



Inclusion Gloucestershire Survey

December 2021

Health Report Chapter 1

INCLUSION
GLOUCESTERSHIRE

BIGGER DREAMS ► BETTER LIVES ► BRIGHTER FUTURES

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Introduction

Inclusion Gloucestershire wanted to understand the areas of everyday life that are causing concern or worry for people in Gloucestershire who face disabling barriers.

In June and July 2021, we invited people who face disabling barriers to give us their opinions and experiences along with any ideas they have for improving things.

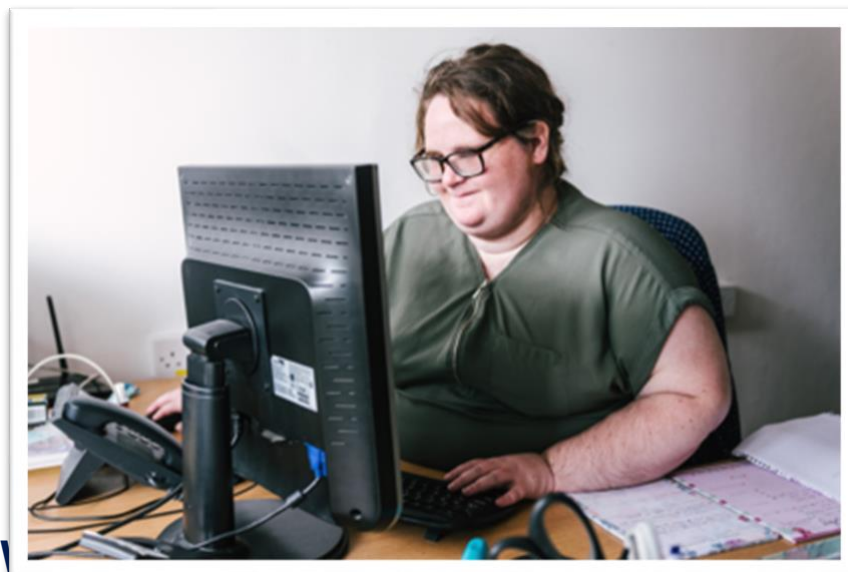
We asked people who face disabling barriers, family and friends and paid staff members who support people facing disabling barriers.

As a user led organisation, we want to make sure that our work is led by those who face disabling barriers and their families and friends.

We will use the information we have been given to guide our organisational strategy (big plan) for the next 3 years.

For more information on how we found out about what people thoughts, please see our headline report at:

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>



135 People Gave Us Their Views!

There is more information about who gave us their views in the headline report but here is a summary:



- Most people identified themselves as female.
- Most people did not identify as transgender.
- Most people identified themselves as heterosexual.
- The largest group of people who gave us their ideas were in aged 55-64. The second largest group were aged 45-54, closely followed by people who were in the 35-44 age group.
- Nearly all people used English as their first language.
- Most people identified themselves as White British.
- The largest group of people who gave us their ideas have lived experience of a mental health condition. The closest group to this were people with learning disabilities and then people with a physical impairment.
Several people had more than one “type” of lived experience.
- Most people live in Gloucester or Cheltenham, but there are still many participants who live in other areas in or near to Gloucestershire.
- Most people who gave their ideas are not members of Inclusion Gloucestershire at the moment.
- Most people have not used Inclusion Gloucestershire’s services in the last 6 months.

For more information on how we found out about who responded to our survey, please see our headline report.

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>

What areas of life are worrying people?

We asked people who gave us their ideas and opinions to tell us how worried they are about 22 areas of life.

We asked people to tell us if they were:

- **Very worried,**
- **A little worried,**
- **Not sure,**
- **Not too worried,**
- **No worries or**
- **Whether the area does not apply to them.**



In most of our work we use a strengths-based approach but the reason that this survey used the negative concept of worries and concerns, was to reflect that people still face significant disabling barriers in society. We wanted to identify where there are issues and gaps so that something can be done to address them.

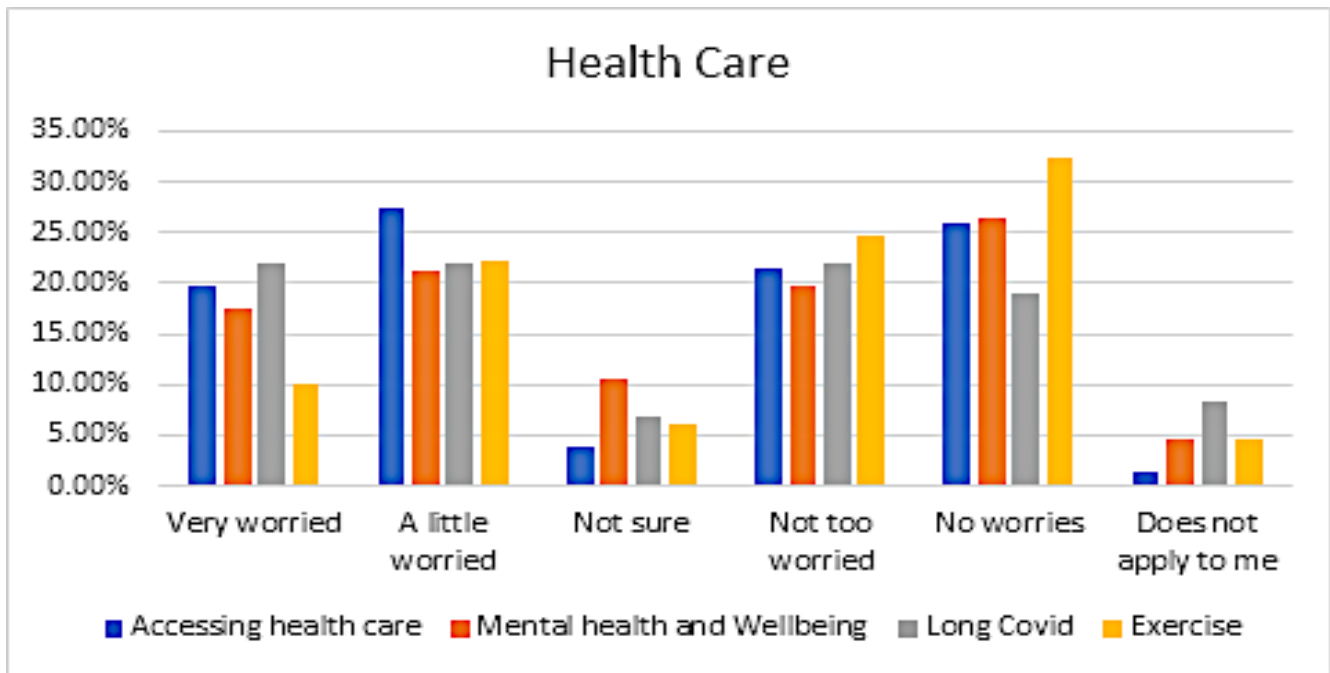
The area that was causing people most worry was in relation to health, and this report is going to tell you more about what people have told us.

If you want to know more about the other areas we asked about, we will be writing more reports in the next few weeks and months, or you can see our headline report.

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>

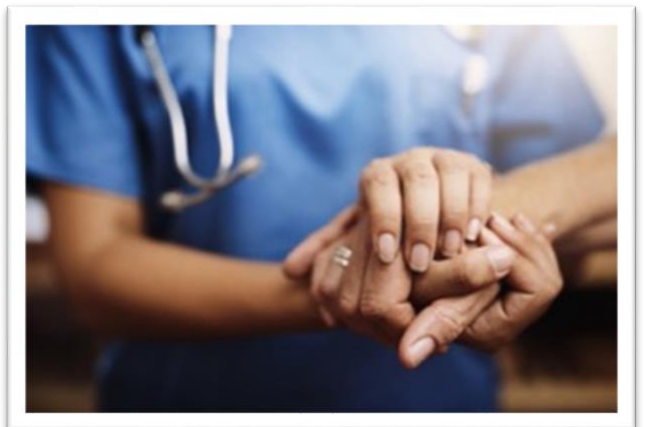
Summary and Key Messages regarding Health

This is a summary of the key information we found out about health:



- Access to health care is a concern for almost half of the people who completed our survey.
- Access to support for mental ill health is a concern for just over a third of people.
- Just under half of people who completed our survey are worried about Long COVID.
- A third of people are worried about how much exercise they are taking.
- A fifth of people state that it is not easy to get health screening appointments.
- Difficulties in getting all health appointments, long waiting times and cancellation of appointments and treatments were areas of concern.

- People are experiencing difficulties in getting face to face appointments and for some these are their preferred way of interacting with health professionals.
- People are concerned by the lack of routine medical reviews.
- People are experiencing difficulties, delays, and rejections in referrals for specialist assessment or services.
- Access to support for mental ill health has been difficult.
- There are concerns about the eligibility criteria for some mental health services.
- There are difficulties for people to access the right types of support for their mental health sometimes resulting in people paying for services outside of the NHS.
- Health Screening and health checks appear to have become less available and less of a priority.
- People are concerned about their lack of exercise and this contributing to their health needs.
- People are concerned about COVID, Long COVID and the potential for further restrictions. There is also concern about available information.
- Accessibility for all to health environments and communication and information continues to be a challenge for some.



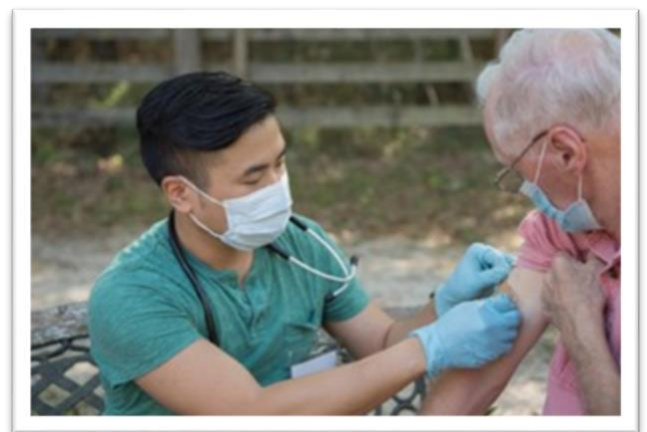
- For some people, they feel that their needs have not been recognised and were “downplayed” by health professionals.
- Some people feel that health services were not as supportive as they could have been.
- Poor information and communication were a feature for some people, and this also led to a lack of trust.
- Some people had positive experiences and shared these.

Health: More information about what People said is Worrying Them

We asked people 4 questions about how worried people were about things to do with health.

These questions were:

1. Are you worried about accessing the health care you need? This might include your GP, hospital or treatment and therapy sessions?
2. Are you worried about accessing support and help for your mental health and well-being?
3. Are you worried about Long COVID? Long COVID is a name to describe symptoms that people may have a long time after they have had COVID.
4. Are you worried about how much exercise you are taking? Exercise may be taking a walk or going to a class or sporting activity.

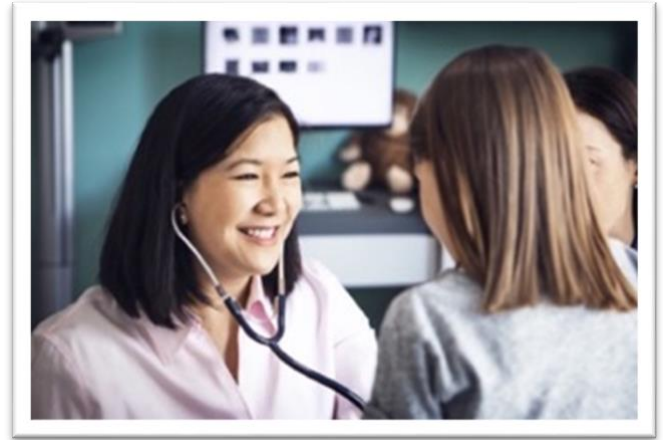


We also asked people to tell us how easy it was for them to get health screening appointments (things like smear tests, cholesterol tests) and health checks?

And then we asked people to tell us about any difficulties they were experiencing in accessing:

- Health care that they needed
- Support and help for mental health and well-being and
- Health screening and health checks

We also asked people what the one thing was that was causing them most concern and if this related to health, we have included it in this report along with any other information we were told about health concerns.

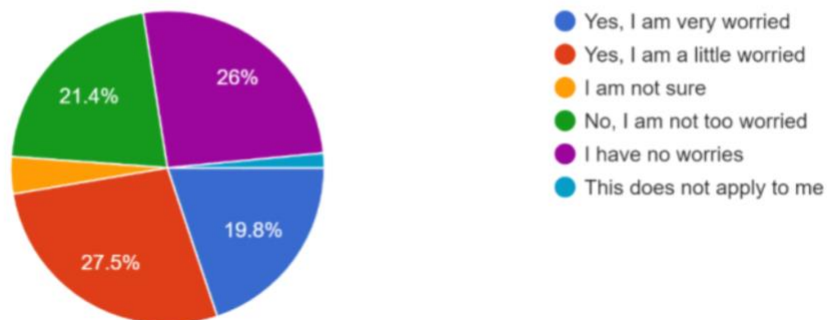


What did people tell us?

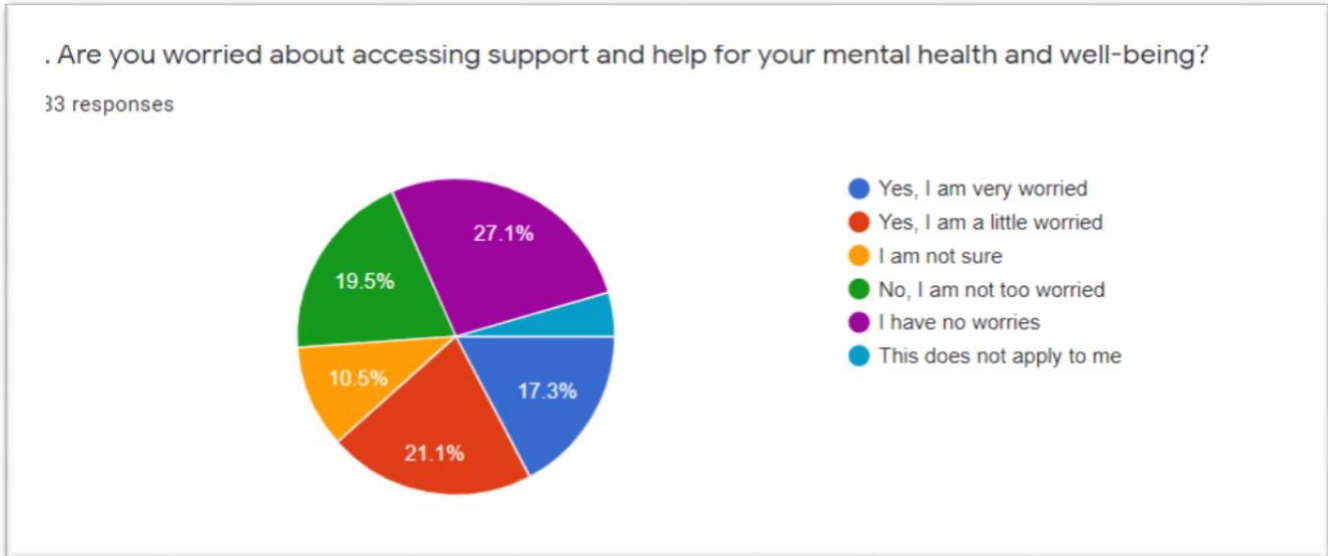
- 1. Almost half of the people (47.3%) were very or a little worried about accessing the health care they needed. This was 62 people.**

1. Are you worried about accessing the health care you need? This might include your GP, hospital or treatment and therapy sessions?

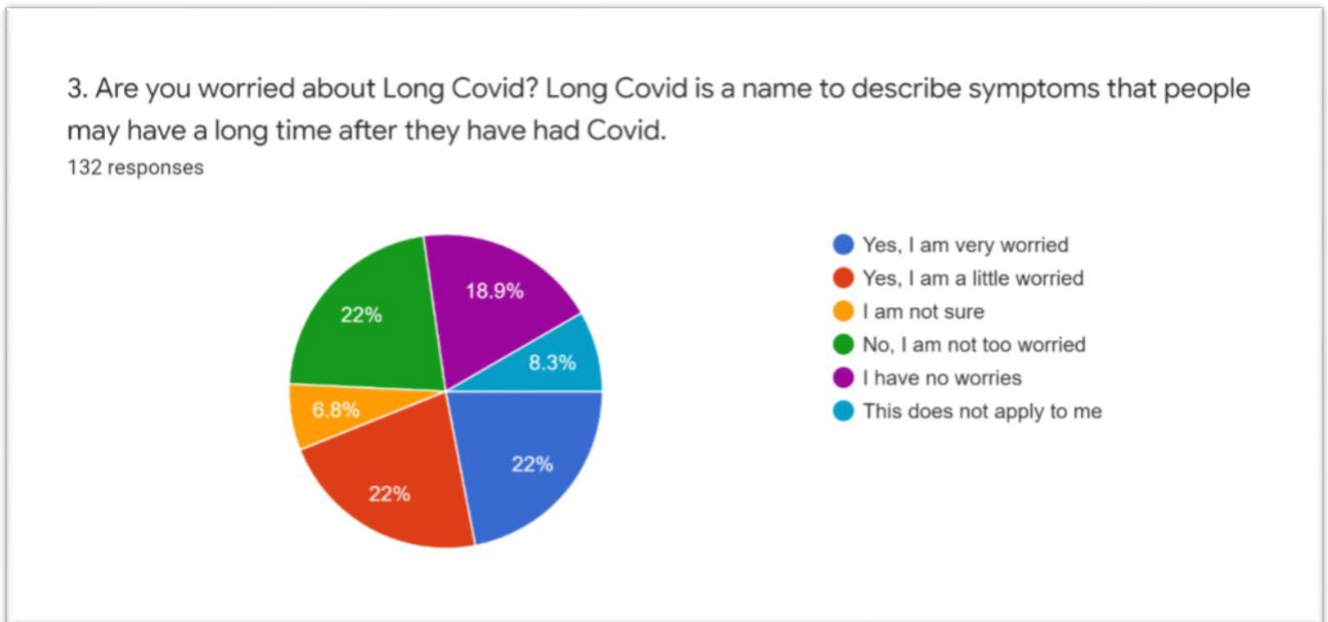
131 responses



2. Just over a third of people (38.4%) were very or a little worried about accessing the support and help they needed for their mental health and well-being. This was 51 people.



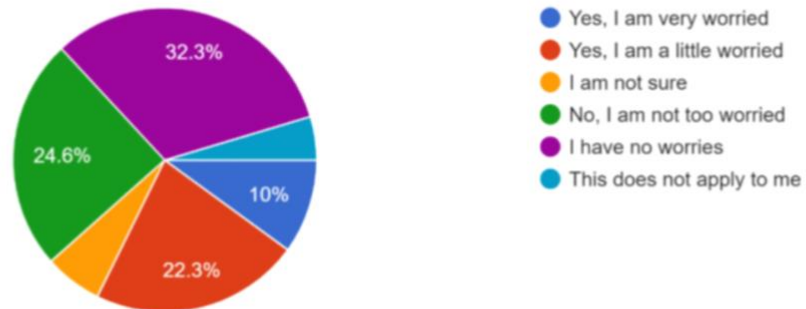
3. 58 people (44%) were very or a little worried about Long COVID.



4. Almost a third of people (32.3%), were very or a little worried about how much exercise they were taking. This was 42 people.

22. Are you worried about how much exercise you are taking? Exercise may be taking a walk or going to a class or sporting activity.

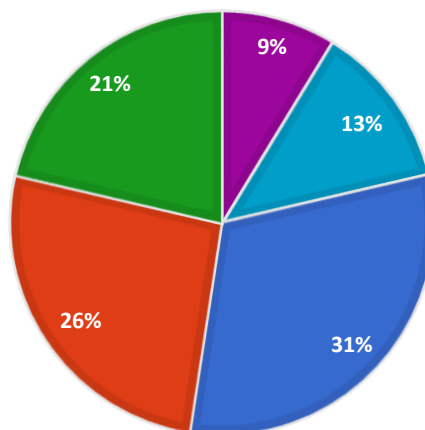
130 responses



5. Just over a fifth of people (21.3%) said that it is not at all easy-to-get health screening appointments and scored this with a 1 or 2. This was 22 people.

25. How easy is it for you to get health screening appointments (things like smear tests, cholesterol tests) and health checks?

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



1= Not Easy at All 5 = Very Easy

Experiences of Health Care

People told us about their experiences of healthcare, and we have been able to use this information to explore which areas are common to a number of people and we discuss these further below.

Access to healthcare



Appointments and treatments

Difficulties in getting appointments, long waiting times and cancellation of appointments and treatments were all areas of concern. Such delays and difficulties related to primary, secondary and specialist healthcare. These may have been exaggerated by the pandemic although were still an area of concern for people in the summer of 2021 when several health services had returned to more usual operation. There are a variety of local and national reports reflecting the delays in elective care and access to GP's which can be seen on page 26.

“Regular appointments for treatment were indefinitely postponed.”

“Operations being cancelled.”

“GP appointments difficult to get and then are weeks away.”

“You have to phone in the morning and keep trying.”

“By the time you get through all of the appointments have gone and you are told to try again the next day.”

“Unable to get regular medical treatment or speak to my GP.”

“Long waits for GP appointments.”

“Waiting lists for courses which may help are long.”

“Waiting lists and falling between the gaps.”

“I still haven’t had the diagnosis appointment.....this waiting time is contrary to the NHS constitution, not that it matters.”

“Unable to get routine procedure done in surgery – had to persuade consultant to do it.”

“Trying to contact surgery to make appointments has been a nightmare.”

“Waiting times for Gender Identity appointments are still 3 years on average with no support in the meantime.”



The lack of face-to-face appointments was also a difficulty for a number of people and a number of people felt that face to face appointments were preferred. This was also highlighted in a Healthwatch Gloucestershire report in December 2020 (“Living with a long-term health condition in 2019”).

“Lack of face-to-face GP appointments.”

“Getting to see a medical professional is a nightmare, a phone call is just not enough.”

“Access to face to face medical assessments of long-term conditions rather than over the phone.”

“Prefer face to face mostly with GP, not phone appointments.”

“No face-to-face appointments unless someone else judges you need it!”

Lack of medical reviews were also highlighted as an area of concern as routine health monitoring, has reduced for some people.

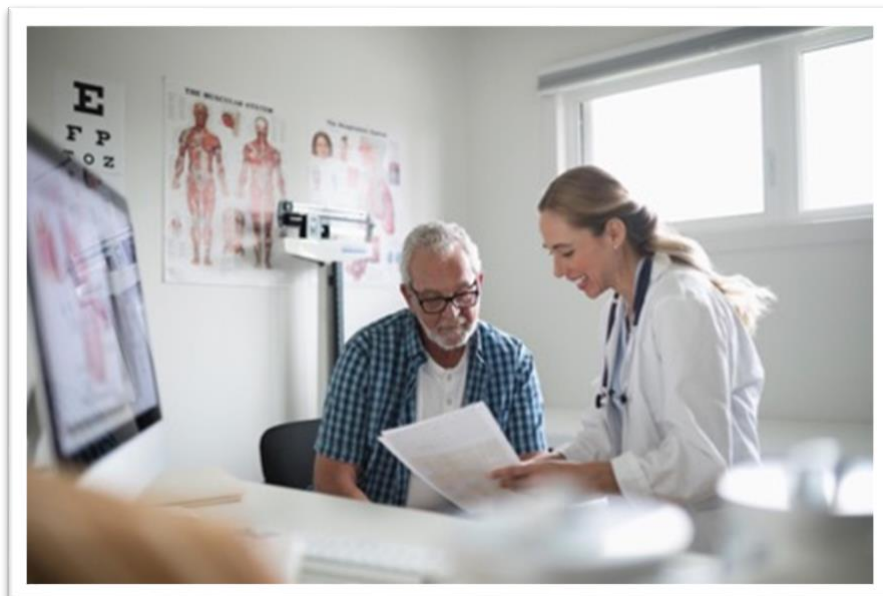
“No investigations/reviews of my chronic condition have been undertaken in the last 4 years.”

“Heart reviews not held!

“Drug reviews not held.”

“I have not had my usual health checks for nearly 2 years.”

Health Screening and health checks appear to have become less available and less of a priority and whilst some of these have resumed, the backlog of individuals who were not able to be seen during COVID is causing additional pressures in terms of numbers. There are also access issues for those whose health conditions make it difficult to attend appointments in health premises without adjustments.



“It is not seen as a priority, if I am not experiencing difficulties they don’t want to check.”

“You get told what needs to happen but then you have to find out where to go and what time.”

“I have had difficulty in the past in getting health screening/checks which meant that health conditions took a long time to be diagnosed.”

“Can’t access the GP & all routine checks seem to have stopped due to pandemic.”

“Breast screening/checking, and smear tests have never been offered.”

“I am still mobile enough to manage to get to the surgery or breast screening. Some in my community are house and bed bound. They have no access to these services at all.”

“My GP surgery doesn’t have me registered as Learning disabled or autistic, so I don’t get health checks.”

“For IUD or smear, you have to coordinate with period. So, so difficult. Can take many cycles before all the correct people are in place!!”

“I was told screening isn’t happening due to the pandemic.”



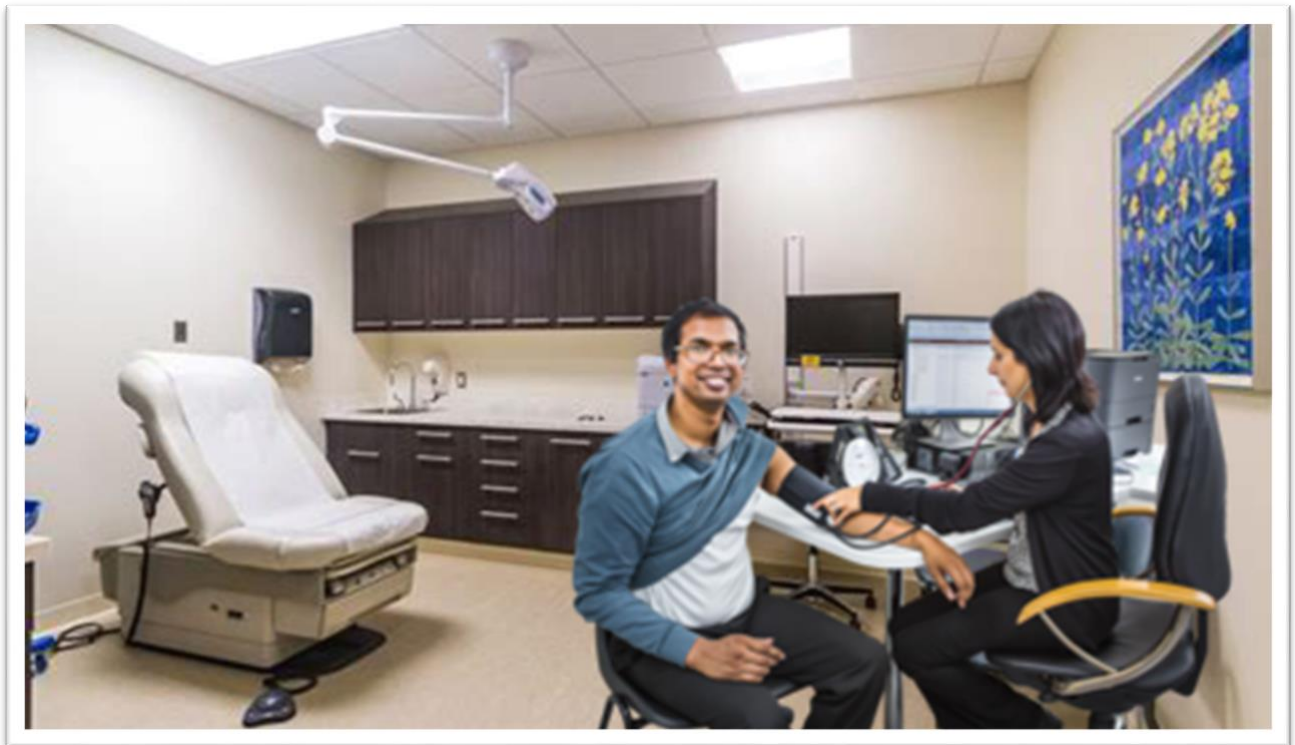
Referrals for further investigations are not always actioned in ways that people feel is appropriate for them.

“Constant struggle to get treatment or referrals to specialists. Frequent rejections.”

“I am waiting 2 investigations/operations, and nothing is happening.”

“GP did not facilitate my pursuit of a diagnosis (ADHD), refusing a referral despite having completed the self-report scale. I later tried again, and the referral was agreed to but I had to jump through more hoops than I could cope with, including twice completing the same form that I completed prior to my very first appointment but which the surgery lost when first handed in to them. There was a delay of about a year between my initial appointment and the referral going through, this was all years ago now and I still haven’t had the diagnosis appointment.”

“Sometimes things are written down in notes that are the opposite of what I had intended to express, e.g. stating that I’m not in pain when I am. This led to a referral being rejected.”



The detailed experience below from one person from Gloucester shows several issues in relation to access to healthcare and follow through of referrals.

“My (relative) was extremely ill and in pain, s/he kept getting sent antibiotics for a water infection and did not see a doctor only spoke to a Navigator. S/he became very ill and in severe pain so called our surgery in April 2021 but again could not get past the Navigator. I then spent 3 hours (9 phone calls) that afternoon trying to either get (relative) in to see a doctor or get the date and name of the consultant for the surgery said they had referred (my relative) to in January 2021.

Found out through very helpful lady at the hospital that s/he had not been referred! In the end I wrote a letter of complaint to the surgery. This did get things moving we had a phone call that evening by a doctor who prescribed medication and an emergency appointment. In two weeks thanks to Cheltenham Hospital (my relative) had a tumour removed and it was confirmed as cancer, we are now awaiting a second operation to ensure all the tumour has been removed and is not recurring or spreading.

We appear to be doing all the work I should not have had to make all those phone calls initially Our doctors surgery needed to check what was happening to (my relatives) referral not us.

It was and still is a very traumatic time for all our family and though we can understand the circumstances are difficult for us all at present we must not lose sight that most people at the moment only contact a doctor when they are extremely ill.”



Access to support for mental ill health

Access to **support for mental ill health** has not been easy for a number of people and for some this was their biggest worry. Concerns were expressed about a **lack of preventative health services, long waiting lists and a difficulty in accessing some services and certain specialist supports.**

The demand for support with mental health needs is clearly evidenced as increasing and capacity continues to be a challenge (Centre for mental Health).

Whilst not reflected in this survey, other local research has shown the barriers faced by those from Black and Minority Ethnic Communities continue to be an issue (see page 26 for more info)

“Access to preventative mental health services (is a worry).”

“Long waiting lists for mental health support.”

“The time it takes to receive a psychiatrist appointment can be frustrating.”

“...being in a family where there are a lot of mental health needs, it is very difficult to find support for all of us, and therefore our problems increase.”

“I had difficulty getting the counselling I needed.”

“I have experienced difficulty accessing the best care/treatment for dissociative identity disorder due to a lack of specialist treatment available locally.”

“Difficulty in accessing psychological therapy.”



Eligibility Criteria for some services and the processes to secure support were areas of concern for some people and for some has resulted in additional personal stresses and pressures.

“I tried to access some counselling through (Named Service) but I didn’t meet the criteria.”

“Too unwell for one service but not unwell enough for the next level.”

“The process of being assessed, reliving past trauma and talking about suicidal feelings and then being told I wasn’t able to get help was really hard.”

“Getting counselling opportunities for my long term degenerative neurological condition has been a long and challenging process which is still ongoing.”

“Assessed by the NHS as being too complex so couldn’t access CBT”

Some people identified a **lack of appropriate services** to support mental health that were responsive to individual needs. For some, this had resulted in them **paying for treatment** outside of the NHS some of which are of particular concern including use of drugs ordered on the internet.

“I had difficulty getting the counselling I needed.”

“I was assessed by the NHS as being too complex so couldn’t access CBT.”

“Lack of counselling.”

“I was kicked off a CBT course run by (named provider) for missing an appointment which was not arranged.”

“All I get offered is CBT, which i refused and a Mindfulness course a few years back. Neither of which really addresses my issues.”

“I’ve had to pay privately over the last 4 years as I can’t assess NHS treatment.”

“Been paying for counselling privately.”

“... therapy, have had to go private and pay for it”

“I have turned instead to drugs ordered from the internet.”

“They sent me a letter telling me I needed to get counselling from a separate organisation, that I would need to pay for.”

“The counselling was really beneficial, but I had to stop it after a couple of months as I could no longer afford it and it was difficult to arrange childcare.”

“...difficult for many others, unless they have the budget to sustain private support.”

“The (named team) treat people with problems as if they are the problem. This needs to change.”

Exercise

People are concerned about their **lack of exercise** and this contributing to their health needs. This may have been influenced by the fact that a number of facilities had been closed although they were gradually re-opening at the time of the survey.

“Lack of activity has led to me putting on weight due to prolonged illness.”

“Not taking enough exercise.”

“Keeping healthy and active.”

“Being so unsteady when walking.”

“My health. Severe spinal problems. Dropped fast. Strength and muscle loss. I don't know how anyone could help me.”

People are concerned about various aspects of **COVID-19** and how people and organisations have responded to it and will do in the future. For some people there is also a degree of concern about the impacts of **Post COVID Syndrome** (Long COVID) on health and well-being and fear of future lockdowns.

“People not being considerate and following COVID rules, they might be fine but even with the vaccinations my health problems make me more likely to have problems if I catch COVID.”

“I am most worried about my family or myself getting severe COVID & it turning into long COVID.”

“Worry that the virus will cause a further lockdown in Winter 2021.”

“Reliable information about keeping safe after lockdown. Mask or not to mask...that is the question!”

“COVID and fear of catching it.”

“New waves of COVID and the idea that we might never return to normal life.”

“COVID coming back to a full lockdown.”

“Catching COVID 19 and being poorly. My Mum catching COVID 19 and being poorly because she is my carer. Meeting new people and going out.”

“Long COVID. Not knowing how it may affect me in the future. More research into long COVID, offer awareness/ training to staff.”

“I need to know that if we need to go into another lockdown, having things planned to help with my mental health.”

Physical Access to healthcare

Physical Access to healthcare facilities remains an area of difficulty for a number of people and **accessible information** is still an area of challenge.

“Lack of Blue Badge parking in Gloucester Royal make me anxious about going to the hospital.”

“The fact the surgery is not wheelchair accessible... this led to serious issues when required a blood test to be taken.”

“Some in my community are house and bed-bound. They have no access to (screening services) at all.”

“Lack of wheelchair accessible rooms, lack of accessible way to book appointments, lack of home visit option when I am housebound.”

“Can’t book online, I can’t use phones due to disability, partner works full time & cares full time so often doesn’t have time to phone and wait in queue.”

Experiences

A number of people kindly shared with us their detailed experiences of health care which identified a number of themes.

For some people they felt that their **needs had not been recognised** and were “downplayed” by health professionals.

“It feels as if you are treated like you are making everything up because you have a mental health condition.”

" When I had something that felt like an emergency I was told to go to the GP."

"I went to the Drs about something, and they said, 'it's not that bad.' I called crisis team and they told me to just have a cup of tea, this didn't help me."

"Being discriminated against by GPs and physical health professionals who don't understand the complexities of my living with dissociative identity disorder and treat me as though I am constantly in a child-like state is something I have experienced continually."

"Feeling that mental health services are unsafe, because of previous experiences. I am not sure how you help me feel it is safe or how you could make them safer. I think the service provider (named) needs to be made safer."

"I was told that I did not feel "enough shame" about the childhood sexual abuse I experienced to qualify for PTSD counselling."

"The crisis and self-harming team do not help me. They don't take me seriously."

"Being judged, not believed, false details on my medical notes."

Others have commented that health services that were available were **not as supportive as they could have been** and this in some circumstances, led to a need for further services.

"I believe the lack of support from the first referral led to the necessity of a second."

"Different services like to signpost you to other services rather than practically support you."

"...someone checking how you are would help."

"No groups to attend."

"I tried to seek executive functioning support from (named service), who sent me to my GP who referred me to the local autism service."

"I was told that there are no specific autism mental health services and that the generic services are suitable for people with autism, which was very much not my experience."

"(Named service) have not yet provided much help beyond suggesting YouTube videos and telling me that my current state is the best I can hope for."

"Not a lot of support has started back up (since lockdown)."

A number of experiences were shared which showed **poor information and communication** either between health professionals and departments or directly with “patients”

“We appear to be doing all the work I should not have had to make all those phone calls initiallyour Doctors surgery needed to check what was happening to (my relatives) referral not us.”

“Communications from hospital departments has not been provided.”

“...my condition is complex, therefore difficult to diagnose. Cross disciplinary conditions are notorious for not being correctly dealt with”

“Person at 111 shouted at me.”

“GP’s not listening and gaslighting me and my conditions.”

“When I need help or information, I just do not know where to go or who to ask. No one is forthcoming with information until I ask.... sometimes too much information is given, and I cannot process it all as it is overwhelming.”

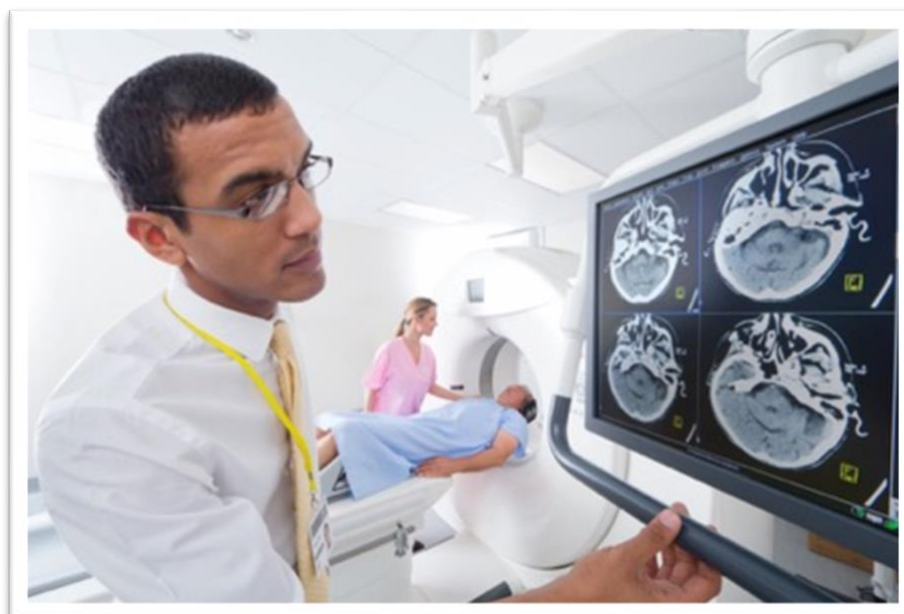
“Wouldn't know what I'm entitled to, what might help or where to go.”

“The organisation did not provide any clarity about what happened when I contacted them, and I gave up.”

“The nurses who were doing the screening would have rather talk to my friend than to me.”

“I have difficulty with GPs communicating about what tests need to be done.”

“Sometimes remembering the information, they give me or understanding the medical jargon they use. I like to take someone with me.”



Whilst not noted on a frequent basis there was one report of a concerning issue relating to **storage of personal data**.

“(I need to complete)... the same form that I completed prior to my very first appointment but which the surgery lost.”

Lack of trust was mentioned by a small number of people

“No trust for them.”

“I don't feel confident to speak to other people. I don't trust people I don't know.”

“I don't have much faith in the service, if I would experience any mental health issues.”

This range of experiences would suggest that **adequate and appropriate reasonable adjustments are not being made in a consistent enough way** for people in Gloucestershire facing disabling barriers and the lack of an individual and personalised approach for some people has been highlighted in other local research (“Health Inequalities: accessing health services in Gloucestershire with particular focus on BAME communities”)

Positive Experiences – Although there are several concerns for people regarding healthcare, there are also positive experiences in terms of helpful individuals, good interactions, and positive outcomes.



“Found out through a very helpful lady....”

“I did have a positive experience with (named service).”

“I have support from (named service).”

“I rely on a community support group and online support from peers, supporters and researchers.”

“The counselling was really beneficial....”

“I have a letter that has told me my next health check.”

“Generally, GP good at notifying when health screenings/ health checks are due.”

“I have an annual health check at my doctor's.”

“Staff very organised and helpful.”

“We did have very good help from the (named) department.”

Local and National Research and Data

Some of our findings in relation to health are similar to other local research. For more information, please see the following reports:

- 1) **Kingfisher Treasure Seekers and Inclusion Gloucestershire in a report from last year (October 2020) – “Health Inequalities: accessing health services in Gloucestershire with particular focus on BAME communities”**

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>

- 2) **Healthwatch Gloucestershire, in a recent report (February 2021) highlighted concerns and recommendations regarding” Accessing care through GP Practices in Gloucestershire”**

<https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/GP-Feedback-Report-FINALr-Feb21.pdf>

There was a specific focus on the above Healthwatch report on the experiences of those in the deaf community in Gloucestershire.



- 3) **Healthwatch, Gloucestershire (Dec 2020), “Living with a long term health condition in COVID 19”**

<https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/HWGlos-LongTerm-and-COVID-report-FINAL2.pdf>

4) Barnwood Trust, “Our Changing World: A report into disability and mental health in Gloucestershire during the COVID-19 pandemic”

<https://www.barnwoodtrust.org/wp-content/uploads/2020/09/Our-Changing-World-Exec-Summary-v6.pdf>

5) One Gloucestershire: #BlackLivesMatters: Gloucestershire’s Mental Health Services

<https://haveyoursaygloucestershire.uk.engagementhq.com/gloucestershire-s-mental-health-services>

6) The Health Foundation: Longer waits, missing patients and catching up

<https://www.health.org.uk/news-and-comment/charts-and-infographics/how-is-elective-care-coping-with-the-continuing-impact-of-COVID-19>

7) Healthwatch: GP Access During COVID 19

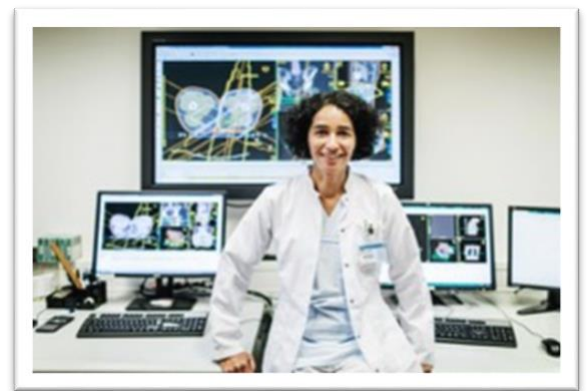
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf

8) Centre for Mental Health: COVID 19 and the Nation’s Mental Health

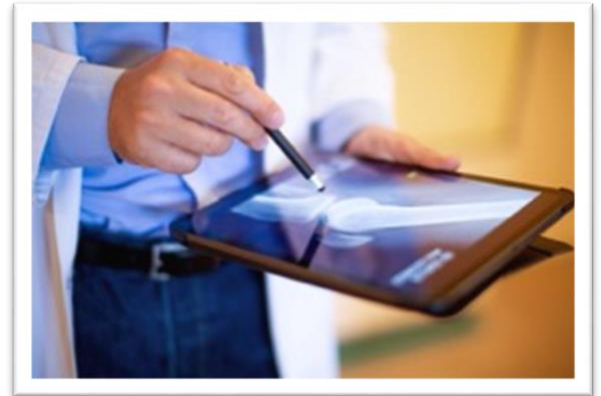
https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf

Recommendations

- All health professionals to be clear and transparent about which health services are available or delayed and ensure effective communication with individuals regarding timescales and plans to resume services. This relates to therapies, acute services, and mental health services.
- Ensure a range of methods for making appointments are available so as not to discriminate and isolate people e.g. telephone, on line, emails
- Opportunities to be provided for people to have face to face appointments if this more suitably meets their communication needs or preferences.
- Proactive management of new referrals for specialist investigations/services (physical or mental health) to ensure that the individual is updated on a regular basis.
- More practical approaches to reasonable adjustments to be adopted by all to take into account of individuals communication needs, processing needs, and accessibility needs e.g. clear masks, accessible information, longer appointments, home visits resulting in a more personalised and individually responsive healthcare experience
- Continued reintroduction of routine checks and screening and a return to a focus on active health management and prevention in relation to both physical and mental health
- Review of eligibility criteria and range of supports available to those who need to access mental health support and ensure clear communication and information is available and accessible to show eligibility criteria and supports available.



- All health professionals (and others) to initiate conversations around exercise and diet to encourage and assist individuals with improved lifestyle choices and self-management.
- Ensure up to date and accessible information regarding support with diet and available exercise options is easily available.
- Share positive stories with others who are helping to self-manage their physical and mental health using a variety of forums including local media, social media and existing groups and networks.
- Improvements need to be made to several physical environments and to available information to ensure that both information and health environments are inclusive and welcoming to people with a range of needs. We recommend all health care facilities undertake an access assessment (ideally by people with lived experience of facing disabling barriers) and implement corrective actions.
- More personalised approaches in health professionals interactions with individuals are needed which recognise the individuals communication preferences and takes into account how information is processed. Training in active listening and person-centred approaches would assist with this.
- Improved training and awareness for all health professionals in relation to a range of topics to ensure that health care is more inclusive. This would include mental health awareness (including fewer common conditions), Autism, Deaf Awareness, Learning Disability, Dementia, ADHD, Visual Impairment.
- “Signposting” people to alternative services and supports should be replaced with “Connecting people” in an active way and time invested with individuals to make contact (with support if needed) to new services may be more effective in meeting needs.



What Will Inclusion Gloucestershire Do Next

We will share this report with providers of health services in Gloucestershire and with other local organisations and groups.

The report will be available on our website, publicised on social media and shared with individuals who were part of the survey and gave us their contact details.

We will ensure that in all forums in which we are involved we share the experiences and recommendations with decision makers. This includes connecting with the following workstreams and groups:

- **Learning Disability Partnership Board**
- **Physical Disability and Sensory Impairment Partnership Board**
- **Autism Partnership Board**
- **Carers Partnership Board**
- **Mental Health and Well Being Partnership Board**
- **Health Action Group**
- **Learning from Lives and Deaths Reviews (LeDeR) for people with a learning disability and Autistic People**
- **Learning disability Annual Health Check Project Group**
- **Community Mental Health Transformation**

We will continue to actively engage with people who face disabling barriers to seek their views and experiences in relation to healthcare via our Speak UP Groups; MHELO (Mental Health Experience Led Opportunities) Focus Groups; Inclusion hubs; our user led Quality Checking visits and our regional network of self-advocacy groups.

If you would like any information on any of the above activities, please visit our website or contact us on the email below:

<https://www.inclusiongloucestershire.co.uk/our-services/>
info@inclusion-glos.org

We will create a new post of Health and Wellbeing Manager to ensure oversight of all work relating to healthcare and we will ensure that our organisational strategy for 2022-2025 has specific strategic goals pertaining to reduced health inequalities.

We will maintain and expand our Partnerships with other organisations e.g. NHS England, NHS Improvement, Healthwatch Gloucestershire, Health Education England to continue to understand, represent and work with others to address health inequalities.

And finally, thank you!

We would like to thank everybody who gave their time to complete our survey and share their experiences with us.

We would also like to thank our small team of volunteers who have given their time and insight to enable us to present peoples experiences in this report.



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Find out more about us at: www.inclusiongloucestershire.co.uk