



## **Creating a Healthier Scotland**

### **What Matters to You**

**January 2015**

The Scottish Women's Convention (SWC) has been consulting with women throughout Scotland around the issues that matter the most to them. We have spoken to women from a variety of different backgrounds and of all ages.

This response sets out their key priorities on a range of issues relating to health in Scotland. Our points and recommendations have been informed by the women upon whom legislation, policies and practice will impact on the most. We are extremely thankful for their continued input in shaping various aspects of Scotland's future.

## Introduction

The Scottish Women's Convention (SWC) wants to see Scotland continue to grow and develop into a fairer, more equitable society. One of the key ways in which this will be achieved is through ensuring that we have a health service which is free at the point of use, which provides services to all and which aims to improve the overall health of the nation. It is also extremely important to ensure that gender equality is at the heart of all future legislation, policy and practice. It is vital that the needs of women, their concerns and recommendations are an integral part of every level of the decision making process in Scotland.



## Overview

There are a number of health inequalities in Scotland, with women in deprived inner city areas living much shorter lives than their peers in less populated, less deprived parts of the country. Many services are not consistent. Women in rural areas often have to travel long distances to access basic support.

The Scottish Government's human rights based approach to providing healthcare to all at the point of need should be welcomed. In particular, its commitment to providing free access to NHS healthcare on the same basis as an ordinary resident to all those who have made a formal application for asylum (whether pending or unsuccessful) is endorsed.

As well as discussions around health and social care throughout the course of the annual roadshow programme and other consultation events, the SWC undertook a survey. This has helped to ascertain some of the key priorities with regards to health and social care in Scotland. Women's experiences of various aspects of the health service varied, however one of the overarching responses was the value and importance of the NHS.

*"We're lucky in Scotland, because we don't have the same concerns about privatisation in the NHS as people in England and Wales do. It's our most important asset, something we should be really proud of, but also something that we should always be looking to improve."*

## What support do we need in Scotland to live healthier lives?

The SWC has consulted with women regarding their experiences of health and social care in Scotland. The variety of both positive and negative responses demonstrates various aspects of the support required in Scotland to live healthier lives.

Women have reported positive experiences with availability of NHS dentists within their local area, as well as with services available within and through local pharmacies.

*“There’s a very good smoking cessation service available at my local chemist. I gave up seven years ago now and the staff continue to encourage me to stay off the cigarettes. Without their help wouldn’t have been able to quit.”*

There are, however, other areas of health and social care in which women have expressed mixed views.

### Access to Primary Care – GP Services

Women have expressed praise for their local GP surgeries and health centres. The availability of appointments on the day of requirement is important to many.

*“My GP practice has a great system for appointments. You can almost always get one on the day if you need to be seen urgently, and you don’t have to wait long at all for a routine appointment. It’s a comfort knowing that if I need to see a doctor I’ll be able to do so without any hassle.”*

The availability of other services, such as telephone appointments and conversations with practice nurses are also welcomed. The personal care and attention given by practice nurses in particular have been praised.

*“When my smear test came back as abnormal, my practice nurse was the one to phone me and tell me. She explained what would happen next, the tests I would have to undergo and timescales. She also said to call her at any time with questions or issues. She helped to make what was a very worrying time a bit more bearable.”*

However, these experiences are not the same for women in all areas of Scotland. Although many have had positive interactions with their GP, many others have not. Women have experienced issues with reception staff when attempting to gain an appointment, as well as lengthy waiting times to see a doctor or a nurse.

*“I often have great difficulty in getting an appointment at my local health centre. If I am truthful and say it’s not an emergency, I will usually be offered something within three weeks. I could understand a week in a busy practice but three weeks is a bit much.”*

In order to ensure equal access to services provided by GPs, there needs to be a more unified approach taken. It is unfair that some patients are able to access an appointment quickly, receive a high standard of care and if necessary be referred on to further care in a timely fashion, whereas some do not have access to this level of service. This can be particularly exacerbated for women in rural areas, who often have to travel a distance in order to see a doctor or a nurse.

Another issue seems to be that surgeries do not provide patients with enough information regarding appointment systems, or any changes to the way in which appointments are secured. The lack of information can be extremely frustrating for those who are experiencing both physical and mental health issues.

### Carers

The work undertaken by kinship carers, the majority of whom are women, saves the economy a significant amount of money every year. Their contribution, however, is extremely undervalued and grossly underpaid.

*“Of course the Scottish Government’s focus on childcare is a good thing, because it’s giving a lot of children a positive start in life. The amount of attention placed on that, however, can be detrimental in other ways. It means that women like me, who look after two of my grandchildren because my daughter has mental health issues and just can’t cope, don’t get the same focus and as a result we’re missing out on the same level of support.”*

Many of those who provide kinship care are doing so while caring for their own children or other family members, such as older relatives, as well as holding down one or more jobs. This takes a significant toll on women’s physical and mental health, particularly as many employers expect workers to be more and more flexible.

*“It’s a constant juggling act. I look after my sister’s kids because she is in prison at the moment. I couldn’t have them put into foster care, I want them with me, but it’s so hard trying to make ends meet and make sure neither my children nor my sister’s are missing out.”*

Many women have commented on the lack of recognition by representatives of various aspects of health and social care of the pressure, anxiety and stress suffered by carers. The lack of respite for those who undertake unpaid care is a real worry for many. Not being able to take a break has a significant impact on women’s physical and mental health, especially as many are still in employment.

*“There needs to be a proper recognition of the work we do – because it is work, it’s like a full time job. Being able to get someone to help for a few hours a week would make such a difference. I need a bit of time to myself to feel human again.”*

Support set out in the Scottish Draft Budget 2015-2016 which will allow severely disabled people and those with long term conditions to live independently are welcomed. This is a positive step in assisting those people who wish to remain in their homes in being able to do so. However, it is vital to ensure that there is no further burden put on carers, the majority of whom are women.

Those who work in the care sector are already struggling to be able to provide the levels of care they want to. This is often due to the need for them to visit a certain amount of people in a day, as opposed to being able to spend time with the – often vulnerable - people they care for.

It is vital that the Scottish Government does more to raise awareness as to the value of the work undertaken by carers, the majority of whom are women, in both formal and informal situations.

### Patient Transport

Patient transport is heavily relied upon however it is described as *“patchy and inconsistent”*. Due to poor public transport links, patient transport is essential for those who require hospital treatment. Access to medical provision using this service, however, can result in delays, long journeys and, in some cases, an overnight stay away from home. Patient transport provision is viewed as inconvenient for women in work or in need of childcare.

The creation of the new ‘super hospital’, the Queen Elizabeth in Glasgow, has led to centralisation of a number of services to that location. This has caused transport issues for many who need to get to important appointments.

*“There’s a direct bus from Glasgow city centre but that means getting into Glasgow in the first place. I almost have to go back on myself to get there because of where I live and I don’t drive. It can be stressful negotiating two or three buses when you’re not feeling great as it is.”*

Transport in rural areas is a key area of concern.

*“Hospital transport is adequate but it is a 60 mile round trip (Dumfries and Galloway). There is an Ayrshire hospital a 32-mile round trip which cannot be accessed due to a lack of cohesion between different NHS Boards.”*

There also needs to be more recognition of the complex interrelating issues such as poverty and rurality, and the impact that these can have on women’s physical and mental health.

### Mental Health Provision

The support services available are highly valued by users and *“should never be underestimated”*. At present, support, guidance and services for those who suffer from mental health issues is not as readily available as it should be. As a result, many are living with mental ill health and are becoming *“hidden group in society”*.

While the introduction of a person-centred strategy by the Scottish Government is undoubtedly welcome, the introduction of more online support should not, however, replace the face-to-face support required by women. Similarly, primary care providers must be more aware of mental health issues and the impact they have on people. More recognition of the support required would be welcome.

*“When I sought help from my GP I was referred to guided self-help which did not help me at all. I didn’t really know where to go for the support I really needed.”*

While some women have commented on positive experiences of accessing mental health services, as well as strong support and guidance from GPs, others have not. Issues around a lack of involvement in processes have a significant impact.

*“This year I was discharged from my psychologist without being involved in the decision. As someone with a long-term mental illness this has obviously had a negative effect on how I manage my illness. When I complained I was advised I would have to start the process again and be referred by my GP. I had great support for a number of years and that was just taken away from me without any consultation. My GP has referred me again, give them their due, but I am now on and 18 week waiting list. I am lucky not to be in crisis at the moment otherwise it could have been a very different story.”*

More needs to be done to recognise the varying levels of support required by those who suffer from mental health issues. Some GPs have been criticised for prescribing medication, as opposed to seeking an holistic approach to treatment.

Stigma around mental health is often more acute in rural areas and are more likely to ‘stick’ to a person due to “*small town mentality*”. The role of the family, friends and carers in tackling mental illness is vital. As well as the provision of information for these invaluable support networks, the work done by carers must be recognised, valued and receive adequate support.

### **Waiting Times**

The introduction in October 2012 of the legal standard of waiting for no more than 12 weeks for treatment was welcomed by women. However there are still issues around waiting times for referrals to be accepted, as well as with waiting times for treatment, which are causing concern.

*“I had to wait four months for an initial orthopaedic consultation. I now have to wait a further four weeks for a scan before I can even get on a waiting list for an operation. The length of time I have to wait is not helping my condition at all.”*

It is often inconvenient and can lead to further stress and anxiety when patient’s treatment targets are missed. In many cases there is a distinct lack of communication between hospital, GP and individuals.

This can be more frustrating than the missed date itself. Similarly, women have experienced difficulty in contacting relevant hospital departments. This is particularly the case for many in and around Glasgow whose services have transferred to the Queen Elizabeth hospital.

These issues must be given further consideration as Scotland attempts to improve poor levels of health and wellbeing. An improvement in the length of time patients have to wait to receive treatment, particularly in terms of specialist services, is vital.

*“I was referred to an Ear, Nose and Throat specialist due to a chronic respiratory disease. The waiting time for this was 23 weeks. In the meantime, my health continues to deteriorate. I understand there are pressures on hospitals but waiting nearly half a year is ridiculous.”*

### **Maternity Services**

Women have had both positive and negative experiences of antenatal and post natal care through the NHS in Scotland. Many have commented on the advice, guidance and assistance provided by GPs, midwives, health visitors and other healthcare professionals. The SWC fully supports initiatives such as the Family Nurse Partnership (FNP) and its expansion. The importance of personal care and intensive support for young mothers from deprived communities cannot be underestimated. The FNP was previously considered to be something of a “*postcode lottery*”, benefitting only young women in certain areas. Its expansion has the potential to ensure that this care is more widespread.

While it is undoubtedly positive that by the end of 2015 there will be at least one FNP team in each NHS Board area, the workload of those teams, plus the geography of Scotland must be taken into account. Just like the care sector, the majority of those who work in maternity care services are women. One FNP team covering an area the size of, for example, NHS Highlands and Islands, will mean a significant workload over a remote, rural and super sparse area of the country. It is therefore vital that the needs of the local area are taken into account when allocating a FNP to each NHS Board.

In rural areas of Scotland, women often feel isolated in the services offered around maternity care. In some cases, air ambulances are used to uplift women in labour, resulting in women giving birth alone without a family or support network surrounding them.

Rural women have commented on the lack of health visitors and midwives. Many who live on the islands must leave 38 weeks into their pregnancy, creating childcare issues, as well as removing support networks.

The creation of the Pregnancy and Parenthood in Young People Strategy is also an extremely positive step in reducing this type of health inequality. The strategy has the potential to delay pregnancy in young people, as well as supporting young women through pregnancy and ensuring they are given access to education and training opportunities following the birth of their child.

It is vital the strategy clearly demonstrates that, while pregnancy in those under the age of 20 impacts both on mothers and fathers, there is a significant difference between the two genders. Many young women who become pregnant do not have the support of a partner and this must be recognised in the strategy. It is also vital that the Scottish Government recognises the barriers young women face in staying in education, the impact of gender streaming in schools and how this can increase young women's chances of becoming pregnant.

Similarly, women who have had a baby under the age of 20 often have limited opportunities in returning to education/training or employment, mainly through a lack of childcare, transport issues and geographical location. There is a link between the types of jobs that many young women will end up doing and the choices they make around pregnancy and parenthood.

*“What’s so great about a job stacking shelves or working in a call centre for rubbish money? I think I am doing much better by having a baby, I would much rather look after it every day than be in a job I hate and that’s not going to get me anywhere in life.”*

## What areas of health and social care matter most to you?

Women have outlined a wide range of priorities for health and social care. These include, but are not limited to, the integration of health and social care; preventative healthcare; older people's health; children's health; mental health services; GP services; fertility treatment; access to and availability of appointments; maternity services; social care and domestic abuse.

### Integration of Health and Social Care

This commitment by the Scottish Government to support the delivery of new models of health and social care in all areas is positive, particularly the recognition of the challenges faced in rural areas. The geography of rural Scotland can cause significant inconsistencies in health and social care provision. Hospitals, and other services, including mental health care as well as GP and dental provision have all been reduced at a local level. Services are being centralised to main towns and too many community services have been withdrawn. This is of particular concern to women, who are often the main users of healthcare amenities.

The integration of health and social care has the potential to be extremely important both for those who receive and provide care in Scotland. However, it is vital that the principles underpinning those new policies do not have any adverse gender impacts, particularly on rural women, for whom accessing services can be extremely difficult.

The recent announcement of additional funding of £250 million to support the integration of health and social care is welcome. Women have, however, raised concerns that this funding has been taken from areas which will mean that other services they rely on will be subject to cuts.

As part of the new approach to health and social care, more consultation with unpaid carers is essential.

*“Unpaid carers should be able to attend meetings where important decisions are made. They are experts in so many conditions; they are with the people they care for most of the time. It makes no sense for doctors, social workers etc to be making key decisions about patients when they have nowhere near the same level of knowledge of that individual as the carer does.”*

### **Preventative Healthcare**

More focus on prevention would be welcomed by women across Scotland. At present, much of health is centred on treatment and cure for conditions and illnesses which could be more easily prevented.

*“There needs to be more health education and health promotion with trained professionals who are out working in communities. These people are best placed to identify problems and address some of the health issues faced in society today.”*

This type of approach to healthcare, as well as more information and education about what could be seen as basic issues such as diet and exercise, is vital in allowing people to be more responsible about their own health.

### **Older People**

As people are living longer, it stands to reason that services for the elderly are of great importance to women. Many older women live alone, often as a result of the death of a partner or spouse. They have expressed concerns over the levels of healthcare available to them.

*“I live on my own and I’m fortunate because I can drive so I can get to the doctors if I need to. However if the weather is bad, which is often the case where I live, that becomes more difficult and doctors nowadays don’t tend to do house calls. Some of my friends have community alarms and they have similar concerns. One woman I know fell and had to wait an hour for someone to come and help her because of where she lives. It’s very worrying.”*

It is hoped that the integration of health and social care will take the ageing population, who rely more and more on services. Similarly, ensuring that the needs of older people who live in rural areas are met is vital. The geography of more remote parts of Scotland means that many older people live in isolation. It can often be difficult to access clubs and social activities due to a lack of public transport. This can have a significant impact on mental health, for which services are, in many areas, scarce. This is particularly the case for older people.

*“The mental health of older people is too often overlooked and requires decent investment. Too many are suffering in silence, either because they do not want to talk to their GP, or because there are no services to support them where they live.”*

## **Children**

The importance of availability of and access to healthcare services for children cannot be underestimated. A public health approach, whereby children and young people learn about the importance of looking after their bodies through the education system would be extremely positive.

The centralisation of services can also have an impact on children’s health, with parents having to travel further afield in order to access the specialist treatment required. This can mean incurring travel and accommodation costs, as well as issues around childcare for other children within the family. Centralisation often also means families have to travel further in an emergency. This can be particularly difficult for those without cars, who have to rely on family and friends or taxis, which can be expensive depending on the distance they have to travel.

## **Mental Health**

The lack of services to assist those with mental health issues, as well as a perceived unwillingness or inability of many primary care providers to recognise and adequately deal with mental ill health, are a key priority for women.

*“Physical and mental health should be treated equally, but the sad fact is they are not. Everyone has mental health, yet when there are issues they are often treated as a secondary problem. Physical health affects mental health and vice versa. This needs to be recognised.”*

Access to services for e.g. anxiety and depression, such as talking therapies, Cognitive Behavioural Therapy (CBT) and peer support is considered *“invaluable”*. Unfortunately, this type of assistance is not available in all areas of the country. As a result, many are missing out. The increase of people suffering from mental health problems with little or no support at the early stages of their illness is also a concern. These issues have a knock-on effect on women, who make up the majority of carers.

*“My son has severe anxiety and depression, but there is limited assistance for him where we live. I find that he’s leaning on me more and more and it’s taking its toll on my health. I’m his mother, I would never not help him, but it’s getting to the stage where talking to me isn’t enough. I’m worried he will end up on a real downward spiral unless he gets more support.”*

## Fertility Treatment

Women have commented on issues around support, advice and assistance for those who undergo fertility treatment. It is an issue which impacts on many; however it is not discussed as openly as other areas of healthcare. Women who require varying levels of assistance with conception are not provided with as much information as they feel they could be. It can be an extremely stressful and emotional period and this is not given the recognition it needs.

*“When receiving fertility treatment, my consultant said that the counselling service which went alongside it was being withdrawn so I sought help privately. It then transpired that the service was still running. I felt that the consultant was not as well informed about support services that were available. It was also sometimes difficult to speak to someone on the phone about my treatment because the relevant person only took calls at certain times of the week.”*

The length of time women wait to receive treatment and the number of *“hurdles to a referral”* which are perceived to exist also have an impact. Many women have commented on feeling *“drained”* by the process.

## Maternity services

Access to and availability of good ante-natal and post natal care is of extreme importance to women. While, in the main, there is a lot of praise and positivity around maternity services and the care received by expectant mothers, there are still areas which could be improved. The ever-increasing workloads of community midwives and health visitors, the majority of whom are women, mean that many are not receiving the levels of care and support they should be. This also has a significant impact on those providing the care, who are becoming increasingly frustrated at being able to do less and less to support pregnant women. This is particularly the case in rural areas, where large distances need to be covered. In these instances, both the midwife/health visitor and the mother/expectant mother are affected.

*“It comes back to investing in community-based health and taking a public health approach. There needs to be more recognition that women in rural areas can't just get in the car and drive twenty minutes to the nearest hospital if they are having issues during their pregnancy. Providing the support to enable these women to be treated locally, where they have family and support networks is invaluable.”*

It is hoped that this approach will be taken as part of the integration of health and social care which is currently ongoing.

## Social Care

For many women, particularly those with elderly relatives and who undertake caring responsibilities, the future of social care is of extreme importance. One of the key issues is the recognition of the work carried out by carers, both paid and unpaid. It is hoped that in particular adequate acknowledgment and recompense is provided to those who care for loved ones when powers over carer's benefits are devolved to Holyrood.

Similarly, the Scottish Government needs to be aware of the pressures faced by those who work in care services, many of whom are working for companies which have been outsourced by Local Authorities. Their terms and conditions continue to be eroded, meaning they are unable to provide the levels of care they want to.

*“Care workers are massively underpaid and under-respected. Pay and conditions for these workers needs to reflect the incredibly difficult work that they do.”*

### **Thinking about the future of health and social care services, where should our focus be?**

As well as the areas already outlined which are of importance to women in Scotland, such as mental health provision, maternity services and healthcare for older people and children, the following areas should be seriously considered by the Scottish Government when considering the future of health and social care services.

#### **Integration**

There are both positive and negative outcomes regarding the integration of health and social care. Women have commented on the potential benefit of both services being able to work more closely than they have in the past. As so many aspects of both cross over into each other, it makes sense for them to be delivered in a more coherent manner, which will be good for both staff and patients.

As well as links between health and social care within the public sector, it is vital that the voluntary sector are also able to be involved in decision making and service provision. They are often relied upon, particularly at a community level, providing support and assistance to many on a range of issues. Their contribution to the promotion of physical and mental health in Scotland must not be underestimated.

*“We must ensure that essential third sector services continue to receive funding, particularly in rural areas, where they often provide the services that the Council are not.”*

It also must be borne in mind that the ultimate aim of the integration of health and social care is to provide the best outcome possible for patients. It is therefore important to ensure that no-one misses out, or sees a reduction in vital service provision, while the integration process takes place.

## Prevention

It is clear from conversations with women throughout Scotland that one of the key areas for the Scottish Government should be a focus on prevention and community health. Early intervention is extremely important for both mental and physical health and wellbeing.

*“Everyone would benefit from a more holistic approach to health from the outset. While treatment and cure are the only way to deal with a number of illnesses, there are so many conditions which could be prevented if the people of Scotland were given more realistic information about how to take responsibility for ensuring healthy minds and bodies.”*

The Scottish Government should continue to focus on finding ways for people to feel empowered to look after their own health and wellbeing. This can be done through, for example, offering more ways for people to join groups, clubs and other community based activities. More needs to be done around this, particularly in rural areas, where people can often be isolated because of where they live.

## Staff

*“One of the most important aspects of the NHS in Scotland is the amazing workforce. We need to look after the workers, the majority of whom are women, ensuring that they are valued and recognised for the jobs they do. I understand that cuts need to be made in order to save money but this should never be at the expense of the health service, which is something we as a country overall should be so proud of.”*

It is vital that frontline staff, who provide the services on a day to day basis and who are the ones most valued by patients, are invested in and listened to. Important decisions must always be made by consulting staff and making sure their voices are heard.

As has been outlined previously, more also needs to be done to value the work undertaken by social care staff. As long as women continued to be streamed into this type of role and the importance of caring continues to be undervalued, there will always be significant gender inequality.

*“These carers are often the only person an older person sees in a day – they’re their only point of contact. What they do is so important, not only to those who benefit from the care they provide but also to the families and friends of care receivers. It’s time to start recognising this and valuing it properly.”*



## Conclusions

There are undoubtedly a number of extremely positive aspects of health and social care in Scotland. The fact that women are able to access healthcare which is free at point of need, as well as free prescriptions; hospital treatment; healthcare support both during and after pregnancy; access to free contraception through doctors surgeries, health centres and specialist sexual health clinics and routine screening for cervical and breast cancer are all very important. The NHS has been described by many women as “*our most important asset*” and as something which should be protected and strengthened where resources allow.

Despite the many positives, there are a few areas in which improvements could be made. These include:

- Access to and availability of GP appointments;
- Recognition and adequate remuneration for carers, as well as respite services
- Mental health diagnosis and provision of support and assistance services;
- Integration of health and social care;
- Preventative healthcare;
- The care, health and wellbeing of our ageing population; and
- Recognition of the work and importance of NHS staff.

**The SWC welcomes the opportunity to contribute to this national conversation on the future of health and social care in Scotland. We would like to thank all of the women who have taken the time to talk to us about the issues relating to health and wellbeing which are most important to them.**

### The Scottish Women's Convention

The Scottish Women's Convention (SWC) is funded by the Scottish Government to consult with women in Scotland to influence public policy. The organisation was set up in 2003 to enable grassroots women to discuss issues relevant to them. Since its inception the SWC has engaged with a wide range of women throughout the country.

The SWC undertakes an annual series of 'roadshows' throughout Scotland. These events are unique. Women are given an opportunity to express their opinions or concerns, in their local area, on issues which directly affect them. Locations from the Shetland Islands to Dumfries have been visited. All information gathered from the women informs SWC responses to Scottish and UK Government consultations. This process ensures that women's voices are heard at the heart of the decision making process.