

This is the easy read version of the universal healthcare executive summary.



What is universal healthcare?

Universal healthcare is healthcare that all people have access to when and where they need it.



The NHS Constitution for England says that the NHS must provide inclusive healthcare for everyone.

A constitution is like a set of rules.



The healthcare must be centred around the needs and preferences of patients, their families and their carers.

The universal healthcare network do not believe this happens.

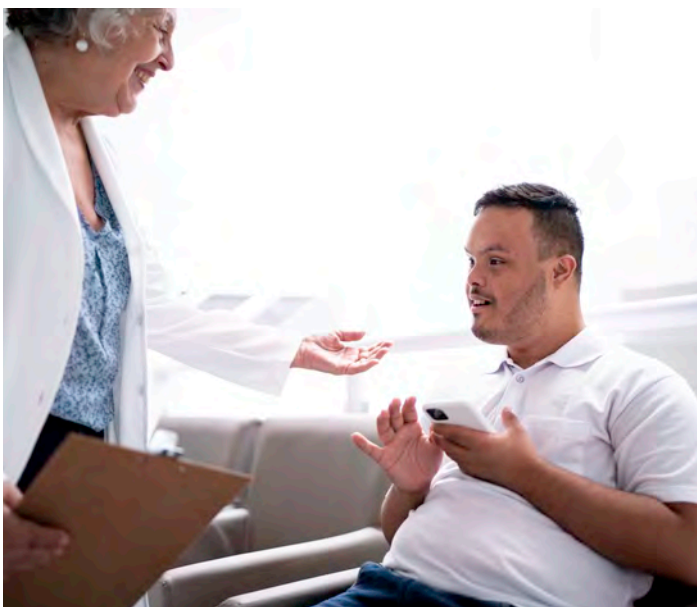
Who are the universal healthcare network?



The universal healthcare network is a group of health and care leaders.



They have come together because they are concerned about how the NHS provides universal healthcare.



They carried out an inquiry as they feel that access to the NHS is not equal for everyone, even though they try their best.



The network have put forward 3 ways in which they think the NHS doesn't provide equal healthcare:

- Treating poverty as a medical problem instead of dealing with the issues that cause poverty. People are going to see their GP with health issues that are caused by poverty as they have nowhere else to go



- Providing services that are not accessible to all
- Not being open and honest about there being less services and lower quality of services. This is sometimes called rationing of services.



NHS West Yorkshire
Integrated Care Board

Sussex Health&Care



There were 3 parts to the inquiry which included working with Sussex and West Yorkshire Integrated Systems.

These are partnerships of organisations that plan and deliver healthcare services in their areas.

The network also put together some case studies and carried out a literature review.

This is a piece of academic writing that looks at information about a certain subject.



The main things that the inquiry found are:

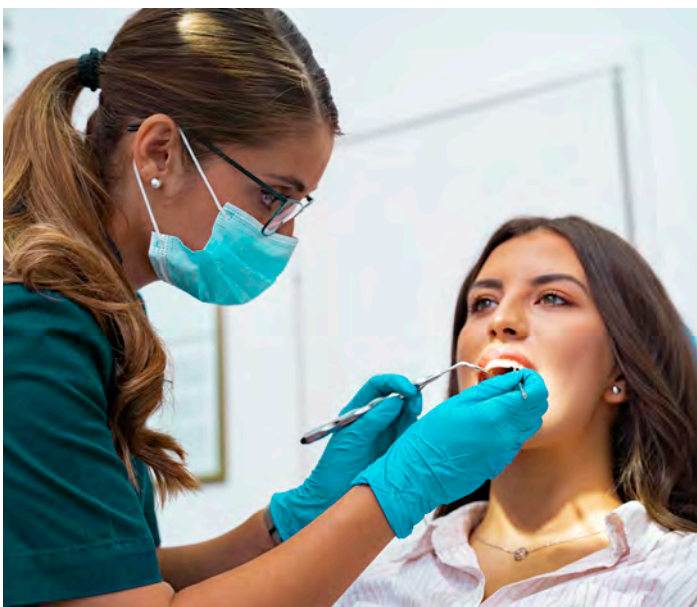
- GP surgeries are struggling to meet people's social needs and appointments are not equal to everyone



- One-size services are not good for everyone, as people still do not get the same chances as others
- People whose first language is not English need extra support



- The VCSE sector are the best people to help reach out and build trust in communities. They can also meet social needs
- Children and young people do not have good access to primary care especially mental health services



- Primary care in poorer communities is unequal and different.

Primary care is the care you get from GPs, nurses, social prescribers, dentists, pharmacists and others.

Key recommendations



The main recommendations that came from the inquiry are:

- Understand who is registered at GP practices and provide services that fit their needs



- A multi-disciplinary team, MDT for short, is when everyone who is involved in a person's care gets together. Sometimes people have an MDT when they don't need one. GPs should check if someone needs one first then build it to match their needs



- Find out the people who are not accessing appointments and reach out to them. This will help to build trust and get them back into NHS services
- Reach out to local voluntary and community organisations to help meet social need. Make sure they have sustainable funding, clear roles and share data with them



- Set up a digital data sharing system so information can be sent securely between organisations
- Co-produce services with children and young people and invest in mental health services for them



- ICB's are people who plan and pay for NHS services in a local area. They should make sure they share their funding streams so money is sent to GP practices where it is needed the most.



How to carry out these findings

The best thing to do is just start somewhere. You could look at the 3 ways the Network have put forward and discuss them locally.

You could also look at the data slides and see if they look like your Integrated Care System (ICS).



There are real possibilities to carry out the findings because of the way everyone works together now.

The NHS also worked well with community leaders during COVID, and could do that again now.



There are a few things you can do straightaway to bring this learning into your workplace.

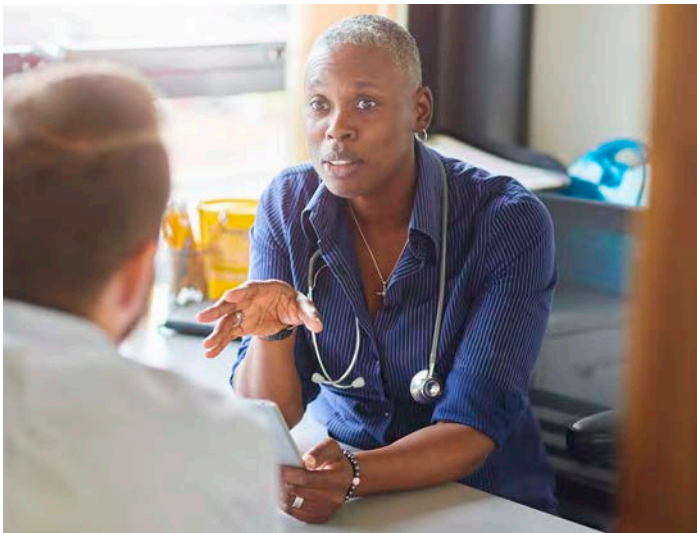
Here are some of them:

- Check to see who is turning up a lot at GP practices. Look at their needs and see what can be managed at the practice and where practices need MDTs (multi-disciplinary teams)
- Set up a group to change services for children and young people in communities. Work with them and their families, schools, Healthwatch and the VCSE to co-produce solutions. Your ICB should make sure that children and young people are getting a fair share of funding.





- Fund the co-ordination of the VCSE organisations that are providing support for health so it is easier to work with them. Give contracts for longer to give organisations security and so they can focus on the work and are not bidding for the work



- Develop ways to provide access to people who are turning up to GP surgeries frequently. Use small teams in the practice to give them continuity



- Work locally to make sure that people living in poor areas don't get less access to services
- Remember whatever you do it is not the final end point. You will need to keep adapting.