West Yorkshire
Health and Care Partnership

healthwatch
working together in West Yorkshire

Healthwatch Report to System Oversight and Assurance Group (SOAG) – Deprivation

February 2022

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How deprivation affects people's access to health and care in West Yorkshire

What have we heard?

Healthwatch organisations across West and North Yorkshire have heard about a range of issues in which a person's income has been a barrier to accessing health and care.

1. Dentistry

People contact Healthwatch organisations' enquiry lines about being unable to find an NHS dentist more than any other issue. Because we are not aware of any dentists who immediately accept new NHS patients, we have very few options but to advise the public to join a waiting list, which will likely range between 18 months and 5 years; to try get an appointment in a different part of the country; or to attempt to secure an emergency appointment. At times, people get in touch with us having already been to the emergency dentist but have seen their problem reoccur for want of ongoing treatment.

Parents and guardians have reported identical difficulties with registering their children and infants.

"I have been unable to locate a dentist accepting new patients, I have previously been private (years ago) but unable to support this now. I had found one in Barnsley but I have advised them that I am unable to remain with them as I cannot afford the travel to Barnsley each time I need treatment and the travel time." Healthwatch Wakefield

"I'm contacting you because I've been unable to get in to a nhs dentist. I've tried 27 dental surgeries, I'm in desperate need of dental work, as I am losing teeth. I cannot afford private because I'm on disability benefits."
Healthwatch Leeds

"[I] have been living in Reeth 5 years and am still having to travel to Sheffield [a two-hour drive away] to go to a dentist are there are no NHS dentists"
Healthwatch North Yorkshire.

"I'm desperate to find a dentist that is accepting new NHS Patients. Some of the quotes I've been given start from over £100 before any work is undertaken which I will struggle to pay." **Healthwatch Wakefield**

Some of the people who contact us are in considerable pain and / or emotional distress because they are not able to get NHS treatment.

"I am getting doors shut in my face so to speak after contacting dentists. I am in diabolical pain & already been sent to A&E by 111 after i said how many pain killers i had taken over 3 days. Because local anaesthetic doesn't work at all dental treatment has to be done under sedation. Private Practice will do it but i do not have the money. They will refer to NHS for sedation treatment, but still no way of affording an appointment plus x-ray." **Healthwatch Wakefield**

2. Digital exclusion

In its autumn 2020 paper on digital inclusion, Healthwatch Leeds was told that a lack of money was a key barrier for people getting online by 20

community organisations representing some of the city's most marginalised people.[7] Device lending schemes during the pandemic have been warmly welcomed, but the ongoing costs of running a device over the long term remain an issue for some families. Community organisations reported that poorer people are more likely to be reliant on public internet connections in places such as libraries or supermarkets, which offer less privacy.

Healthwatch Leeds has also heard anecdotal reports that some more deprived areas struggle with worse internet connections, as residents are more likely to use the same low-cost provider; this may be something West Yorkshire wishes to research further.

While of course phone appointments offer various benefits (not least an elimination of the need to pay travel costs), these benefits should be weighed against the barriers that some individuals and families have to contend with in terms of getting and staying online.

3. Having to travel

In addition to reports about people having to travel for dentist appointments, West and North Yorkshire's Healthwatch organisations have heard about residents having to travel for hospital appointments. While some reporting suggests people would be willing to travel if it meant they got the right specialist service[8], the costs of this for our poorest residents should nonetheless be taken into account.

"Do you realise how much it costs to get to the A and E in Wakefield from Knottingley? It's ridiculous and then you have to get back as well with no help from the hospital to get home." Healthwatch Wakefield

4. Feeling obliged to go private

It is not only in relation to dentistry that people have told us they have been left with a choice between paying for treatment and going without. Healthwatch organisations have had reports about people being advised to pay for private mental health care, but there are also occasionally cases for other services too. Paying medical bills is something many of the people who contact us say they simply cannot do and, as a result, their health issue goes untreated. The scale of this issue can't be estimated by Healthwatch organisations at present, but we suggest efforts could be taken across services to form a clearer picture of how many people have either resorted to private treatment in our region, or been advised to do so.

"[Service user] has been on a waiting list for services at Leeds Mental Wellbeing Service (LMWS). They received a letter from them explaining due to the complexity of adult and childhood trauma experiences it was felt that LMWS could not deliver them meaningful therapy in a way that would fully address and support their mental health difficulties at this time. Person was given an option for them to look into private Eye Movement Desensitization and Reprocessing (EMDR)." Healthwatch Leeds

"Overwhelmingly service users [who took part in a piece of work about pelvic health following birth] were reporting than when they had significant pelvic injuries that required physio, for example, they were being advised to go private. May felt that given the nature of these after-effects, they had no choice but to go private (it was either that or struggle with continence issues forever!)"

Healthwatch Wakefield

In addition to the themes outlined above, there are a few other issues which should be considered as part of any future work assessing the impact of deprivation on continuing access to health and care:

- Affordable community provision: early findings from the Big Leeds Chat and reporting in Scarborough[9] indicate that people would like to see more affordable community and leisure activities in their local area, as they believe this would help them stay physically and mentally well.
- Misconceptions about expense can make people less likely to approach services: a recent report by Healthwatch Leeds on Black, Asian and Minority Ethnic residents' experiences of and observations around Adult Social Care suggested that people can sometimes be put off approaching services by assumptions about how much expense they might entail.
- Certain community groups face specific financial difficulties: it is important that the needs of communities are explored when services are being designed or improved, because many have specific needs. Examples include refugees and asylum seekers; single-parent families; and sex workers, but this list is by no means exhaustive. For a starting point when thinking about different communities needs, please consider referring to Healthwatch Leeds' Health Inequalities report.