**Parent Focus Group1**

**Date: 23 Feb 2022**

**Participants: 6 females**

**Duration: 0:37:04**

Interviewer: Preamble

So, I wondered if we could just start by, sort of, in general, and any thoughts you have about what it’s like if people are on low incomes and they’ve got to access healthcare and how that might be.

Female: Well, the one that really hit me was when [child name] broke his leg at school. That was totally- You know, we weren’t prepared for it, and it was not long after Christmas. He totally snapped his leg and had to be in hospital. The hospital was amazing, it was great. But like you said, I was lucky, I ate Subways vegetable sandwich, and I was able to get one of those and just make it last me.

Then they showed me the little room where I could use the tea and coffee, and stuff like that. She said, “Are you not going to go for coffee?” I was like, “I haven’t got any money.” So, the nurses are, behind the scenes, equipping the people.

Interviewer: So, they did provide free tea.

Female: On that ward they did. She had a little kettle and thingy in the room.

Female: Or you get free tea and coffee, and you can have toast, like, on a morning type thing.

Female: Because they must know, for a parent coming in, it was totally unexpected. I had to be with him for three or four days, where I didn’t have a budget for when he got rushed into hospital, because nobody knew it was going to happen. So, then I was borrowing money and things like that, just to travel over there and back, because I had to get a change of clothes, and go, and things like that.

Interviewer: Did you stay in overnight there, when he was in? Did you have to stay the night?

Female: Oh yes, I stayed in a bed beside him. I was very accommodated, as I say, the ward I was on. I think that’s the choice those nurses choose to take, because it’s not being supplemented by the government, or anything like that, that they choose to have a little budget. So, if you buy two for one on biscuits and stuff, and they bring in their own. [Crosstalk \_\_\_ 00:04:06 – 00:04:10].

Female: They shouldn’t have to bring \_\_\_.

Female: No, they shouldn’t, I know that, but it’s something they must have just seen and then thought, “Oh, we don’t want parents, or anyone who can’t afford it-” Or even people that could afford it, they were offering them tea and coffee as well, and letting them know it was there if they needed it.

Interviewer: Was that the [hospital name]?

Female: Yes, it was at the [hospital name], on the children’s ward. So, yes, that was an unexpected cost for me to come out, that was a shock. The shock of what had happened to my son, but then the shock of that, I didn’t have the funds to- and how expensive the café had gone up. If you did [Crosstalk 00:04:48], but even just parking.

Female: You’ve got to pay for the telly, you’ve got to pay for the telly, so if you’re in there long-term and you’ve got no telly, or anything to do, you can say that [ \_\_\_ 00:04:58].

Female: When my daughter was in, she got rushed in when she was a week old, she was in for a week-and-a-half. They gave me a parking pass for the car park, because we were in so long. They were providing meals and bringing my meals.

Interviewer: So, you didn’t experience having to find the money yourself.

Female: Don’t get me wrong, there were times we had, like, she’d come in and say, “There’s stuff left on the trolley, do you want something to eat?” because she used to say, “I don’t believe in putting it down the sink.” If I didn’t want anything I would go and get something, but the likes of TV and stuff, I didn’t have that problem, because we had it through the day, it was just at night-time, when I was bored, and there was nothing to do.

Like I say, I had a parking pass, so we didn’t have that. Like I say, she was in quite a long time, anyway.

Interviewer: Was that offered to you, things like the parking pass, without you asking?

Female: No, we did mention we couldn’t afford the parking all the time, because it was getting too expensive, and she said, “Go to the main desk and ask for a parking pass.”

Female: They normally just get the parking passes for maternity and stuff, normally, isn’t it?

Female: It was just have them for who wants it, yes.

Female: Because she was in hospital in intensive care, because she was really, really poorly and we nearly lost her, I think they knew that she was going to be in a long time, and it was going to cost us a fortune. But they were brilliant though, because Christmas morning when we woke up, she was only two weeks’ old, and her crib was just full of presents.

Interviewer: Oh, that’s really nice to hear. Has anybody else got any experiences of children being in-?

Female: Me. Mine is always being in hospital. (Laughter) Yes, he’s been in and out of hospital since he was tiny, about three months, maybe, he started being really sick. He had- nobody has heard of it, Kawasaki’s disease. It’s the coronary arteries around your heart, they clog, and your blood thickens, and then, obviously, once the blood thickens around your heart, that’s it, you’re done. But then he ended up with haemophilia, as well, both of them.

Interviewer: So, did it take a long time to get a diagnosis? Was that lots of visits?

Female: Ten days he was in, and on the tenth day, they have to make this treatment, make this specialist treatment up to try him with that, and then that worked, and he was alright after that. Then he ended up with haemophilia.

Interviewer: So, what was your experience?

Female: I mean, it was years’ ago and he’s 13 now. So, back then it was different, but throughout the years we’ve been in and out of hospital with him. He’s had all sorts. Stomach ulcers, an erupted stomach ulcer, [ \_\_\_ 00:07:38], loads of things. But no, my experiences have all been different. I had nine weeks stay in hospital when I was pregnant with [child name].   
  
That side of things, I didn’t bother with the nursing, like what you were on about, the food and stuff. My main concern was I didn’t want to be there, I just wanted to be at home. Do you know what I mean? But they were accommodating and everything, they were lovely.

Interviewer: What about your other children while you were in hospital?

Female: That’s what I wanted to be home for.

Interviewer: Was there someone to look after them?

Female: Their dad. Yes, obviously he had to take time off work. Obviously, my sister, she works in a hospital and one of my other sisters has a disabled daughter, and my other sister, she lives out the way. My dad is 75, so I mean… School runs are to two different schools. I’m not one of those people that would like to ask people for their help.

Interviewer: Yes, you’re like me. (Laughter)

Female: I’m one of those that would offer the help to somebody, straightaway, knowing that they’re struggling, rather than me wait for that person to- Do you know what I mean? So, it was a struggle, financially, but you just have to do what you’ve got to do, don’t you? You just get on.

Interviewer: Was there any help available?

Female: No.

Interviewer: Childcare or any costs that you could have had.

Female: It was just a case of, he would normally start for half eight, in the morning, work, but then he would have to start half nine, so he could get the kids to school, and then he would have to leave for half two, to get the kids back from school. So, he was losing about three or four hours a day. So, he would have to work through his dinner, just to make an extra hour up.

I mean, his work, in itself, they were okay. But for nine weeks it was hard.

Female: So, I’m saying, they’ve got the breakfast club on at St Michael’s, and she was around, and she was checking up on me. She was like, “[name], if you …” Because he had to change his lunch break when he was picking up the kids and that. [ \_\_\_ 00:09:41] me when I’ve been bad, and she was like, “We do have breakfast club on, you know, and I’m more than willing to put the boys in.”

But I think that would be more of a shock to their system than anything.

Female: And we have to pay for them.

Female: Yes, you do.

Female: It’s free at mine. It’s free. It’s always been free. [Crosstalk 00:09:57].

Female: It starts at quarter to eight and then stops at quarter to nine.

Female: Per child?

Female: Per child, and then-

Female: How much?

Female: It’s £3.50 and then it’s a £5-

Female: A day.

Female: Yes, then it’s £5 for after school club, until quarter past.

Female: Do you not think because-

Female: Until quarter past four, but you can have them until quarter to six and it’s £8.00.

Female: Do you not think that’s because you’re in a different area to us?

Female: I don’t know, it’s the same part of [Crosstalk 00:10:17].

Female: Because where we were, we are here-

Female: It costs them, like, if you want them in [ \_\_\_ 00:10:21] for a day.

Female: Where we are it’s classes or it’s \_\_\_ isn’t it? You’re just upsetting them, aren’t you? So, two different-

Female: It’s something like £11 a day for me to use breakfast club and after school club, if you worked. [Crosstalk 00:10:39] or away for jobs and stuff like that.

Female: They think because that’s a different area, in this area they just think everybody has got a little bit more money.

Female: It’s a private- it’s a private club. [Crosstalk 00:10:51] get them to do a breakfast club and after school club. It’s not the teachers \_\_\_\_.

Female: This is run by [company name], the contract, it’s still run through [company name].

Female: Oh, right, them, yes, I know they do [Crosstalk 00:10:58]. She said, “Oh there is the breakfast club, if that would help,” at [place name]. I was like, “Oh, he’s just moved his break round.” So, his morning break, he’ll leave at half past, but his break is not until quarter to until nine. So, he’s on his way back, and so nine o’clock he can get on it. Then, he changed his lunch for the half-hour. So, he leaves at three and runs along in his lunchbreak and gets back.

So, we’ve been alright managing- This has been the past three weeks in term, but-

Interviewer: Disruptive for everybody.

Female: Yes, but I just got up in the morning and did everything I normally would, so the kids wouldn’t notice. Then he was taking them, getting back. But then they wrote in the worry-box, “I hope my mum’s tablets stop making the [ \_\_\_ 00:11:42] from school \_\_\_.” I went, “Yes, you see, they’re starting.” But that’s when I realised the kids are actually seeing it, and it is worrying, as much as I’ve tried to keep it normal and thingy, he’s been getting them there and back.

Interviewer: So, you’ve just had quite a recent experience with accessing healthcare for yourself.

Female: Yes, that was, especially, at my own doctor. Normally they were very, very good.

Female: I can’t even get an appointment.

Female: I was still [Crosstalk 00:12:09] before Christmas, I knew I didn’t feel right. I made an appointment, and she seemed more interested in filling out a form to say they \_\_\_. Then, when it came to them reading what I had, she was like, “Oh, I can’t understand that. Can you explain it to me.” So, I was in the room for over 25 minutes and [Crosstalk 00:12:32]. Yes, and then trying to get through to them again.

I went home and I self-treated myself for about a month. I wasn’t getting better, and I went to 111 and she said, “You need-.” So, I had nine vials of blood and waiting and waiting, and waiting, Then, found out, within days that it was a [ \_\_\_ 00:12:54]. I’ve only had \_\_\_, because you’ve got to spread it out. But I thought, “I’m only having \_\_\_.” Because too much is harmful as well.

So, I’ve got to, now, try and balance what is- If I’m taking the tablets, how much sun daily can I have, and-

Female: Oh, have a sunbed. (Laughter)

Female: It’s not going to make any different at all, because the UV from that-

Female: Do you need B12.

Female: No, I’m on vitamin D tablets, 20,000mg. So, wow.

Female: How did you get a vitamin D deficiency?

Female: Because I’ve not been out in the sun, and there’s not been enough sun in the day.

Female: I like a sunbed.

Female: No, the last day that she went [Crosstalk 00:13:31] more, but that UV that you need in your- Because what happens is \_\_\_ just having a good colour, and it makes you \_\_\_.

Female: Oh, I see, I know.

[Crosstalk 00:13:42 - 00:13:57]

Female: It depresses you, doesn’t it?

Female: What’s the point if you can make calcium and vitamin, and then [ \_\_\_ 00:14:01]. But he said, “Can I do a repeat blood?” I said, “Yes, obviously, I’m here to find out why.” So, I got that done last Thursday. Then, on Friday morning, the next day I had a text on my phone, “You need another blood.”

Interviewer: So, that was Vitamin D, again.

Female: I don’t know what it is. So, I [Crosstalk 00:14:20]

Interviewer: \_\_\_ the appointments.

Female: No, actually, it wasn’t from the [ \_\_\_ 00:14:27]. I got an appointment on Tuesday, yesterday, but I was on a trip. You can’t disappoint the kids. I mean I know \_\_\_ but this has been off \_\_\_. So, [ \_\_\_ 00:14:42]. So, obviously, I couldn’t take the appointment, and then I’ve got another appointment, they gave me another appointment on Friday. I’m taking my mum and dad to the airport, because they’re flying down. So, I said, “I can’t,” and so I’ve got another appointment on the Monday.

Female: It’s [ \_\_\_ 00:14:59] tonight.

Interviewer: So, is that okay for you? It’s only 10 more days, isn’t it?

Female: My case is different from any of the [Crosstalk 00:15:05 - 00:15:38]. So, then, I’d be like, “Oh, you need to watch the kids.”

Interviewer: So, if you needed to go the hospital, he would watch the kids.

Female: But it’s good in a way, because then, if I had my appointment that night, if I was [ \_\_\_ 00:15:50] if he’s dropping me off, because I wouldn’t \_\_\_ in hospital. He’d drop me off and then he’d come back and he’d \_\_\_. So, there’s no set time for them, which is good.

Interviewer: Yes, you’ve got a bit more flexibility, yes.

Female: Can I tell you my experience with hospitals and welfare?

Interviewer: Do, I’d love to hear it, yes.

Female: Where do I start?

Female: Exactly.

Female: Right, I don’t like hospitals, I don’t like going because I’ve suffered for, like, it was weeks and weeks with severe pain. They sent me home and said that I had tennis elbow, and that they would refuse to see me, and I had to go and see my GP. They wouldn’t give me any painkillers. They sent me home. I’ve seen four GPs in my own practice, and all said I had tennis elbow.

Then, it got to the point where it was actually, I couldn’t even lift my arm up. I couldn’t lie on my back, and I couldn’t sleep, I couldn’t bend over, I was crying in pain all the time, I couldn’t move. I spoke to a different doctor, and this was eight months on, by the way.

Interviewer: I was going to say, how long. Eight months. This was still your GP, was it?

Female: It’s still with my GP- for my GP to say, “You’ve got a problem with your spine.” I said, “What do you mean?” He said, “I need you in for an emergency MRI.” He sent documents through, and they rang me. I went in for an MRI scan, to find out that my disc was stuck in my spinal cord in my neck, and it was all, basically, all nerve pain shooting down into my arm, and I was losing the feeling in my arm, and lost the sensation in my shoulder, down into my back.

They took eight months to diagnose me with that. Eight months they left me with just paracetamols and refused to give me anything.

Interviewer: No scans or anything.

Female: No scans. I had absolutely nothing. They left me and said it was tennis elbow, for me to then go in and see my GP again, to say, “Yes, I’m so sorry. How did I miss it?”

Female: Oh, they did that with my daughter. She broke her collarbone. They took an x-ray. She was 18 months old, and it was at the main post office in the town on those little chairs you get in school, like the big square with the back bit. She fell off the back way. I took her and they took an x-ray and they said, “There’s nothing wrong with her.” Two weeks later, I took her back because she was still crying.   
  
They brought the same x-ray up and they went, “There’s the break there.” I said, “How did you miss it?” They never took another x-ray; it was the same x-ray from the first one and they didn’t see it. I said, “How can one doctor say-?” It’s neglect. There is loads of neglect. When I had my daughter, as well, the person that was meant to come and deliver my baby left me and went and delivered somebody else’s baby and came back.

My midwife had to put in a report about them. Then, when she came afterwards, because my midwife had told her off, she was so rough with me and so mean. Then, when they left me [ \_\_\_ 00:18:38] getting to that, getting to the shower, and made me walk along, on my own, after being in labour for 36 hours, when I was on my own, and made me walk.   
  
I was grabbing the sides. You know how they’ve got the little thing to stop the wheel [ \_\_\_ 00:18:50]. I was crawling across there and I had to sit outside my \_\_\_, inside the shower, and have a shower. The next morning, I rang my mum at half past seven and I said, “Get me out.” I was in that hospital for 12 hours and I said, “Get me out.” They said, “You can’t go unless you’ve got a urine sample.” What I’d done was, I wiped it \_\_\_ and I put it in the water, and I said, “Right, there, I’ve done it. Get me out.”

My mum came at half past seven in the morning. They wouldn’t show me how to make a bottle. They didn’t do anything, show me how to do a nappy, and that was my first baby, and I was [ \_\_\_ 00:19:14]. That’s why I say, “I’ll never go back to hospital.”

Female: Was it the [hospital name]?

Female: The [hospital name].

Interviewer: That’s awful, isn’t it?

Female: I’ve never liked them, and I’ve been in and out of hospital for operations all my life, and it’s exactly the same when I’ve been in hospital.

Female: It’s just like neglect. For instance, why did it take me to phone three different GPs that I got up that morning, to the point where, you’ve had a child and you know what it is to have contractions. Right. Towards the end, when you get a contraction, you have to breathe through it, because of the pain, and you’re nearly on the floor crying.

Female: That’s right, yes.

Female: That’s how bad I was. It was sciatica, shooting down my arm. For the doctors to say, “I’ve got no appointments. Go to the walk-in centre.” To go to the walk-in centre, for the nurse to actually see me in that much pain, to say, “I need to send you to the [hospital name].” The [hospital name] [hospital name] doesn’t see me because of an ongoing problem.

Then, I rang 111 and they turned round and said, “Can you come up, I want to see you?” I went up for that doctor to examine me and say, “I’m sending a report to your doctor, because I think it’s your spine.”

Female: It is neglect. I do think it’s because there isn’t enough staff and they’re trying to rush people in and out, in and out. But then that’s no good for us, in the end.

Female: Yes, I popped mine out like no tomorrow. I was back home and asleep.

Female: It was a whole day, and I took one codeine on the night-time, and I was still in a lot of pain, but I slept. Every time I was bending down, the nerve hurt in my shoulder and into my neck, everything. I was just crying, that much pain, and I had no use of my arm or nothing. This went on.

Interviewer: There are lots of different [ \_\_\_ 00:20:45].

Female: By the time I’d seen the surgeon, I went into see the surgeon, this is nearly a year after it. He went, “Oh, [name], I need you to do a different exercise,” and he went through it all. He said, “I’m so sorry, if you had walked in here the way you were when you were bad, I would have had you in surgery straightaway.” He went, “No chance. I can’t believe you’ve been left, but do you know what? You’ve been through the worst of it now, and you’re nearly out the other end.”

He’s still got me on his books, because obviously I’ve got no feeling.

Interviewer: Did you eventually have the surgery?

Female: No. No.

Female: It was only just before Christmas you had that giant needle.

Female: I’m going through several of these injections through my neck and my spine. I’ve been getting them.

Interviewer: So, you’re having to go regularly then, to get the treatment. How is that, in terms of managing with your children and getting to appointments?

Female: He’s due to ring me in two weeks’ time. If anything, it’s made the numbness in my back worse.

Female: I think you having this on your doorstep as well, is really good. Because even though she’s been in pain and everything, the thing is you’re still- you come every week, and I’m not being- that’s what I’m saying. But it gets her out the house.

Female: It occupies your mind at the end of the day.

Female: The problem is, because of when I first did it, the pain was all in my arm here. It started off in my shoulder here and went down my arm. That’s why they put it down to tennis elbow, all that time.

Female: It’s getting double checked out in the future.

Female: They left me for all that time.

Interviewer: It’s a long time, isn’t it?

Female: Then it just got to the point where it was really severe.

Female: Well, I think you’ve got to demand it. Demand, demand for them to do anything for you. You think, “You’re the one that’s qualified. You should be saying to me ‘This is what it is’, and not me pushing you to find out what’s wrong with me.”

Female: You know your own body, though, don’t you? You know when something is off.

Female: Yes, and you think, “You’ve got to help me. That’s why I’m here.” Like, if I went to university for it.

Female: Sometimes, when you do get an appointment they say, “What’s wrong with you?”

Female: And you only get a five-minute slot.

Female: When they do explain it, then they’re like, “Well, what do you want me to do?” (Laughter) “What’s your problem?”

Female: “How do you want me to help you with that?” “I don’t know.”

Female: I’ve tried everything and still no further forward.

Interviewer: So, what things are there, apart from more sympathetic doctors, maybe, are there things that could be put in place that would make it easier for you to access the services, or that would improve your experience?

Female: Listen to somebody when someone is saying to you, “This is a problem and that’s a problem,” instead of them saying, “Well, we think…” They shouldn’t be saying, “We think,” they should be looking at making you better.

Female: “What do you think the problem is?”

Female: Not being able to get appointments when you need them. You can’t get appointments, or anything. It’s waiting weeks and weeks, and weeks.

Interviewer: Is it just that you can’t get one at all, or that you can’t get them at times that you-?

Female: It’s like, a months’ time. You think, “By the time, in a month, I could be here,” do you know what I mean? Or I could be [Crosstalk 00:23:32].

Female: I waited two months for a water infection, so by the time it was like that, it was a kidney infection.

Female: That’s what I mean, it can get worse and worse and in your kidneys.

Female: That’s horrific.

Female: I ended up going to the walk-in instead and got seen then.

Female: That’s what I have done, go to the walk-in, I think it’s ridiculous.

Female: I think walk-in centres are a waste of time.

Female: See, that’s been shut down now, no-one can walk in, it’s appointment only.

Female: It’s appointment only.

Female: Yes, that’s where I went.

Female: [address].

Female: Yes.

Female: You know the [hospital name]? Well, the walk-in centre there, but that’s been closed.

Interviewer: So, where do you have to go now then?

Female: [address], which is- Whereas that’s walking distance, and \_\_\_ Road is like get a bus or a taxi, or if you’ve got a car, then you can drive. Yes, 100%, I didn’t wait last week, whereas [child name] here had a really sore throat, and we did go up there, but were told we couldn’t go in, because it’s appointment only, to ring the doctor. So, this we did, and the doctor didn’t have any appointments and no telephone conversations.

Normally, he would ask to have a look, and to take a picture and you send a picture through to them. He didn’t ask that. So, I rang again the next day, and she made an appointment for [address] Road, just without asking us, for half nine in the morning.

I said, “I can’t physically do it. I’ve got two other kids.” She made one for half two on the same day and I said, “I’ve got kids that have got to be picked up from school. I have to do it myself.” “Can you not put them in a taxi and bring them with you?” I said, “Well, no, not really.” Because a taxi from here up to there is-

Female: And they tell you, “Don’t bring people with you,” because of what’s going on.

Female: A taxi is a tenner or something. Then, obviously, getting up there you’ve got to come all the way back down with a sick child. In the end, she made me an appointment at my normal doctor, which is walking distance for me. It turned out that he had a really bad case of tonsilitis. He’s still now, he’s still on antibiotics now, and that’s over a week ago.   
  
His throat at the back has, you know the little- Everything is like, there’s no breathing space. It’s all closed up. He’s still on antibiotics. That’s why I think he’s going to have to go-

Female: With me, like I said, I’ve got arthritis. The doctors, they don’t give you- I said, “Don’t keep asking me if I’m going to have any more kids.” The medication they gave me it will affect a baby [Crosstalk \_\_\_ 00:26:03]. They said to me that I’ll have deformed babies. I’m like, “I don’t want deformed babies,” do you know what I mean? So, I refused to take the medication, because imagine me falling pregnant and taking those medications.

So, I have to ask them. I said, “Can you give me codeine?” My mum has got the same problem. She takes codeine.

Interviewer: Does that work?

Female: For her it does. I have to ask them. So, they don’t know what to give you themselves. It’s what you have to ask them for.

Female: I feel, sometimes when I go to the doctors I’m forced to- not like mental health medication, but painkillers and things like that, they want you to [Crosstalk 00:26:45]. I’ve had digs from the doctor and felt like they were just trying to, not give them away, because they cost money, it costs somebody money, but because I don’t like to take medications, nothing, and it’s just like, “Well, if you don’t want to have it, fair enough. Go and get yourself a massage.”

I feel judged because I don’t want medication. My mum and dad had catalogues of medication and that’s why I don’t like tablets, because of what I’ve seen my mum and dad neck. I say ‘neck’, because it looks like they’re just throwing them down. They obviously need them. My mum has got COPD, she’s got a heart problem, and she had a heart attack. My dad is ill.

But that put me off and I chose self-help, self-help diagnosis. I knew with the vitamin D, I’d tried everything out of my book, and I [Crosstalk 00:27:45]. It’s the only thing open to me. I still ignore the \_\_\_.

[Crosstalk 00:27:52 - 00:28:13]

Female: It’s quite expensive, a whole massage for me, but a bottle of baby oil from my partner has [ \_\_\_ 00:28:19]. (Laughter) And being a mum of four, you have to put it down to \_\_\_.

Interviewer: It’s really interesting hearing all these stories. I need to let you go, as well, don’t I? Are there things you can think of, like the nurses providing the tea and coffee and biscuits, and other things like that that will make it easier for yourself, or for anybody there that are managing on a low income?

Female: It is parking and stuff like that and driving there. Because main hospitals cost a fortune, and doctors won’t have anything that’s [Crosstalk \_\_\_ 00:28:58] there are only about 12 spaces at the back. So, if someone is at the chemist and the shop \_\_\_, and you’ve got your doctor’s parking space \_\_\_, then you’ve got nowhere else you can go, where you might go.

Female: I’m embarrassed to ask for something when, if they offer it to you, you’d be, do you know what I mean? You don’t mind.

Female: Do offer and overly offer, because I think they’ve been in that position or seen it happening.

Female: I went in to give birth. I think it was 12 o’clock I walked through the door. I was going to give birth. She said, “You’re about to give birth. We’ll see how quick you go.” At ten past 12 I was 5cm dilated. By twenty-five past 12, so within 15 minutes she was born.

Interviewer: You only just made it.

Female: We left the hospital at half seven that morning. We were parked in the maternity bay, and we had a parking ticket for being falsely parked.

Interviewer: Oh, no.

Female: “I’ve given birth. How am I falsely parked, I’ve got a baby.” So, that was a good one.

Female: You obviously appealed it.

Female: No, I didn’t even appeal it.

Female: No, this is somebody who probably [ \_\_\_ 00:30:03].

Female: If it ever came to it, I’d just say that I gave birth \_\_\_. I didn’t have time. Literally, within 15 minutes of being in hospital and she was there.

Female: I got a ticket at the [place name], and my husband said, “Don’t pay it.”

Female: At the [place name]. How did you get one at the [place name]?

Female: Because I parked on my registration.

Female: Rachel got one at the [place name].

Female: What for?

Female: You don’t have to.

Female: Yes, I never paid it, because [ \_\_\_ 00:30:23]. I sent the pictures to them, and they gave me the money back.

Female: I’ve never been fined for doing that either. But yes, absolutely, and he’s not allowed to clamp anyone either.

Female: I never know anybody that got found there. I went there for years.

Female: A lot of people. [Crosstalk 00:30:37].

Female: It’s a private company, so you don’t need to pay. They’ll just try \_\_\_.

Female: That one in the general, the parking, either we used to always have [ \_\_\_ 00:30:48].

Female: That’s a parking \_\_\_.

Female: No, no, I just say, “I’m not paying.”

Female: I think it’s the way the council found a way to make money, the more cars that got on the road. Even down mine, where I live, it used to be ‘No Parking’ things in the road.

Female: You’ve got bus lanes everywhere, and you’ve got cyclists in the middle of the road.

Female: Do you not think those cyclists should be road taxed the same as a car, because they’ve got part of the road?

Female: You think you’d better move, but they’re in the middle of the road. You’ve got cycle lanes there, but they’re in the middle of the road.

Female: Yes, and I live near [College name]. Everyone from the college used to park there. [name] used to come.

Female: Well, I think the [ university name], where the [university name] gets them, that’s why it’s so [ \_\_\_ 00:31:30] some stuff, because everybody is using the parking around here.

Female: Even up near my dad’s, still, near The [place name], where he lives, there is no charge on there, because it’s an old people’s square. So, sometimes, [name], she’ll come down and she’ll say, “I’m parking the car at your dad’s, and I’ll get it the next day.” Because I’ve even noticed we’ve passed the college staff coming and parking up.   
  
They park on the pavement, and it was hilarious, because the full car was mostly on the pavement and half on the road, parked up. You looked in and he had his college ID right there, which I thought was- Well, you don’t get fined for parking on that bit. That’s why it’s getting chocker and chocker. So, now they’ve changed the roundabout and put the lights in, and the traffic jam on a morning.

I walk, but I have to wait and I’m like, “Oh,” and it seems to be there for ages now. All they did was put lights in and took the roundabout away.

Female: Oh, at the top.

Female: Yes.

Female: Where the fire station is.

Female: Now, if there’s anything wrong with them, you’ll be like, “Oh, you know what, there’s no point making an appointment.” You feel like that and it’s sad you feel like that. Like the [Crosstalk 00:32:40]. My son, he’s nine and he gets a nosebleed, all the time. I got a phone call appointment, and then she goes, “Oh, does he pick his nose?” He does. I’ve warned him.   
  
Then she gave me a cream. But because the nosebleed has stopped, I didn’t put the cream on. When I had gone to put the cream on, I was too late.

Interviewer: How do you mean you were too late? It had already stopped.

Female: Yes.

Interviewer: Oh, I see.

Female: So, then, obviously, I had to make another appointment and it was a phone call appointment. Then, I explained to her, I said, “Oh, will you get further tests done?” Because when you hear about anaemia and so on, I was getting worried for him. Because honestly, the amount of nosebleeds he gets, it’s bad. But they gave the cream, and he still gets nosebleeds.

Female: It’s got a steroid in, it’s got peanuts in, it’s got a peanuts, something in as well, the same cream- [child name] has got it. I wonder if it’s the same one. You’ve got to sort of put it-

Female: Yes. He still gets his nosebleeds though.

Female: Apparently it has peanuts in, because when we got [child name’s] cream, the doctor said, “He hasn’t got any allergies, to peanuts or anything,” I was like, “Well, no.” It has some sort of peanuts.

Female: They never said anything like that, but he’s using the cream. Obviously, he’s nine and he knows now, when ever he gets a nosebleed, he just holds his nose for 10 minutes, and he just gets on with it. But the fact that he wanted to know-

Female: You might need his nose cauterised.

Female: Yes. I did ask them before, I said, “Can you refer me to ENT?” because she did mention about it. She goes, “Oh, no, we need to see how it goes.” I was like, “Alright then, that’s fine.”

Interviewer: So, you feel like it’s not worth bothering.

Female: It’s not, because my son is nine and he knows. The other day in the morning he said, “Mum, I had a nosebleed. But I know what I was doing.” He was like, “Sorry.” Do you know what I mean? He just gets on with it. But it’s sad. Or will it be anything to worry about. I was telling [name], I was like, “Oh, my God, will I get done for neglect.” Because you know you get loads of thoughts.

Female: My nephew, [name], has really, really bad nosebleeds. He can go and get it cauterised, and he said, “But I can’t stand the smell, I know I won’t like the smell,” and he’s 24, coming up, this year. He’s at work and he’s like, he’ll come in, “Have you got any tissues, Auntie [name]?” We always say, “Have you been attacked?” He was like, “No, I just had a nosebleed coming in from work,” and he goes to the toilet.

But it’s his personal choice, now he’s older, he doesn’t want to go and get it cauterised and stuff.

Female: My son, he was sat on the toilet, at home and his nose, honestly, it’s like [ \_\_\_ 00:35:28].

Female: Like a chainsaw massacre.

Female: I had to take a [ \_\_\_ 00:35:34]. I was like- It was covered in blood, the toilet. So, then you think it’s \_\_\_.

Interviewer: Unless there’s anything else you can think of to make it easier to get to the appointments or make it easier to access the hospitals and [ \_\_\_ 00:35:52].

Female: I think, when you’ve got to go to hospital, you’ve got to go to hospital, regardless of the cost, or whatever. It’s like you said, you know it’s the incentive nurses make, or other [ \_\_\_ 00:36:05] that have tea and say, “Do you want a biscuit?” or things like that \_\_\_. No, but that’s what I’m saying, they choose, because they’re good mothers, or they’re women and it’s a natural instinct to want to be caring and have this backup when you can’t afford [ \_\_\_ 00:36:24].

Female: Because you’ve got really nice ones, and sometimes you can get some people that don’t want to help you.

Female: You can get nasty nurses. It’s usually the sisters, but no, I’ve never had a bad experience with nurses. I used to have a nurse that used to just come into the room on a night-time when she heard [child name] stirring. He was in hospital most of his life for his heart, and she would just come in, straightaway, and just pick him up and just take him out to the nursing station on a night-time and just do whatever she had and keep him there with her all night.

Interviewer: Some good stories to hear. Well, thank you very much. I’ll switch off.

**End audio.**