



YOUNG PARENTS

Persona 1 - Young Parents

USER STORY

- Difficulty registering toddler with a dentist – not accepting new patients.
- Can't speak to a doctor when need to, can't speak to or see GP after 3.30pm, end up calling NHS24 for advice in the evening.
- No flexibility about appointments, practice staff only see you in an emergency.
- Health visitor home visits really positive
- Young people usually know how to use technology but that's no use if you have no connection or data due to being on low income. This is something no-one seems to think about.

USER NEEDS

- Trust is important but how can you have this if you always see a different person.
- It feels horrible when someone doubts your words and doesn't believe you. Doesn't make you want to tell them anything but then you can't get the help you need.
- Some language is very intimidating and hard to understand. Also some ways of describing individuals in their medical/other records can have real impact on their self-esteem, e.g. with regards to a young person's ability to be a parent.
- E-Consult doesn't work for a lot of young people - literacy issues and having to repeat yourself. Structure and questions don't always make sense, e.g. for return patients. Language doesn't make sense for non-medics. You need to know the right 'trigger words' to get the care and attention you need.

KEY INSIGHTS

- Not sure which social media outlets can be trusted.
- Young people still use Facebook, it's a myth they don't – they just don't actively post/react, it's more for getting information/following pages.
- Digital exclusion isn't just about knowledge/ability, it's sometimes simply down to cost. Your smartphone is useless if you can't access the internet.

OPPORTUNITIES

- Having everything in one place – health, social care/support, free sanitary products/condoms – is helpful, as is the case with some centres and hubs.
- Make sure information online is always up to date so healthcare professionals can signpost responsibly. E.g. sexual health clinic – are they doing drop-ins or not? Different answer depending who asked.

PRINCIPLES

Equity

Inequalities

Access and availability

Being valued and supported - Trust

Person centred care and Holistic approach

"Those with low incomes can't travel far and their healthcare needs won't be met if getting to services is difficult. Not everyone has a car, imagine having to take two busses with a toddler in a buggy."

"Family Nurse Partnership has been really good. Happy with the named nurse and the regular contact, support and reassurance."

"Health visitor home visits really positive."

"Healthcare professionals don't listen to you, they make assumptions about your situation and this feels worse when it's always a new person. There's a lot of stigma around being a young parent."

Persona 2 - Adults with Learning Disabilities

USER STORY

- Healthy living is important even for us living with long term conditions.
- Remember about sheltered housing as they are not just for older people.
- Not sure where to sit or not sit in the health centre.
- Our independence is taken away as before used to be able to see Dr by myself" My mum had to help me.

USER NEEDS

- To have regular health tests done and to have feedback on results.
- Need better signage in health centres.
- Healthy living is important even for us living with long term conditions.
- Patients to be seen as people in social context (holistic).
- Reliance on support/care staff and/or family/loved ones.

KEY INSIGHTS

- "Got some easy read sent from the LD nurse."
- "When I got bloods taken the lady at the Health Centre explained things well. I got the time and space to process things."
- "Community Learning nurses and support workers...help us to speak using Near Me - Video appointments with LD Psychiatrist as they can't visit us just now
- "Getting information on social media – community Facebook pages e.g. Mearns Healthy Living – for everyone
- Give key messages from health professionals now, especially dental services and AHPs
- Having easy read versions of information about eg NHS Inform
- Link with Public Health Teams and local activities
- Value the role of staff in caring for patients
- Use various means of communication

OPPORTUNITIES

- Provide key messages from health professionals now, especially dental services and AHPs.
- Have easy read versions of information.
- Address cross boundary issues with HSCPs.
- Use digital communication/technology as well as traditional forms – e.g. newsletters.
- Build on and share positive experiences.

PRINCIPLES

Equity

Inequalities

Access and availability

Being valued and supported

Person centred care and Holistic approach

"I would like to say that the health care has been excellent when I was in hospital at the beginning of the year with having the COVID-19 virus and they took excellent care of me especially under difficult circumstances."

"Didn't like the Health Social Care Partnerships because Aberdeen City and Shire don't make the same decisions, so an appointment in the City was different in the Shire"

"To see the nurse or doctor, it is hard to get appointments and have to fill in paperwork, send photos and have to see the GP online. – Need support worker help to do this"

"Our independence is taken away as before I used to be able to see Dr by myself. My mum has to help me now"

"It would help to know how to contact the dentist now, as well as the chiropodist"

New
(Syrian)
Scots

Persona 3 - New (Syrian) Scots

USER STORY

- Waiting for tests for a long time.
- Waiting for appointments with Dentist.
- Waiting to discuss test results for a long time.
- Being left worried and frustrated having to wait for such an long time - Need support and practical help to sort this out.
- Long waiting lists and condition getting worse during the waiting time.
- Language issues not a barrier as access to interpreters and language line.

USER NEEDS

- To have timely feedback on results.
- Important to understand how the NHS works and performs.
- Disconnect between primary and secondary care e.g. regarding referrals and feedback to us as patients.
- Communication between professionals and we patients being left out and kept waiting.
- Need help and support to manage health conditions at home.
- General feeling that the way things are prioritised in the NHS does not help

KEY INSIGHTS

- We see that there is a shortage of health staff/professionals and that services are understaffed.
- Suggest looking at having a specialism/skills mix at local level and make services more accessible in local health/clinic settings.
- Flu vaccination not halal.

OPPORTUNITIES

Suggest looking at having a specialism/skills mix at local level and make services more accessible in local health/clinic settings.

PRINCIPLES

Equity

Inequalities

Access and
availability

Being valued
and supported

Person centred
care and Holistic
approach

"I have 2 disabled children and have lots of hospital appointments with one of them needing injections every 3 months but has not had this in the timeframe."

"GP –At the beginning when first moved to UK not so good but then changed to a different practice and it was fine."

"We see that there is a shortage of health staff/professionals and that services are understaffed."

"Disconnect between primary and secondary care e.g. regarding referrals and feedback to us as patients."

USER STORY

- Lack of communication with Carers.
- Carers with power of attorney and not being involved in any consultations, there has been no communication, no-one will answer the phone.
- A lot of jargon used when being given important information verbally when already stressed and then expected to remember it.
- Carers not being a party to information due to confidentiality issues even though they are the main carer.
- Carers not regarded as a vital element in the delivery of care.
- Many feel these are not new problems, similar was happening 20 odd years ago but not a lot has changed.
- Carers feel that they are like a second NHS providing care and support, especially since the pandemic, and yet are not recognised as such.
- Unpaid carers have difficulty speaking to professionals about the person they are caring for.

USER NEEDS

- Need for honesty and transparency.
- Empower carers to be part of the solution.
- Clearer routes to getting support if you are a carer.
- Ensure that carers are involved in discussions/decisions for the person that requires care.
- Need to include unpaid carers in the planning of care and support of their loved ones.
- Advocacy service for carers.
- Coping strategies for carers to support them to carry out their role for as long as possible.

KEY INSIGHTS

- It's still the case that without alternative care arrangements, the only fall-back is the unpaid carer, and many health/social care professionals are inadvertently relying on this.
- Understanding there needs to be formal processes in place for confidentiality but a checklist of all they need to do would be helpful.

OPPORTUNITIES

- Some carers are using digital consultations ok. Some happy that digital consultation is saving a lengthy trip.
- Increase awareness around unpaid carers. Medical students should have training early on to raise awareness.

PRINCIPLES

Equity

Inequalities

Access and availability

Being valued and supported

Person centred care and Holistic approach

“Carers can’t understand when many other services are opening up again and seeing people face to face, why GP surgeries still appear so unavailable. Applies to dentists also.”

“Hospital wards are busy places, but carers being left standing at ‘reception’ or generally looking lost while everyone just ignores them when they obviously need help/want to speak with someone.”

“Carers feel that they are like a second NHS providing care and support, especially since the pandemic, and yet are not recognised as such.”

“Some carers are using digital consultations ok. Some happy that digital consultation is saving a lengthy trip.”

USER STORY

- Should feel safe and secure when using health services, but in primary care/General Practice getting a standard and quality of service is difficult across practices.
- Having to go to different specialist and screening services for different parts of the body – not being seen as a whole person (eg cervical and breast screening).
- Not being able to see GP for more than a year affecting mental health and experiencing increased depression. Hard to access any kind of support or help.
- Feeling that being left for small issues to become big issues before anything can be done.
- Lack of face to face appointments making communication more difficult.
- Lack of follow up after treatment/discharge.

USER NEEDS

- People feel they are being discriminated and penalised for not being able to read/write and speak English - creates multiple barriers to using e-consult (language, digital technology and inconsistent availability of language line during appointments).
- Appropriate means of communication (e.g., written for those who have better written than spoken English and other ways for those with hearing and sight impairments).
- Clear information and communication about what services are available and how to get them.
- Mental health is commonly considered taboo among Polish and African communities, and this should be considered by health staff to diagnose and support people accordingly.
- Need to be able to assess the mental health of a patient as part of general overall health and not wait for it to become a crisis.

KEY INSIGHTS

- Solution would be to look at things from a preventative point of view to avoid illnesses becoming so severe.
 - Encourage people to be able to use simple technology at home, such as blood pressure monitors and potential of current wearables, such as fit bits etc., to encourage lifestyle change.
 - GPs appointments single issue only rather than for those with complex, multiple conditions – advice, help, support and treatment becomes fragmented. – need to have a whole person approach.
 - Having a physical health/illness condition impacts on mental health and this can escalate to mental health problems.
 - More information should be translated, particularly where there are high numbers of other nationalities. It was felt that this would have helped in uptake of the Covid-19 vaccine as more people would have understood appointment letters or the benefits of getting the vaccine.
 - Support needs to be as person-centred as possible for it to truly help.
- People from ethnic communities who don't speak English feeling socially isolated. Is there scope for employing specific health care staff from different nationalities to support around health in communities?

OPPORTUNITIES

- Unconscious bias and cultural sensitivity training for health and social care staff would enhance their skills and awareness when dealing with people who have protected characteristics, particularly when these are intersected.
 - Story telling of good experiences can help in promoting key messages
- Building a better knowledge and understanding of specific factors such as the underpinning role of culture within groups and communities.

PRINCIPLES

Equity

Inequalities

Access and
availability

Being valued and
supported

Person centred
care and Holistic
approach

“A lot of bureaucracy - had to get blood pressure taken for contraceptive treatment but had to wait for a month for BP to be taken.”

“In relation to technology and health, it’s important to remember that health shouldn’t be ‘self-service’ it is still about humanity and care, it’s not like going to the shopping mall.”

“Language support needs to be more readily available and promoted more to enable people to get help with communicating with health and social care services and staff. Think too about sensory impaired people.”

“Accessing the Sexual Health Service at the Health Village – while the service is good, you are mostly looked at as body parts rather than a person.”