ENGAGEMENT REPORT

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

ACCESS TO SERVICES AND HEALTH NEEDS

Listening to our Gypsy Roma, Boater and Traveller communities in Bath and North East Somerset, Swindon and Wiltshire

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Access to services and health needs: Listening to our Gypsey Roma, Boater and Traveller communities in Bath and North East Somerset, Swindon and Wiltshire

March 2025

Introduction

In November 2025, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) successfully secured funding to engage with mobile communities across our area as part of the national programme exploring one of the three major shifts underway in the NHS. Recognising that Gypsy, Roma, Boater and Traveller (GRBT) communities form an important part of BSW's unique population, we undertook a focused series of engagement sessions with GRBT community members, alongside local service veterans, to understand their experiences of accessing health services.

We felt it was essential to hear directly from GRBT communities as our neighbourhood health plans evolve, given that their experiences often highlight the very challenges these plans aim to address: the impact of wider determinants of health, barriers to joined-up care and persistent issues around access.

While our broader engagement work with other groups, including older adults, parents and caregivers, routine and manual workers, minority ethnic communities and the wider public through an online survey, remains ongoing, the GRBT engagement phase has concluded. The insights gathered will form an integral part of our overall neighbourhood health engagement findings.

Importantly, our conversations with GRBT community members provided an opportunity for in-depth, one-to-one discussions that extended beyond the immediate scope of neighbourhood health. This enabled us to capture a richer picture of their day-to-day experiences, challenges, and priorities.

Given the depth and specificity of what we heard, we have chosen to present this work as a standalone report offering a snapshot of GRBT community perspectives on local health and care services. The themes raised include access to care, experiences of discrimination, communication challenges and difficulties with continuity of care.

This report provides valuable insight into the daily realities facing a community in BSW that experiences significant hardship, multiple challenges and ongoing discrimination, and whose voices are too often unheard in traditional engagement processes. Our aim is to ensure those voices are meaningfully reflected in the future design of health services across BSW.

While focused on GRBT communities and does not include groups such as Roadside van dwellers and those living on private traveller sites, these findings highlight system-level barriers – including communication, continuity and access – that are relevant to other underserved and mobile populations across BSW and beyond. These findings are based on qualitative engagement and should be interpreted as indicative of lived experience rather than statistically representative

How to use this report

- Inform service design at neighbourhood/PCN level
- Support inclusion health and inequality planning
- Guide outreach and engagement approaches
- Provide insight for partner organisations

1. Methodology

Engagement was carried out via face to face interviews obtained by visits to five of the six Local Authority run travellers' sites in BSW and to boating families on the Kennet and Avon Canal in Bradford on Avon. We were accompanied by Local Authority neighbourhood teams and outreach officers for most of the visits, apart from Carswood view in Bath where we were accompanied by an outreach worker from Julian House. During our visit to the Thingley site in Wiltshire and the Kennet and Avon canal in Bradford on Avon, we were hosted by the Open Blue Trust and met participants on the charity's double decker bus during after school clubs and parent and toddler group meetings.

We would also like to flag the excellent work carried out by Wiltshire Council through the publication of the Boaters Survey Analysis 2023 report following engagement with over 200 people living on boats along the Kennet and Avon Canal.

Engagement sessions were carried out at the following locations:

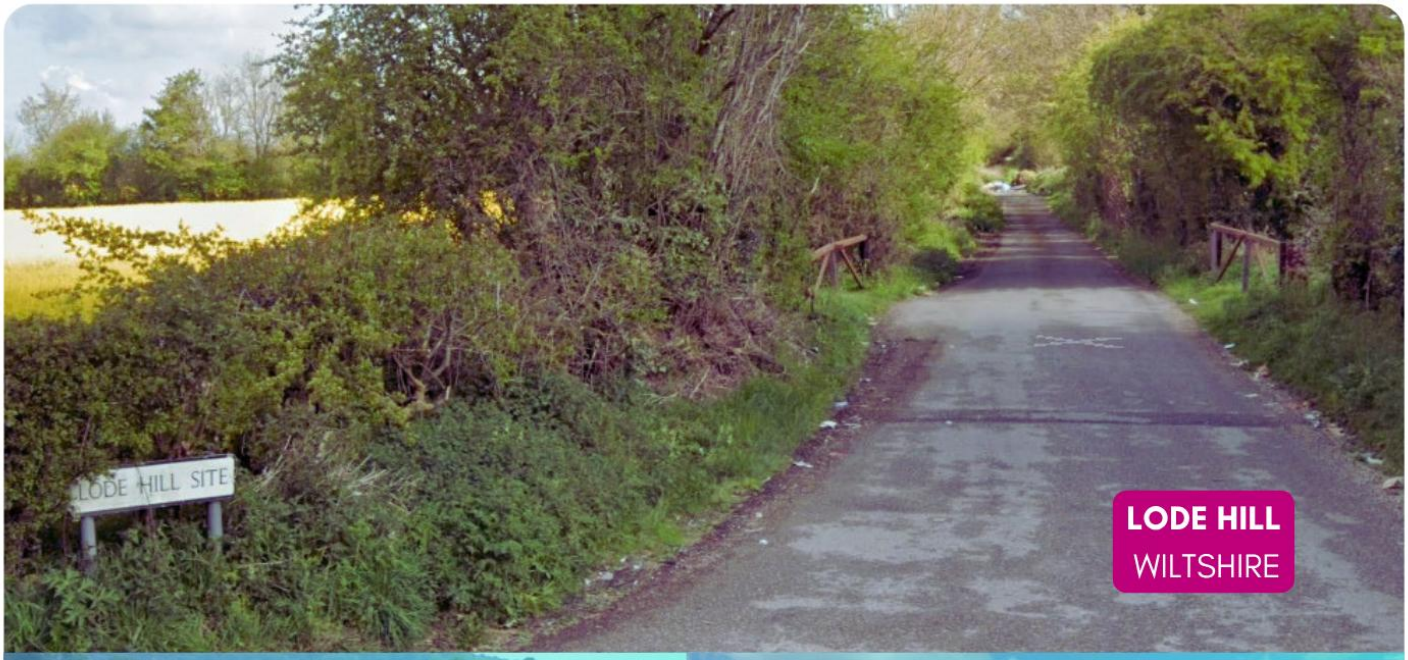
Location	Date	Number of participants	Group information
Open Blue bus, Kennet and Avon canal, Bradford on Avon	3 February 2026	7 (6F, 30s-40s) 1 M (40s)	All boaters attending a parent and toddler group and after school club along with children. Most living in temporary moored boats for maximum 14 day stays, 1 permanent/licensed mooring

Hay Lane traveller site, Swindon	11 February 2026	11 (8F, 3M age range from 20s to 80s)	All members of travelling community living on permanent Hay Lane Gypsy, Roma and Traveller site. Hay Lane has 37 pitches and is home to around 100 residents
Open Blue bus, Thingley traveller site, Wiltshire	17 February 2026	1 (M40s)	Member of travelling community. Thingley is a permanent site with 31 family pitches
Carswood View, Bath	12 March 2026	4 (1 Julian House support worker, 2 F (20s and 40s), 1 M 40s	Members of travelling community in Bath. Carswood View is a Council approved site with 8 permanent pitches
Lode Hill, Salisbury, Wiltshire	23 March 2026	7 (4F 3M ages 20s to 70s)	Members of travelling Community. Lode Hill, permanent site with 12 pitches
Fairhaven, Dilton Marsh, Wiltshire	23 March 2026	4 (2F 40s, 2 M 70s, 30s)	Members of travelling community, Fairhaven permanent traveller site, 12 pitches
Total		**34**	

OPEN BLUE BUS - KENNET AND AVON CANAL, BRADFORD ON AVON

TRAVELLER FLAG - HAY LANE, SWINDON

CARSWOOD VIEW, BATH


LODE HILL SITE
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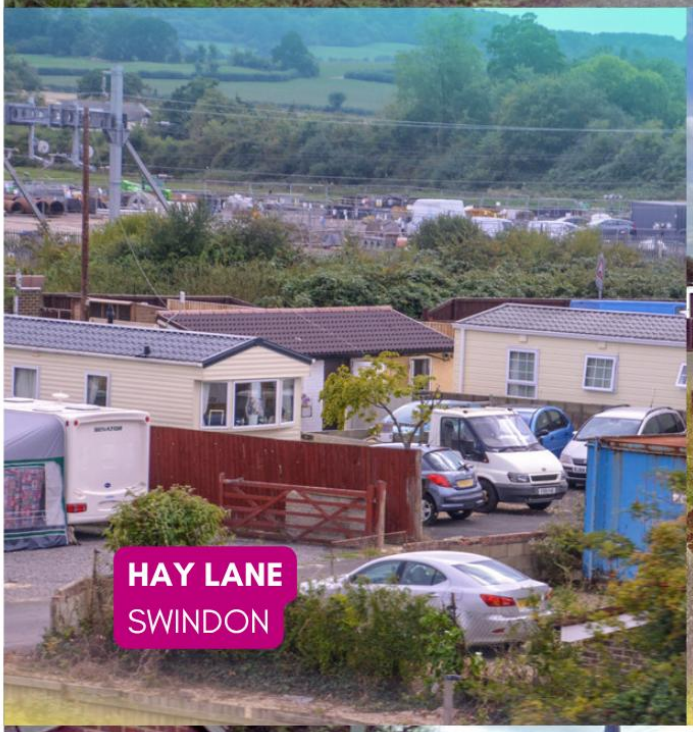
HAY LANE
SWINDON


THINGLEY
SWINDON


Fairhaven
FAIRHAVEN
WILTSHIRE

2. Summary of Themes

Across all communities, five major themes were consistently reported:

1. **Difficulties registering with GPs** due to:
    - No fixed address or frequent mobility (especially boaters)
    - Perceived reluctance of practices to register Travellers
    - Temporary registration rules creating inconsistent care
    - GDPR concerns being incorrectly cited as barriers (e.g. Bradford on Avon)
2. **Long waits for appointments**, especially for:
    - GP routine appointments (4+ weeks)
    - Mental health services
    - Physiotherapy
    - Hospital diagnostics
3. **Poor continuity of care**
    - Repeating health histories "over and over again"
    - Fragmented pathways (children with complex needs referred between multiple departments)
    - Lack of record sharing across practices for mobile populations
    - Disconnected mental health follow-up
4. **Barriers to communication & information access**
    - Letters not received (boaters)
    - Low literacy levels on Traveller sites
    - Technical/digital confidence barriers and lack of access to wi-fi and mobile data
    - Complexity of NHS letters and forms mentioned by many Travellers
5. **Trust issues and experiences of discrimination**
    - Mistrust of authority among boaters
    - Reports of racism experienced by Traveller communities
    - Perceptions of inequality in public services (waste, local authority support, dental access)

3. Positivity about local GP services among some residents, particularly permanent residents on traveller sites

Despite the issues listed above, many residents we spoke to were highly positive about local services, saying they had no problems with accessing care over and above the common waiting periods.

Strongest positive themes

- Good GP experiences in Wroughton, Wootton Bassett, and Downton surgeries
- Residents feel well supported with medication and long-term conditions
- Useful outreach services (health visitors, dental bus)
- Same-day appointments in some practices (especially Downton)
- GP staff described as "helpful", "good", "fine", or "no problems"

Where positivity was most concentrated

- Downton Surgery (Salisbury) – consistently praised
- Wroughton GP (Swindon) – reliable support
- Wootton Bassett GP – no access issues reported
- Twerton Surgery (Bath) – described as "very helpful"

4 .Community-Specific Findings

A. Boaters – Bradford on Avon

Key health access challenges

- Lack of a postal address causing:
    - Missed appointment letters
    - Difficulty registering with GPs
    - Inability to receive screening invitations
- High mobility along the canal disrupting continuity of care
- Access to dentistry is extremely limited resulting in long travel distances (e.g Bradford on Avon to Marlborough)
- High prevalence of:
    - Smoking
    - Respiratory issues (due to wood-burning stoves, engine fuel burn and damp/insulation issues)
    - Low screening uptake

- Long travel times for vaccines, GP and dental care
- Many rely on Julian House charity for outreach and health navigation.

What works well

- Vaccination boat highly valued
- Health visitors providing home visits on boats
- Some participants with permanent moorings report excellent continuity of care

Ideas from the community

- A "health passport" enabling treatment at multiple practices
- More canal-side outreach
- Improved record sharing
- More face-to-face engagement along towpaths
- A more joined-up model for mobile populations

Feedback examples:

- "Getting letters is so difficult and it makes it hard to keep on top of appointments" (F 30s)
- "I've had trouble registering with a GP because I move up and down the canal so often"(F 30s)
- "The vaccination boat is really well received and people do use it." (F 40s)
- "People get ill, find it difficult to access housing and find it difficult to manage, the boats fall into disrepair, it's hard to access healthcare and people end up dying young because they are not accessing the health they need." (F 40s)

B. Traveller Sites – Hay Lane (Swindon)

Key themes

- Difficulties accessing both GP and dental services
- Participants frequently using A&E for urgent care due to long waits
- Mixed satisfaction with GP services, some very positive, others reporting long waits for appointments
- Some serious incidents:
    - Mini-stroke with long ambulance/ED wait

    - Person self-diagnosing bowel cancer due to failure of access
- Complex chronic illnesses common:
    - Diabetes, COPD, cardiovascular disease
- Strong desire for more joined-up services and collaboration with local councils

What works well

- Mobile services, especially nurses
- Minor Injury Units (MIUs) valued
- Local surgery valued

Ideas from the community

- Better handover between departments
- More coordinated care for complex conditions

Feedback examples:

"I have health issues and can usually get an appointment, If I can't, I go to A&E, even though it's a long wait, at least I'm guaranteed to see someone."

"The NHS needs to join the dots more. My son has eye and back issues and every department send you somewhere else."

"I tried to get an appointment with my GP to discuss my concerns that I had bowel cancer but couldn't get an appointment, so I got a test kit myself and eventually found out I had stage 1 cancer."

"Lots of people here can't read the appointment letters, we have to get someone to help."

Thingley Traveller Site (Wiltshire)

Key themes

- Children unable to be registered as permanent patients
- Dental bus highly valued
- Most residents use 111 or hospital because they are not registered
- Experiences of discrimination and being "the last acceptable form of racism"
- Strong emphasis on cultural understanding

- Reports of poor local authority support (e.g., rubbish removal)

What works well

- Dental bus and health visitors
- Local surgery valued

Ideas from the community

- Higher levels of cultural awareness
- Better support from local authorities environment, rubbish etc

Feedback examples:

- “I've lived on caravan sites all my life and because we move around, lots of doctors don’t like to register us as patients.”
- “Most people here are not registered with a doctor, so they call 111 or just go to the hospital.”
- “Gypsey and traveller people are more settled than we ever used to be, while holding true to culture and tradition, and its important the NHS understands that. The principles that work for the average person may not work for us.”

Carswood View (BaNES)

Key themes

- Severe difficulties accessing GP appointments (1 month waits)
- Mental health needs high; access very poor
- Telephone MH assessments not suitable
- Literacy barriers making letters, referrals and forms inaccessible
- Historic helpful tool: NHS Traveller Green Card (no longer used)
- Local racism and stigma reported
- New mothers seeking more support
- Some do not believe residents would engage even if services came onsite (mistrust, substance misuse)

What works well

- Local surgery valued
- Health visitors visiting site has been seen as helpful in the past

Ideas from the community

- Address lack of cultural awareness in local community
- Better understanding about low levels of literacy among travelling community

Feedback examples:

- “I can never get an appointment at my local surgery. This stops me from going. I can be a month waiting for an appointment and then a new problem has come along.”
- “A lot of people here have mental health problems and they really need double appointments but those appointments get put off.”
- “I've been waiting months for a talking therapies appointment. I was referred in December and its March now.”

Lode Hill (Salisbury)

Key themes

- GP access: mixed; some good, some long waits for appointments
- Issues with managing diabetes, especially poor information and lack of equipment
- Poor communication and repeating medical history
- Good health visitor input for babies
- Long distances for dentistry (Southampton)
- Long waits for autism pathways
- Older residents generally happy with ongoing care
- Travel and rural isolation major barriers

What works well

- Local GP and Salisbury Hospital valued
- Health visitor visits for new mums

Ideas from the community

- Help with understanding letters and communications would be appreciated. “Make letters easier to understand”

Feedback examples:

- “There is no communication so you have to explain everything time and time again.”

- “I struggled to fill out the forms for my (ADHD) diagnosis because I had to do it in the surgery and that really stressed me out.”
- “I have rheumatoid arthritis. Sleeping in the caravan in the cold makes it worse which is why I'm trying to get in the housing list. I'm waiting to hear from an occupational therapist to help me, but she's not called me back.”
- “We’re out in the sticks here and I need family members to help me, my family lives a long way away so it’s difficult.”

Dilton Marsh (Wiltshire)

Key themes

- Good cancer care experiences, but long waits for physio
- Diabetic patient becoming visually impaired due to barriers in diagnosis
- Multiple issues with pharmacy supply and medication access
- Emotional distress and mental health strain caused by navigating fragmented services
- Lack of joined-up care for young adults with additional needs
- Mobility and reliance on family make appointments difficult
- Difficulty using digital tools like the NHS app

What works well

- Good support from local services but travel is difficult

Ideas from the community

- Easier to understand communications and letters

Feedback examples:

- “We've had trouble getting medication from the pharmacists. Both my son and nephew suffer from depressions and sometimes we can’t get their medication.”
- “I like to think services talk to each other, but I'm not sure. I can go to the hospital in Southampton and tell them something about what a specialist at the RUH has told me and they don’t know about it.”
- “I've got one appointment at Sulis hospital in Peasedown St John at 6pm at night, that would take 4 buses for me to get there.”
- “I haven't seen my own doctor for two years. We had a really close Dr/patient relationship and he'd seen me grow up. I didn't have to repeat myself because he knew me and would ask how my legs are.”

5. Insights gained

Mobility and registration

Mobile lifestyles, both continuous cruising boaters and transient Traveller populations, often create barriers to accessing services because of the need for a static address. This insight was also further reflected in Wiltshire Council's Boaters Survey Analysis 2023.

Missing letters lead to missed care

Postal communication is ineffective for many, especially boaters, leading to missed appointments, missed screening, late diagnosis. This information was again backed up by Wiltshire Council's Boaters Survey Analysis 2023.

Digital Exclusion

NHS App usage extremely low; some cannot use smartphones at all.

Low levels of literacy

Many Travellers have low literacy, making written communication difficult.

Over-Reliance on A&E

Sites reported using ED as a default "guaranteed" access point for urgent or routine issues.

Dental care is difficult to access

People at every site reported no available NHS dentists, long travel distances but valued the dental bus visits

Mental health needs are high and poorly met

Significant issues with help for mental health issues including long waits, unsuitable telephone assessments, poor crisis responses and low trust and low literacy creating barriers to accessing psychological therapies

Lack of cultural awareness and racism are a genuine issue

Many of the people we spoke to said they had experienced racism because of their background or address. While the instances sited were not from health professionals or surgeries, but from members of local communities, this is clearly something they carry with them at all times and needs to be taken into account.

6. What Communities Say Would Help

Boaters

- Canal-side outreach (nurses, vaccination boat, health visitors)
- Health passport for continuity

- More text-based communication
- Allowing GP addresses / flexible registration
- Better record-sharing across practices

Traveller Sites

- More on-site community nursing
- Mobile dental services
- Simplified letters (plain English)
- Support to navigate systems (advocacy)
- Faster referrals and clearer pathways
- MIUs as alternatives to ED
- Stronger collaboration between NHS and councils

7. Conclusion

The members of the GRBT communities we spoke to were welcoming and friendly and glad to have the opportunity to share their views.

It is important to highlight that many respondents were satisfied with local GP access. East Kennet and North Wiltshire Border PCNs have introduced outreach and social prescribing services for digitally excluded boaters, including canalside drop-ins at locations like Pewsey Wharf. These initiatives help connect transient residents to GPs and wellbeing support without requiring a fixed address.

Despite such initiative, however, it is clear many face a number of barriers unique to their own circumstances.

They want timely, local, culturally-sensitive, joined-up care that recognises the realities of mobile or marginalised lifestyles.

The barriers they face are connected to transport, low levels of literacy and making time to access healthcare when they need to. Some of these barriers are not primarily about health behaviours but are connected to the design of health systems that assume stability, literacy and digital access.

The findings from this engagement work, and the issues highlighted, further reinforce the need for strong neighbourhood health models across BaNES, Swindon and Wiltshire.

8. What next? Turning insight into action

The next phase focuses on turning insight into meaningful, practical action. In the short term, the findings will be actively shared with key partners, including PCNs, local authorities and VCFSE organisations. This shared understanding can then be used to shape neighbourhood health model development and inform inclusion health priorities, particularly within CORE20PLUS5 planning, ensuring that the needs of underserved groups are embedded in future service design. A wider piece of engagement is under way to support the development of Neighbourhood health in BSW.

Sustained engagement will be critical to maintaining momentum. Relationships built through this work could be nurtured through regular return visits to sites and towpaths, and by continuing to work with trusted intermediaries such as outreach workers, and attend regular meetings with outreach teams to ensure we stay involved.

Finally, it will be important to measure impact over time. This should include tracking changes in GP registration rates, screening uptake, and A&E usage among people living on sites, as well as capturing ongoing qualitative feedback. Together, these measures will help assess whether the actions taken are improving access, experience, and outcomes for GRBT communities.

Thanks

With thanks to the residents of sites we visited and members of the boating community in BaNES and Wiltshire for kindly taking the time to talk to our People and Communities engagement team and providing such a warm welcome. Thank you also to Neighbourhood and housing teams at Bath and North East Somerset Council, Swindon Council and Wiltshire Borough Council for facilitating our visits and to the GRBT team at Julian House for facilitating pre-visit cultural awareness training.

Statement on the use of AI technology in the production of this report

This report was compiled with the support of AI technology to assist in analysing and summarising large volumes of public feedback. AI was used only to support data organisation and thematic analysis, it did not make decisions or replace human interpretation.

All data analysed was fully anonymised in line with NHS data protection standards. All outputs have been reviewed, checked and approved by the BSW ICB People and Communities Engagement Team to confirm their accuracy, clarity and alignment with local context and priorities.

If you identify any errors or omissions, please be assured these were not intentional. We welcome you contacting us so we can make any necessary corrections. Please email: bswicb.engagement@nhs.net