Policy Proposal: Healthcare

A composite proposal taken from submissions by:

- NUS Women's Officer
- Staffordshire University Students' Union

Summary

Despite the Uk's free at the point of use system Healthcare is not an inclusive and universally accessible service. The inequalities that persist in the healthcare system across the UK are vast and affect the students we represent across all liberation groups within the student population. These range from access to reproductive healthcare, sexual healthcare, transition-related healthcare in addition to barriers for migrant women and women of colour in mortality rates across the health system. NUS should be campaigning for a variety of interventions in the provision of healthcare in the UK to increase and improve provision of healthcare services that affect students of all backgrounds and identities.

What is the problem?

Inequalities in healthcare exist across and liberation group lines, and our healthcare campaigning must reflect that.

Disabled students still struggling to access sufficient support, whether for physical, learning disabilities and mental disabilities. Mental Health provision and waiting times are poo there have been serious delays and problems with support provision since cuts to and restructuring of the Disabled Students Allowance.

The experiences of women within healthcare are often those of being overlooked and their pain considered exaggerated, meaning many women will have their disabilities, their illnesses and their pain undiagnosed for prolonged periods of time. Women are constantly denied correct support; women with disabilities being under-diagnosed, the gate-keeping of trans women and women suffering in domestic abuse situations.

This experience is much more prominent amongst women of colour, as there is a systemic problem amongst healthcare professionals where women of colour are deemed to have higher pain thresholds. Historically, this has cost the lives of many women of colour, and currently black women are 5 times more likely to die in childbirth.

Healthcare encompasses Culturally Competent Care which would mean better treatment for BAME people physically and mentally. For example, the current COVID19 pandemic as well as Mental Health services have not been sufficient for many people of colour.

For many migrants, refugees and asylum seekers also face a number of barriers to healthcare. Due to visa applications and the asylum processes many asylum seekers and migrants may avoid seeking healthcare. Also due to language barriers, and that many underfunded practices cannot provide interpreters, it can often be difficult for migrants, refugees and asylum seekers to not only express their pain, but also receive help or accurate diagnoses for their pain or symptoms.

Sexual health services across the country are underused and still not culturally competent. This has led to many LGBT+ people using charity services rather than the NHS. There is still limited access to PreP medication, something that needs to be free and widely available for LGBT+ people. Gay and bisexual men are still excluded from

giving blood donations, based on harmful stereotypes and prejudices. More broadly, LGBT+ people suffer on average more of Mental Health issues.

Trans Healthcare is not sufficient for those who wish to gain access to Hormone Replacement Therapy or surgical procedures. Waiting times are often so protracted that they have damaging effects on the mental health of Trans people. General practitioners are not competently trained on transgender healthcare issues and there is a lack of research into the impact of transition-related healthcare on other areas of health.The current pandemic situation has prevented many peopleâ€™s transition because hormones arenâ€™t prioritised as a necessity; those students whoâ€™ve been preparing themselves for their next step have suddenly found it halted.

Abortion access should be a universal right in that it is free, safe, legal and local. However, this is not the case. Abortion access is restricted by factors other than criminalisation also, such as stigma, conscious objection, lack of rural access, and barriers relating to gender identity, migrant status, disability ot socio-economic class. It should be broadly accepted that no person should be harassed, intimidated or shamed when accessing healthcare. These restrictions are reflective of the barriers to healthcare faced much more generally by those made most vulnerable by systemic and ongoing racism, sexism, disablism, classism, homophobia and transphobia within our healthcare system.

What could the solutions be?

Marginalised communities should have equal access to healthcare, that is well-funded and has no barriers to access. Our Healthcare system should be equipped and skilled enough to take an informed approach to all of its users, regardless of their protected characteristic, background, experiences or self-definition.

Mental Healthcare provision should meet current demand and grow in its capacity to meet future demand.

Specific support systems should be in place for Disabled students. These should be accessible, fair and deliver support in a timely manner across different agencies and organisations.

A presence of Black Healthcare workers across roles, paygrades and disciplines that is more reflective of society, allowing healthcare organisations to understand the experiences of Black service users and provide appropriate provision, as well as ensuring all Health workers are fully trained in understanding the issues that may afflict Black students/patients.

Migrants should not be charged to access publicly funded healthcare.

Healthcare systems and services should understand and prioritise the needs of Women of any background and have the resource and skills to provide services that adequately support those accessing care. We stand against all against forms of medical misogyny and a lack of access to reproductive healthcare. We want to see the decriminalisation of abortion and further access to safe and inexpensive reproductive technologies.

Health services should provide culturally competent sexual health services that are aware of the needs of disabled people, LGBT+ people and people of colour.

There is a need for better transition-related healthcare on the principles of informed consent, local services and patient ownership and control over services.
We must integrate student concerns over COVID-19 into work on healthcare, challenging the underfunding of the NHS and underfunding of public health work as well as it cynically being used to sweep other crucial health issues under the carpet.