they either don’t access at all, and they won't go, or they will bring everybody with them. So, I just think it's a lot of times, sometimes it's it's that, but I don't know about anything else. I think it could be the fact, yeah, and they don't know how to deal with people in healthcare settings or professional capacity, so they bring other people with them.

Interviewer: Can you think of ways that appointments could be better scheduled for people on low income? Families on low income.

VCSEFG1part2 In terms of scheduling I think it would have to be in a way that they can access that scheduling. So even if it's, so, you know, sometimes in like facilities they go, this is a special time where just certain groups can attend and it could be something like that this, if you are in this kind of, I'm not sure how you do it as sensitively you'd have to be sensitive but if you're on a certain level of income there's like special time slots. So, if you are so like family times but kind of thing like that and that they can just turn up too but make it, but make it work around the local facility, so each GP practice would probably have a slightly different time. It wouldn't be a universal thing. It would have to be around what’s accessible at those times, and so you could even have, it could be a more quick drop in. So in terms of telephone calls and things like that just for these people because we’re aware, like with GPs, often it's you have to call before 8:00 o'clock and it could be just actually I don't need to call in that time. I need to call within lunchtime. And are they average kind of lunch time and that's when I can get my appointments booked in it could be just making the times fit around what the usual structure of their days are more like, shift patterns I mean that's the word.

VCSEFG1part3 Also if they put it at school times over just before you go to school or just after you picked children, younger children up because the older children can a lot of times go and meet them there, but if they did it around school times, have set times like [VCSEFG1part2]is saying would be quite handy because you’ve already got the child and you could always go with them. But also, I think, I think some practices have started doing that, but I think I have it opening later of an evening maybe or even some are starting to open on Saturdays and all-day Saturdays. That's a lot easier for some people I think to be able to not worry about childcare or anything they could just take them all there, I think it just have bigger options for availability to suit people who are having problems accessing them.

VCSEFG1part2 I think it could also be, like, different forms of advertisement, so of when, how to use their services, how to book these services, so it could be leaflet through the door, posters in, like as we keep mentioning, public transport areas, areas of high football. If you have like a poster detailing how they can access these services there, that's probably a place that this demographic is more likely to see, but also, I think we always go back to, we always suggest training if we can get online training for people who haven't, aren't used to it. So, like as we mentioned is poverty is not always young children and families. It can be also vulnerable older adults, and if they can get the training to use their technology to then book appointments, that's always a way forward to help improvement.

VCSEFG1part3 I'm just saying I felt just one more thing. I was thinking, just popped into my head, I don't know if people do this, but there's a lot of community centres that have dropping groups for all different sorts of groups where they're adults or children are learning disabilities. I mean, even if they had every now and then, once a month or once a fortnight, maybe a district nurse or a local social prescriber or a GP who could actually be more portable and drop into them. So, while people are actually accessing their local networks, the GP could actually be on hand chatting, then finding out. So, they sort of come to there may be. I don't know.

Interviewer: Do you anything to add, [VCSEFG1part1]?

VCSEFG1part1 And actually, I well, I live in Scotland. So, and then one of our practices, they have that once a month and that works really well. Whether it's for a number of all different services, likes of issues, whether it's physio issues, whether it's mental health issues, you know it's there's like two or three GPs, but they’re volunteers. So, I think he would struggle to get somebody a GP to pay them on a monthly basis. So, this is where you’re done for. It's going to be all the time because it's just not sustainable to pay a GP or a couple of GPs on a monthly basis or for a weekend.

Interviewer: So in terms of the transport, I know you've mentioned transport and so there, there are issues about the distance from home to access GPS and hospitals as about that accessibility by public transport and then the costs of petrol and parking, if you have got a car. But do you have any concrete examples there of like some of the issues you've become aware of in terms of transport and accessibility?

VCSEFG1part2 I'd say we did a project about dentistry because that's such a big issue at the moment and that was a thing that was a big factor that we went in we didn't, we knew transport would always come up because of the county being so rural, it always gets mentioned, but we didn't expect it to be highlighted as much as it was. People mentioning that they’re having to travel out of county for things. So when we heard about that we asked people, when we were doing our long term conditions, if this was something they have to factor in and they were mentioning it that some people choose to do it because better quality services they find they can get them elsewhere out of county sometimes but often it is the factor of actually how do I go to my appointment and then factor in having to come home. So there was one lady and she was saying that she had a colonoscopy and she didn't drive, so she had to get transport in, but then she was worried about how to get home after having something and she couldn't actually get this sedated drugs that would help her have the procedure, she would have to more un-sedated, more awake, so just so she could actually get the transport home. And because otherwise, she wouldn't feel comfortable in the public transport in the state if she's had more powerful drugs to help her. So, it’s stories like that like you actually opened up your eyes to it, but. And the parking is always an issue because of the extra costs parking brings in. As you mentioned, it's if you own a car, but then have to park the car and do it for long periods of time because you'd never know how long. And and sometimes that's even further away from the hospital. So, there's a lot of different factors in there.

VCSEFG1part3 I had to person when I was doing engagement in their local area. She's been in, I think she's been over in England for about seven or eight years. But she's originally from another part for the world she was originally refugee and she wanted access to dentistry and the only, as [VCSEFG1part2] said, it was out of the county, and she simply cannot afford to take herself. And she's got young child as well, but she simply cannot afford to pay the fares to go to where she has to go to because she doesn't drive. So obviously she drove it would have been cheaper, but then she can't afford to have a car because of the upkeep and their MOTs and things like that. So, I thought she really doesn't have an option to go out of county because it's just too costly. It's not cost effective for her.

Interviewer: [VCSEFG1part1], do you have any examples?

VCSEFG1part1 Basically exactly the same situation in Scotland as well, and with the waiting list and my husband is now gone private because he's been waiting for, there were 2 1/2 years to get a filling replaced. So, he's now gone private. My son got seen when he got his first teeth, he got them checked and polished, he was never seen since then and I phoned numerous times to get an appointment. And I've now had to pay for my son to go private. So, a lot of people are having to pay to go private but that's not the case for people that don't have the money to do that.

Interviewer: Yeah. So, the people who can't access just have to live with toothache.

VCSEFG1part1 And there's a lot of people that are, I noticed in one area that was in I actually, I don't mean to be discriminating or it or anything, but they don't have a dentist near them for that at least 30 miles and a lot of them don't have transport, they've got tractors. Then they used tractors, so erm, they're walking about with basically no teeth, one or two teeth, and for a full replacement set of false teeth is you're talking thousands of pounds.

Interviewer: OK, if I get back to the transport issues and are there, are there sources of support for families to access healthcare services?

VCSEFG1part2 Yeah, I know like the local, so the County Council do have services that you can access. But I do know, I know from our side that they're not so well advertised always and I can't quite remember something like, I can't quite remember what they're called, but patient transport, where they will help fund, not fund, but instead of a taxi that gives a base rate or something like that, similar, that can help you after appointments or for appointments, take you to your appointments. I know often care homes or care packages offer transport facilitation and I think [VCSEFG1part3] mentioned before that you can often get if you're on low income, a bit of funding to help support.

VCSEFG1part3 That's if it's. Yeah, that's if it's a hospital appointment or for GPs or dentists, but during the corvid, I mean our area in the covid for people who found it difficult to get out or people who were strapped for cash, the Rotary Club and other organizations actually got together and were offering to put people in their cars and they were voluntary taxis to get people to access things like that.

VCSEFG1part2 Yeah, I definitely think that's local community groups do often help, try and help their members and help each other out. But I think if you don't have it's back to that, if you don't have that support network around you, it's so much more difficult.

Interviewer: So more the informal networks? Yeah. Do you feel that communities, you know, families living in poverty, are aware of the types of help they can access?

VCSEFG1part2 I would say they often don't, I don't think, I think it takes a lot of time to look and that's something that came out when we did work with like SEND and stuff. It's the amount of time it takes to look for the resource and support you can access means you just don't have the time to do that because you're too busy trying to live your life trying to work. Try and do everything else that, and I don't think it's always well-advertised or, so we do a lot of signposting in that area to try and help people find services if they come to us and ask for the help. But I think even it’s something we’re always battling is trying to raise awareness of ourselves that we could help people in that way. But if you don't quite get the right advertising, it's very difficult.

VCSEFG1part3 I think if you're already known to the system or to the third sector, for example, if you go to a I don't know, I think it's family fraction in [town name] in this area now and it's, [charity name] are are coming, but I can’t remember what it’s called in [area name], but if you're already in the system, you go to the groups, then you get told while you're there, you get him almost like you get not a key work, but once you attend to the groups and then you know that you're vulnerable, then they then you'll get access to other things and they help you there. But for there, for the people who've never gone, and that's the majority of people who don't really go there because either working or they don't know about the groups that are on offer. Then, like [VCSEFG1part2] said they haven't got a clue and it's not because they've not gone looking, they just don't know where to look. But I think, yeah, if you already go into the group or so you're know to the system, then you're okay there. So, I think it's a bit of a dichotomy there.

VCSEFG1part2 Yeah, it's at the word of mouth of the communities really help spread what sort of support is available. But you have to get into those groups before you can find that information out, often.

Interviewer: So what should be done to make people more aware of the sort of support they can get?

VCSEFG1part2 Great question. Yeah, advertising, it's, I think what we're trying to do from our point of view is try different forms of communication. It's erm, raising the awareness so leaflets and posters and how to get to these different people we were thinking about going through schools and things like that, things that people have to attend but. And so, if you can give get it through to the kids and it could get to the parents and that's the way forward. But it's it's always an uphill battle, it’s always a struggle. And as we were saying, like posters in high footfall areas is something we’re going to do going forward just because, that's just in the hopes that one or two people will see it. But I'm not sure what the solution is. It's a, it's a big problem. It's a difficult one.

VCSEFG1part3 It's tricky isn’t it, because like I said, the people are already known to system, they’re already getting helped. It's the people, if you want them, if you want to put your posters in the health care settings and then they do not go into health care settings, they're not going to see it. And a lot of times if it's on there, we found out if you're advertising the government people don't listen to it. It's almost like you said, word of mouth or something. It's almost like starting network for people who just get trained to go out to see other people and just pass it on us as they can, are even going to places like just or ALDI or Lidl or places like that, but even then, it's hard to get the people you're wanting to because a lot people don't want to go and stop and talk to people. So, it's just it's I think it's quite vicious circle, it's really.

Interviewer: Have you have any ideas, [VCSEFG1part1].

VCSEFG1part1 Huh. So difficult. Basically, I mean that's it. You would have to take it from all angles to be able to get it advertised properly. Across to each different social network or each individual, you know different age groups. I don't actually know the answer for that one the best.

Interviewer: You see, the way I I'm thinking is if we've got in the county people traveling all over the north to access hospital appointments which is at great expense to themselves and you know is they're not a, I don't know, do you think that hospital should be more involved? Informing people?

VCSEFG1part1 Yeah, because I think if it was said from a hospital point of view, I mean because obviously like [VCSEFG1part3] just said, people aren't listening to the government advice now. They've kind of lost faith in the government. When you hear news now, you just kind of switch, you do, all these groups do now, because they've been told this and told that that people just switch off to what the government is saying. So, I think if it was said from the hospital point of view like from an actual doctor then it would be listened to. Their advice would get across.

VCSEFG1part3 Do the doctors not, do the hospitals not do that as part of their forms? because. I remember years ago when I got sent forms, part of like, say you had an appointment, I don't know, for example, at neurology in a, I don't know [hospital name] or even [hospital name] or anywhere. One of the ones at the end of it always used to say if you're uncertain benefits, you can claim this money back. It's only if you're on benefits though, you know, one of the parts of the letter would say if you’re on benefits you could claim some money back, please bring real proof of benefit and then when you got there you’d talk to your consultant and they send you off to the office, but that's only people on certain. I don't know if they still do that now, but they used to always have, like, a little thing on the end for people on benefits to inform them that they could try and get money back. But that's not the majority of people, is it?

VCSEFG1part1 It's not the majority of the low-income people as well, so.

Interviewer: I think I'm, I'm aware that my hours nearly up. Are you OK to continue?

VCSEFG1part1 Yeah.

Interviewer: Yeah. So, I'm, I'm thinking you know. I have those scenarios where you may have a very ill child and you know, you're constantly backwards and forwards, you know, is there any schemes that help people who are, going to hospitals once a month, twice a year or something.

VCSEFG1part3 There seems to be an increase in the GO Fund me pages and I don't know if you've seen that, but it seems to be on social media a lot more people doing yeah go fund me in explaining about for example their child might be in [town name] and they have to try and spend as much time actually being there and that the cost of staying there and people asking for donations I don't. So, I have seen a quite a big increase in that I have for you [VCSEFG1part2]and [VCSEFG1part1]. And that's just, that's not really organized. That's just asking really for charity off people. But I have seen a lot more increase in that recently.

VCSEFG1part1 I think a lot of advertisement towards stuff could be done through like marathons, charity marathons that are already being done. T shirts could be published with advertising, health services of what’s available. And because I mean, sometimes like London Marathon is shown on TV and the Great North Run shown on the TV. I don't know if the Carlisle Marathon, Blackpool one sometimes and they recorded that, put on social media networks. You know, folks do get to see them eventually. That's another way. That, I mean, I've seen things advertised like cancer, you know, we help, they can get through cancer and like hearts or, you know, children were hurt his shoes. But I haven't heard like unless you weren't looking for it, you wouldn't see it. And that's the only time I've seen something is advertising somebody T shirt running on TV or actually going event?

Interviewer: OK. So, in terms of hospitals, have you any awareness about what happens if a child is admitted as an emergency, have you any idea of how the family will be supported to cope with that situation?

VCSEFG1part2 In terms of that it's uh, I think from family support is if it's through, I'm thinking it has changed slightly. It's always dependent COVID restrictions but before COVID it was often they were families were allowed to stay with children under a certain age within hospital. If they're admitted, and often they were in [hospital name], no worries. I'm aware that it wasn't always guaranteed private rooms. There was never a guarantee, but they would often try and facilitate it so that you could have children could have a parent with them at all times and or a guardian with them at all times so that they didn't feel so alone but I think it's often primary school aged children and below. It's not

VCSEFG1part3 Yeah, they put little put you up bed by the side of their bed in a ward in Barrow.

VCSEFG1part2 Yeah, that kind of thing. It's so they would support families in terms of being there with their children as in to help the child's recovery, because if they're safe and feel loved, they recover faster often. Well, that's the theory anyways. And but in terms of supporting families to come and visit or anything else outside the hospital, I don't think it’s as supported by the hospital. It's more a lot more driven by the family at that point.

Interviewer: So if you would an out of hours admission emergency admission, would there be support for things like nightwear or toiletries?

VCSEFG1part3 I would say so.

VCSEFG1part2 I'm not sure, because. I know when did the emergency department, there's often issues around not having the necessities needed because they were just there. I think it might be different once you're actually admitted, but when you're in like the waiting room or in triage it's not, unless you ask for it, I don't think you would be given it.

VCSEFG1part3 No, I think I think it's when you are. I'm just thinking about A&E and when you're admitted and until you actually go and get, say, your pyjamas in or your towels or your soap or anything like that, you will be given it then. But then you are expected to go and get it yourself, they don't really want to. They won't carry on giving you supply of nappies or a supply of this or a supply of that. But [name] right, in triage they actually do it. But once you've got through into the A&E, they've got to look after your, if you've got nothing to wear they will put you in a gown or you have a blue pair of pyjamas, orange pair of pyjamas, and they give you a hospital towel and but you only get the very basics because obviously it costs lots of money and the assumption is that once you're in a ward, your nearest and dearest will come through with whatever is needed for you, even to the stage of they don't really give out medication. Now they get you to bring your own medication in.

Interviewer: And what about discharge? What would happen if somebody was, you know, a child was discharged out of hours? Well, actually discharged anytime but discharged out of hours. What sort of problems with that create for poorer families? From the hospital or from A&E, you know.

VCSEFG1part2 I know there is a lot of issues being raised around discharge at the moment, it's quite a hot topic at the present, but I think the issues often are around communication about the handover and so definitely. After you leave the hospital, you’re passed on to someone else, but sometimes that handover is not done efficiently or quickly or often down to the patients themselves to organize or the patient’s relative or family. So, if it's a child, it would be the parents often or guardian to sort that out and make sure the medication is correct. And I think it does if it's not through a pathway, so if it's not through a carer or support, so if you don't have that in place for whatever reason, it does assume a certain level of knowledge which, even if you're not on low income or you're even if you're well educated, or if you don't know, you don't know, and so if you don't know what medication is, the correct one, or what dosage is right or what support’s available you, you really struggle at that point. But I think it is from what we hear, it's often the communication between the point of discharge and they arrive at home. So often it's even the GPs aren't efficiently informed of what's happened to you in hospital for the medical records aren't always accurately updated. Obviously, we often hear about the worst cases rather than the cases that go well, but there has been, stuff like that has been raised with those before.

Interviewer: So communications one of my questions, do you feel that some clinicians ought to be informed of somebody's financial circumstances. Do you think that information should be shared?

VCSEFG1part2 I think it should be shared if the patient is willing for it to be shared. I think it is one of those, it's such a personal issue or topic but if they want the clinician to know in the sense that if they're told in a way or if it's been informed in a way that if they are aware of this stuff, they could help, I think more people would be willing to share that information with their clinicians. Though I do think often as through our work we do find that people do really trust their GPs, definitely their local GPs that they see, it's their doctor they trust their doctor. So, if advise comes from the doctor to support, sign posted through the doctor they’re far more willing to take it because the doctor said so. And so, I think they are probably more likely to share that information with the doctor because they trust them. But I also think they often probably do have a hunch who it is, if someone is in that position or not. So maybe getting that clarification and that doorway open to help them winning, it could be a very good way to build that in.

Interviewer: So perhaps the referring GP should maybe raise some of the barriers that this family may face, do you think it would influence practice from the other end?

VCSEFG1part2 I think so. We often have medical students. They come and do placement with us and often that's what they tell us when they leave is actually how eye opening it is to hear about these experiences from the other side. And often they say that going forward they’ll consider this kind of stuff more just because they sort of only hear about these stories, and as we all know, it's not every single patient, it's not every single person, it's the people that need their help that we're talking about and so I think it would improve that care because suddenly the doctors or clinicians know a little bit more about the person, it makes, what we always say is ‘I don't want to just be another number in the system, I want to be a person to these people’ and I think we need to make it a little bit more personal or people a little bit more aware of the circumstances or someone else, that's a type of care that changes, so if they're aware or they don't have transport coming out of here, maybe they'll help signpost or get just that little extra support.

VCSEFG1part3 So maybe like, do you mean, like more of not a questionnaire, but some of the questions when you ask at the beginning and would be able ‘are you able to get home easier’ and things like that? So, it's almost like person centred care like social. I used to work in the social care sector like [VCSEFG1part1] did and they're a lot more into person centred care. So, it's almost like if they could, instead of just seeing people just diagnose and just try and fix them up there, almost do a bit like all-encompassing bit and a bit of person-centred care.

VCSEFG1part2 Yeah, that's why. Yeah. You put it far better than I did.

Interviewer: So I'm also thinking in terms of communication. How well do you think the health services communicate with people? Do the recipients of the information understand what's being said to them?

VCSEFG1part3 I don't think so. From my own experience, and I would say that you, you when you go away and whether it's an adult or child, you go in and you explain things from your, from your personal circumstances and they may write that down, or they may say, listen to it initially, but that doesn't go all the way through the, I'm talking about hospitals now, that doesn't go all the way through the hospitals. And I know it's not children, but for example, [VCSEFG1part1] and [VCSEFG1part2] know this, and my father actually recently died of COVID, but he was in hospital for while […confidential information…]. And we’d communicated it all the way along. So, I personally think, and I think if we talked to [VCSEFG1part2] about from the discharge process that that we're learning with [name] that this seems to be a thread going through, that you may get told the information at the beginning but doesn't seem to carry all the way through.

VCSEFG1part1 At a hospital with my son, he was seen by three different doctors, and I was asked exactly the same questions by three different doctors. And like over and over again. And then by the time the nurse come in, I had to explain it all over again. There was no communication whatsoever between them three doctors and that nurse, none whatsoever. And I was sent home with, with penicillin, not penicillin, with ibuprofen to go back up the next day to speak to another doctor through the day, which I couldn't believe, that we had to tell the story like to three different doctors and a nurse.

Interviewer: I mean, you know, we think that trusting relationships are very important in healthcare and you've already mentioned how a lot of people, and I would agree, they really trust their GP and I think perhaps COVID has done quite a lot of damage to that relationship because people aren't getting to see their GPs. I mean, do you think that, they were absolutely essential barriers at the time, but do you think they have been more difficult for families in poverty then perhaps others?

VCSEFG1part2 I think so.

VCSEFG1part1 I think so.

VCSEFG1part2 We’ve done like COVID surveys, which probably doesn't surprise you at all, and projects on that and it does come out that not being able to see a doctor face to, it's a big issue for everybody. There's a lot of people who really struggle with that, but also the digital limitations that's hard. And so, you are less likely to have a laptop if you don't have the money, to pay for a laptop. So even to do a face to face over like a zoom or an online meeting is impossible for some people, so they have to use their phones and even if they're still getting to hear the GP, they can't communicate, the communication’s gone. It's the ‘I can't actually show you what's the issue’. And I think that also goes down to what, the idea of, like, not having the, being able to articulate effectively what the issue is if you can't, so GPS can often look and go, ‘oh, that's a rash, that's whatever’ or that sort of ‘that's a broken bone, I can see that’. They can just go ‘it hurts here, I can't quite describe it right’. You can get misdiagnosed and there's instances off then people having to go back to the doctors or ring up multiple times, or end up in A&E for something that's very minor just because they couldn't quite articulate it correctly and then they feel like they've wasted time and so they don't bring it up the next time when they actually do need to ring up. And I think that's a thing that we did find was the barriers to technology, which so many of us have learned to adapt to over this time, and other people haven't been able to just because they can't afford it.

VCSEFG1part3 As was going to say, if I could add on to that, [Interviewer], I think it's the apathy they've got that people have just got apathy now, and if it's not an emergency, and the fact that you can’t get an appointment, there's so many people that, when I’ve being going out for feedback, going out with the resilience van and that, I'm just seeing that they're not even bothering, if there's no point in them talking to the doctor because they can't get through to them. So, they won't even bother ringing, they won’t ring for the children, they won’t ring for their husbands and won't ring for themselves anymore and they will go, if it's an emergency, they would go to the hospital. But apart from that they've not even tried, they've just stopped ringing because they don't, they just don't see the point anymore. So, I think there's a lot of apathy and negativity. Even though I've explained, I’ve said, ‘oh they are seeing you more’ mod and they're just, they're just not bothering. They just live with it now.

Interviewer: Yeah, I kind of feel that about CHOC as well because although you can ring up sometimes it's a really difficult service to get through to and there's so many questions and I think people just give up on it. And there's always that insistence to speak to the patient. So, when you, I mean, this is me when you're calling for an elderly relative who's very unwell, that's infuriating, isn't it? So, it's it almost feels that other things are being put in your way. But in terms of those relationships have you any examples of people who managed to develop excellent relationships and what is it about them that makes those relationships so good? What is it they do?

VCSEFG1part3 I could say, depending on who the GP is, my mother has got an excellent relationship and I know it's not a child, but my mother is actually would be, I would class he as having access barriers within healthcare because she's quite, she's on pension credit, but my mother has that excellent services with her GP. She was originally with what Doctor [name] and she just couldn't get through to them. So, she did ask around of the network of friends that she goes at meetings to try and find a GP service and she phoned this GP service and asked them, because she has got the wherewithal to ask them, how they do their appointments and for elderly people and for people younger they did try and see them that day if possible. So even though people, the doctors won't see a lot of, my doctor won’t still see you very often, they triage you, my mums moved to a surgery who will see you from 4:30 onwards that day if even if you haven't got an appointment and she's accessing healthcare far more than she ever has done the last two years. So, I think there are good examples of practice out there, but you've got to find them.

VCSEFG1part1 I think overall, like the doctors and nurses have done the best jobs that they can, I mean at the end of the day, they've got families ourselves. They did try to get you in as soon, as quick as possible. I mean, I was recently on the breast risk register, had been for the last eight years and you're only kept on the register for two years until you're taking off, and obviously due to COVID, I didn't want to bother the nurses or doctors when I found lumps and when I phoned up to speak to them, I've been taken off the register because it's been more than two years so I have had to go through the whole process again. I've seen a doctor, been referred to the hospital and the rest, but I've been one of the fortunate ones and being streamed straight away. So, I've been very lucky. So good practice in that form on a personal level, they've been fantastic in seeing me straight away, but it was frustrating for the fact for somebody who had been on a list for so long to be taken off due to COVID when nobody was going to be going in a ward anyways. Yeah, it was a little bit frustrating that way. So, I can see other people being in the same situation as me and being frustrated but not getting the same treatment as me. They could be waiting a lot longer and it could be a different circumstance.

Interviewer: [name], have you had any feedback of from people that are kind of saying what it is that makes a good Relationship?

VCSEFG1part2 We do often hear more about the negative experiences, but in terms of, at times people have came to us and said that they've had a good experience. It's often down to, there's a flip side, there's the, sometimes people just want to be seen in and out and go and they see that as excellent service. It's quick, it's efficient. They've got what they need, they've gone. But other people also like the more personal touches. So, if they've gone somewhere, it's people saying that the communication has been really great, that they understood., that they've been looked after. So, it and it's often they mentioned like one specific staff member, they've bonded with this person, there's a rapport there, that they just feel like this person has looked after them throughout the process. And I think it often comes down to and just remembering little things that like, one woman was saying that when they, when we're doing the emergency department stuff, when she went on the ward eventually, that someone just came in every single day to make sure she had taken her medication and with her and dementia, that that was just something that just went beyond. And so, she was saying that for a relative, just knowing that that was there, in place when her relatives who was, when she couldn't get access, that someone was taking that little extra step just to look after her relative while she was on the ward. And it's I think it's a, it's sometimes it's just tiny little things but then on the other side some people just want quick, efficient and they see that as excellent service. So, I do think it's a bit of a tale of two halves.

Interviewer: Yeah. So, I'm. I'm really aware I'm running well over the allotted hour. So, my last question, we've got through our last question. I've rushed through them a bit, but it's about staff awareness and attitudes. I mean, do you think that healthcare staff understand some of the issues that are being faced by the families that they're looking after?

VCSEFG1part2 I think they are. I think it's one of those that, we’re all aware of how many, how much pressure they're under and I think expecting any one members of staff to look after, to take this all on board is a lot to ask because they see so many different patients, so many different families every single day. And so, I think it’s, sometimes, it is a whole cultural system shift which is far harder to achieve. And I think even if staff are fully on board and aware of it having that change or change in how a system works can be very daunting, a lot of work and a lot of effort. So sometimes it doesn't always get most effective outcome because of that. But I do think they are aware. And I think they do care; I never came across a single staff member who's not caring and wants to do the best for their patients. They always do. I think sometimes it's just the, it is such a big job sometimes that it can be overwhelming and if they take it, all these stories on all these things on personally or aim to look after each individual person. It can be a lot of work but. And I do think they are aware. I think it's sometimes it's more of a general system thing.

Interviewer: So you don't feel that there's anything going on with like negative stereotyping or intolerance or?

VCSEFG1part2 I'm. I'm I'm. Probably there is probably. I don't think you can rule out, it'll be too general to say everybody is aware and cares. I think. I think that is the majority. But I do think sometimes there is the idea of, I think when I was talking to someone and they were saying that they felt, it’s not the same, low income based, buy similar, they felt very fat shamed by their GP, their doctors kept on telling them to lose weight and they went ‘that's not the problem’. And now there's another problem here and they didn't feel listened to, so sometimes that could probably come into it in different areas or demographics or even if it is a low income and they go oh you should have came so much earlier and then going back I couldn't and you don't and it's sometimes a misunderstanding is probably there when they’re under so much pressure, so trying to get people through, trying to be quick, sometimes I think the sensitivity isn't always there, but I do. I don't think it's always on purpose is. I think sometimes it's there. Yeah.

VCSEFG1part3 I just think there is a little bit stereotyping but generally, I agree with [name]. Everyone tries their best and they try to be as caring, and they are caring, but they're under immense pressure. They've got so many staff off, through covid or there’s such of loss of staff because either they’re not paid a lot or the workload is so immense that, it's also sometimes you might get them at the wrong time of the shift or things like that, if it's at the end of the day and if they've had a couple of, like, say for example in A&E if they've had a couple of extremely hard patients who've maybe come in very drunk or overdose and drugs and they have abuse and all that. Sometimes they may not. If you ever get to the part where you think that your nurse or your doctor hasn't been as kind or as compassionate as it should have been, they probably don't mean to be. They might just have snapped a little bit or things like that. But I think there are little bit stereotyping depending on what patients are. But I just, I do think deep down, they tried that, they're in that job because they try their hardest and it's just an immense under, they’re under immense pressure not of their own making. I just think they're doing trying to do their best.

VCSEFG1part2 And I would add that it's like the priority isn’t always in that area is it, it’s about trying to get other things done. And so yeah, it probably does slip into that way for Sure. And I think we're all aware that the morale of staff isn't particularly high at the moment. They're under so much pressure as they say and somebody has got sick, there's a such a demand from them that the morale is quite low. And I think sometimes as we’re all aware, that negative morale can cause more negative morale and it can cause that kind of environment that can lead to other problems, but I think it could be just about raising the priority of looking after patients or helping them get the support or the discharge right. It's trying to raise that up the scale once again.

Interviewer: I think though, you know, we know they're all under pressure, which means that the services are further restricted, and it means that the people who shout loudest are going to get more of their share of those services. So, I think that we do need a kind of awareness of those people who are not even getting near hospitals or GPs. So, I wonder what do you think we can do to raise awareness in the health services about these issues?

VCSEFG1part2 I think it's probably going. I'm sorry, [name], it's, I'm just like, borrow idea that I know has been done, probably previously, I think of medical student told me that they had to do for their training was, part of the training is that sensitivity training, so maybe it is they need training on, not necessary training, but a session on raising awareness about all these different kind of groups that don't get access and why they don't get access and really give them some more learning to be that on it. Because then this stuff always changes and as we're always in such a quick changing kind of environment. But if we just tell the staff, the hospital staff or the GPs, this is the kind of issues that people are facing, giving them that extra learning and education, but works both ways, doesn't it?

VCSEFG1part3 I I just think there's two things. One, I don't know. One, I think that if anybody who does access the GP, even if it's not very much. For example, people have repeat prescriptions, I personally don’t see my GP for ages, but on repeat prescriptions you have to review, or you have to go every now and then for blood tests. So, if on the occasion you actually managed to get these people who don't regularly come into surgeries actually in, you could have maybe an appointment when they're in with the nurse or the doctor to have some sort of a checklist to see how they are and every other part of the life to see. So, he could just signpost them. And I'm not sure but I was looking, when we do look on the research and with the government and that and I think the NHS are looking at doing more people first engagement to try and address this at the moment, I think they're actually trying, they realize this problem and they are trying to maybe start using the third, voluntary, the third sector groups and community groups and the lower primary care sector to try and talk to the people on the ground, the people who are out more than they used to because it used to be a bit more autocratic didn’t it. So, I think they are, the government is trying to pass a bill to try and sort this out, to try and have more engagement with people, rather than saying this is what we want to do what do you think, just taught them generally by issues. I don't know how that would work, but I think they are.

VCSEFG1part2 I like your idea about the checklist [VCSEFG1part3], of having them actually discuss with the people who don't always regularly come in or just, try and get a gauge of these people. And I think it should probably go and like you, medical notes kind of somewhere. So that is recorded and.

VCSEFG1part3 Yeah. Because you have to come in for smear test don’t you if you're over 40 or 50 or a blood pressure check every so often and there might be some people you'll never, ever ever get in, but you're always going to people you never, ever going to get in. But while you've got somebody in, it's a captive audience and it maybe should flag up the last time it's actually been seen in some sort of medical setting and then that could prompt some sort of like just general chat about and ticking things off. Yeah, yeah.

Interviewer: Yeah, just a general check-up. So, like, this person hasn't flag up in the appointment system. We haven't seen this person for five years. OK, we'll make this a longer appointment, and we'll give them a check-up whilst we're at it.

VCSEFG1part3 And then see what they have and what the circumstances are because they do have social prescribers now where they could pass it on in the surgery and they could follow it up to try and help them, you know.

Interviewer OK, I'm at the end of my questions. I am so sorry that I broke down. Thank you ever so much for your time. So, is there anything else you'd like to add before I switched the recorder off?

VCSEFG1part3 Just thank you.

VCSEFG1part1 Thank you very much. It was lovely to meet you.

VCSEFG1part2 Very much.

Interviewer: It was really nice to meet you 3 too I've really enjoyed having this conversation with you.

END AUDIO