WE FEEL SAFE – Health case study

Case Study – Kamila from Poland (name changed)

Case Study: Barriers to Accessing NHS Healthcare

Kamila's (*name changed)* experience highlights several barriers that can prevent patients from accessing appropriate and timely NHS treatment, particularly when communication difficulties, language barriers and inflexible appointment arrangements are not adequately addressed.

Following gynaecological surgery to remove cancerous abnormalities, Kamila developed an intimate infection. Despite her recent surgery, her GP did not initially refer her back to the specialist clinician who had performed the procedure. Instead, she was prescribed three different courses of antibiotics, none of which successfully resolved the infection. It was only after a fourth antibiotic was prescribed by another GP that the treatment proved effective.

Kamila was eventually referred to a gynaecologist, who advised her that she should have been referred back to the clinician responsible for her original surgery. This raised concerns about continuity of care and whether the appropriate follow-up pathway had been followed from the outset. Kamila had also been informed that she would be contacted with the results of a swab test, but she was not subsequently given this information. The lack of communication left her without a clear understanding of the investigation results and contributed to uncertainty about her treatment.

At a later stage, Kamila was admitted to hospital for the removal of a lump. It remains unclear whether the lump had been present at the time of the initial surgery or developed afterwards. Without further clinical information, it is not possible to establish the relationship between the two procedures. However, this experience added to her concerns and illustrates the importance of clear communication, appropriate follow-up and ensuring that patients understand the outcomes of their investigations and treatment.

Language barriers created further difficulties in Kamila's access to healthcare. She was not provided with an interpreter, particularly during consultations at her GP practice. Without appropriate language support, patients may struggle to explain their symptoms fully, understand medical advice, ask questions or make informed decisions about their treatment. In Kamila's circumstances, the absence of interpreting support compounded the challenges of navigating an already complex course of treatment.

Kamila also experienced difficulties accessing routine diabetes care. Because she works different shifts, she explained that she needed an afternoon or evening appointment to fit around her employment. Despite communicating this preference, she was offered an appointment at a time when she could not attend. Consequently, she missed the opportunity to access the appointment. This illustrates how limited flexibility in appointment scheduling can create barriers for people in shift-based employment and potentially disrupt the management of long-term health conditions.

Access to dental care has also been affected. Kamila was removed from her dental practice's patient list after not attending for a year. Following her removal, she understood that she had lost access to NHS-funded dental treatment through that practice. This has created an additional obstacle to obtaining affordable dental care, particularly if she is unable to secure registration with another NHS dentist.

Kamila's experience demonstrates that access to healthcare involves more than the availability of medical services. Patients also need appropriate referrals, continuity of care, timely communication of test results, access to professional interpreting services and appointment arrangements that take account of their individual circumstances. When these elements are lacking, patients may experience delays, repeated consultations, uncertainty and missed opportunities for treatment.

For migrant patients and people who face language barriers, these difficulties can be particularly challenging. Healthcare providers should ensure that patients can communicate effectively with clinical staff, understand the results of investigations and know what follow-up care is required. Appointment systems should also take reasonable account of work patterns and other practical barriers that may prevent attendance.