

Access to Services in Herefordshire

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Purpose of Research

- To establish an evidence base
- To identify gaps in the research base
- To produce a set of indicators
- Suggest interventions

Which Services?

- Transport
- Broadband/ICT
- Local hospital
- GP
- Dentist
- Chemist/ Pharmacy
- Information and Advice
- Post Office
- Cashpoint
- Fresh Food

Disadvantaged Groups

- Older people
- Disabled people
- Young people
- Migrant/seasonal workers
- Gypsy and travellers
- No access to private transport
- Low income

What does the evidence base tell us?

There are some recurrent themes/issues:

- Accessing a dentist
- Accessing a GP (for certain groups)
- Restricted transport options
- Bromyard, Kington, Golden Valley, Leominster Surrounds
- Accessing a Post Office

Which groups are underrepresented?

- Mental health service users
- People with learning difficulties
- Young people
- Older people in residential care
- Homeless people

Limitations of existing data

- One aspect of access
- Lack of recognition of diversity of need
- No understanding of 'why'
- Cross border issues
- Lack of consistency across data
- Lack of research with non- service users

Recommendations for filling gaps in evidence base

- Undertake mapping of services
- Take account of views of disadvantaged groups
- Review the potential for EIAs
- Develop an accessibility audit checklist
- Needs analysis with specific communities
- Make the most of CLP
- Action research with access poor

Service Delivery 'enablers'

- Improving proximity of services
- Improving transport options
- Improving ICT provision
- Raise awareness of availability of services (signposting service)

Recommendations for filling service gaps

Co-ordinating Access to Services

- work with service providers
- broker relationships
- maintain overview of evidence base
- support delivery of action plan

Developing Strategic Responses

- Access to Services Action Plan
- Encouraging Strategic 'buy in'
- Develop tools for assessing access
- Identify and focus on those most in need
- Focus on collaboration

Focusing on the enablers

- Improve transport provision
- Recognise role of community transport
- Improve broadband access
- Maximise the usefulness of existing schemes
- Raise awareness of availability of services

Addressing the needs of disadvantaged groups

- Travellers Health Project

Developing and extending specific services

- Dentistry

Prioritising Recommendations

- Ensuring effective co-ordination
- Optimise the usefulness of Equality Impact Assessments
- Develop an accessibility audit checklist
- Increase the understanding of the needs of specific communities

Principles Underpinning Indicators

- Need for robust baseline data
- Ability to collect evidence
- Focus on 'access poor'
- Focus on taking services to people
- Facilitating access via ICT and transport
- Service providers are responsible for increasing access
- Collaborative working

Existing Indicators

- Too generic
- Unambitious
- Do not reflect diversity of need
- Do not reflect complexity of access eg affordability

Suggested Indicators

Phase One

- % increase in the number of households able to access broadband 2mbp
- % increase access to broadband in households and businesses currently identified as not spot areas
- A reduction in the number of people who find it difficult to access NHS dental service

Phase Two

- % increased usage of community transport provision
- Increase in the number of services delivered via outreach
- Increase in the number of services delivered to communities living in remote rural areas
- Increase in the number of services delivered in 'Rural Service Centres'
- Increase in the number of services available online
- Increase in number of services delivered through joint working
- % increase in the number of migrant workers and gypsy and travellers who feel able to access a GP

Key messages

- Poor access to basic services in Herefordshire
- Generic solutions not appropriate
- Further targeted research needed (to identify specific interventions needed)
- Greater commitment needed from service providers
- Need to develop shared 'access priorities'
- Collaboration is key