**Investigating Local Health Inequalities Using the Core20PLUS5 Approach - case studies**

**Case study 1**

A woman of white ethnicity aged 25-34 living in BS13 said she found it difficult to get appointments and that the receptionist did not always listen. She described them as ‘GP guard dogs’. She knows when she needs a course of steroids for her asthma and has an asthma plan to support this but has been fobbed off and ended up having to be admitted to hospital. She has two children and feels it is easier to get an appointment for children than it is for adults. Not being listened to puts her off getting healthcare. Her daughter who is under two years old also has breathing issues and has several times been admitted to the Children’s Hospital, who she describes as brilliant.

**Case study 2**

A woman of white ethnicity aged 75-84 living in BS23. She broke a leg and an arm and had to have an arthrodesis to reconstruct. This has resulted in osteoarthritis and she has had many procedures - 2 new hips, 2 new knees, and a spinal decompression. She has also had a stroke and aortic valve replacement and has suffered from depression since a child but with long periods of normality. Now she is registered disabled. She feels the surgery is good currently, and they have been kind and looked after her well after a specialist nurse at the BRI advocated on her behalf to the GP practice. However, she is put off getting healthcare by the thought she will get denied. On one occasion her husband felt unwell and phoned the surgery several times. He was triaged but he felt he was not listened to and eventually called 999 for an ambulance. He was taken to hospital where a heart condition was diagnosed and he is now on medication.

**Case study 3**

A woman of white ethnicity aged 75-84 living in BS4. She saw her optician for a check-up in March 2023 and was told to see her GP as she had blurred vision and needed to be investigated for possible glaucoma. The GP received the referral and said she needed to be seen at the hospital and a referral would be made. She followed this up 3 or 4 months later when she had not heard anything from the hospital only to find out that the GP had not made the referral. It was made that day and the hospital contacted her to confirm this but she is now waiting to be seen. Her blurred vision affects her balance. She has also seen the GP due to 'head issues' - she has periods of feeling disconnected and dizzy. This has been investigated but there has been no diagnosis or treatment. She feels she is made to feel like she is wasting the GPs' time when she raises her concerns and does not feel listened to but this is important to her as these symptoms are affecting her ability to go out and about. She reports that she has to wait weeks for an appointment to see her GP and this is offputting.

**Case study 4**

A woman of white ethnicity aged between 55-64 living in BS13 contacted her GP surgery to request an appointment as she suspected she had a chest infection. Instead of giving her an appointment, the receptionist told her to go to Boots for advice. Boots told her to go back to her GP pharmacy who told her she should buy a cough medicine and that she was not suitable for referral to the GP. Five days later she felt worse and got an appointment with a GP who said she had a chest infection.