

- *Original text in black from the legislative theatre event on 20th October*
- *Blue text - comments / additions from follow up and pre-planning meeting with TMR participants on the 24th November,*
- *Green text - additions from policy makers / health professionals and TMR participants on 24th Nov*
- *Green - Action steps - noted under each policy area for policy makers / agencies to follow up on before we next meet (date TBC - likely Jan / Feb 2021)*

## The Men's Room: What Stops Us From Being Well?

### Policy Ideas with follow-up questions

#### Policy 1: Health Accessibility Charter

This would be legally binding. Incorporates:

- training/education for staff and patients about the healthcare rights of homeless people.
- Know-your-rights posters, and cards for patients.
- Additional idea: free taxi service for those with limited mobility to get to practice.
  - ...and more!
- Connection / middle ground... about walking into clinics, getting care when you need it, go into any local surgery. More co-ordinated communication
- Can the accessibility charter / Primary Care Standards include the right to use any GP surgery, no matter if it's in your home area, if it's an urgent need? (KR)
- Can the Primary Care Standards include an improvement in coordinated communication and data sharing between GP practices so that you are not prescribed tablets in one office, then denied them in another, for example? (KR)

#### Policy Debate and Follow-up:

- Currently: Manchester Clinical Commissioning Group has instituted the Manchester Primary Care Standards. These standards outline various expectations of practices around things like homelessness, including asking GPs to recognise that everyone without a fixed abode has a right to register as a patient. Currently, this gives the practice access to more funding than they otherwise would have, but is not legally binding. Every practice has signed up to this, although it's voluntary. **Can patients be made aware of this? Can it be enforced more powerfully?**
- GM social health care partnership commissioned healthcare know-your-rights cards for those in ABEN accommodation, which serves to remind practitioners of their rights to

healthcare. These were also used in Liverpool. **Could these cards be made available to more patients and introduced in every GP clinic in GM?**

- **Know-your-rights info and Charter should be displayed publicly in the clinic.**
- Can engage Healthwatch to enforce this Charter.

- **Updates:**

- training - LGBT, Pride in Practice, potentially link into more surgeries across GM, LGBT go back quarterly, distribute leaflets / build relationships - not just a poster.
- Emma -training supposed to be happening, but covid keeps pushing it back. Emma talking to clinical commissioner next week about getting manchester clinical care standards properly embedded and then further training on these and hoping to get people with lived experience involved in delivering training
- Old 'know your rights' leaflet card - useful to show. Feels like things have not moved on from 4 years ago.
- **Produce / review new card rights - how would we do this to make sure GP had to share it? What happens if a GP doesn't do this? Go to the regulator / display CQC?**
- **Bring this group / show a scene or two that show these issues to GPs - on zoom?**
- **Ideally a national campaign about 'know your rights' in healthcare - who is that?** NHS England.. They have the guidance, but not coming down / in evidence at GPs
- Accessibility of registering
- Accountability

### **Action Steps:**

1. Emma Hicklin manchester primary care standards (push to get them implemented) - Happy to raise it with clinician commissioning guy about this and further training to GPs, happy to share play / scenes
2. Craig - developing first steps on a collaborative campaign about know your rights linking in with Jodie (and others).
3. Craig: need information out there. Talk with pride and practice manager, how do we talk about inter-sectionality. Make P in P training have a compulsory element - 'you have to display this poster / have to give out this card' if you want this training
4. Caroline - nhs access to healthcare cards in existence, can they go out beyond ABEN. will go back to health and care partnership and see if can go out further / more can be produced / delivered. Get those cards out!
5. What about 'mystery shoppers' - testing out if these things happen?
6. Fergal bring in Healthwatch and see if there are topics that they can pick up on with TMR.

## Policy 2: Independent Healthcare Advocates

- Trained, person-centred health advocates based in GP practices.
- You have the option of making an appointment with them instead/as well as the GP.

### Additions from TMR group:

- GP should have that option on the phone (dial 7 for example) to talk to an advocate
- Have advocates with mental health knowledge
- Looking at accessibility issues - online / chat / email
- (Mental health walk in - open another unit)

### Policy debate and Follow-up:

- Needs funding to make happen, but a remote worker could also work.
- Could it be a freephone service - ie a phone available in each clinic that connects automatically to an advocate. (Advocates already in place, in charities?)
- Can there be information in each clinic - ie a poster - listing charities etc that currently offer advocacy, and their phone numbers? For example, the LGBT Foundation.
- Homeless peer support advocacy service is being developed, and has funding for a couple of years, but **awareness of this among GP practices may need more work.**
- Could it add another layer of bureaucracy to the system? I.e. how would you go about getting an appointment with **this** service? Would there be a waiting list for it? Could make people feel less able to access healthcare, unless it is very straightforward. .
  
- Support existing staff members of organisations (TMR / shelter etc) - trained to be signposters / supporters / advocates. Could health now do something with this?
- Health now - peer mentors advocates programme - due to move ahead more early 2021
- To have trauma informed assessment of where people could go
- Mind in salford, salford has community advocacy peer mentors / network
- Peer mentoring and support - network
- Social prescribing, trained to direct people to different services / health provision
- Investment in acute social prescribing - but would need money, sense that this was too big / costly..on our wish list
- All GPs need to have a mental health specialist - this now theoretically exists - not necessarily a doctor, but is it happening?
- Supporting people to access advocates that already exist - freephone in GP clinic?
- PALs - patient advice line - can call them in hospitals to complain / get advice, does it extend to primary care? Don't think it does. This falls to Healthwatch in primary care but it needs to be publicised more so people are aware of it if they want to make a complaint
- Salford listening lounges

### Action steps:

- Caroline: Health now, peer advocates - promote through GMHAN, GP surgeries. Relaunch health now alliance in GM.

- Share / Create / Have a document within organisations - what each organisation best for specific issues and help...in order to support health now's advocates - collaborative work
- Craig - Need to have a steering group of health advocates across different organisations coming together every couple of months to keep it moving
- Citizens advice - could they get involved with advocacy coordination? Disability networks / campaigning. Could CABs operate out of GP surgeries? Would need to be a discussion with CCG.(emma said they have this in their surgery but not used)

### Policy 3: Person-Centred Reception Area

- Changing the architecture of the reception space, supported by Psychologically Informed Environments theory.
- Encouraging confidentiality by allowing for private waiting and speaking spaces in reception.
- Person-centred training delivered by people with lived experience for reception staff.

#### Additions:

- privacy as important - spaces and format
- Thinking about making making waiting areas more **welcoming** - better magazines, tvs, a cup of tea

#### Policy Debate and Follow-up:

- Receptionists have a lot of power currently, in how patients are treated and whether they can access care. This is about policies but also about practice culture. (Going back to Healthcare Accessibility Charter above...)
- When you go to a sexual health clinic, often you don't need to say why you're there. Can circle or indicate non-verbally- why does this not happen in GPs? **Can there be a process to communicate with receptionists by writing / circling a box?** Allow forms to do speaking for people, which can then be confidentially shredded later.
- Privacy in waiting rooms - allowing separate space for more discretion. **Can barriers be set up, or other ways to have privacy upon engaging with a receptionist?**
- Currently, people have to be asked why they are seeing the doctor to establish priority of who gets seen first. This feels uncomfortable for many people, but it is a question of managing resources.
- Complaints: good practice indicates that you don't have to write it down: if you speak it out loud, the practice should follow-up. **Should the process for complaints be included in Healthcare Accessibility Charter** - see above.

#### Discussion points:

- Know your rights card - on other side a blank side so you could fill it in to tell receptionist why you have come
- Listening lounges in salford - could do something similar within the GP surgeries

- Reception staff training - with healthwatch - whole person centred, manchester primary care standards, pride in practice.. Could there be further training for receptionists within these two training packages

Action Steps:

- Craig to check / put in receptionist best practice guidelines into pride in practice training
- As more GP surgeries get developed / designed, how can we advocate for physically changed / better environment
- Campaign 'what are you waiting for?' never ending finish line - ties to other previous ideas about campaigning
- Craig - talk to person within LGBT about how domestic abuse issues got into GP surgery / got traction, how did they do it
- TMR / Emma H: Smaller steps: collaborative work with one surgery / artist / TMR - look at alternative physical space, look at a smaller funded project. 'Welcome on up'- making a space better