



Who Cares for the Carers?

**Unpaid Carers' Experiences of Cardiovascular Health
and Access to Care on the Isle of Wight**

March 2026

healthwatch
Isle of Wight

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Introduction

Introduction



Cardiovascular disease (CVD) is one of the leading causes of death for women in the UK. Despite this, it is often under recognised and under researched. Women can experience different symptoms of CVD than men, which are sometimes missed or not taken seriously. This can lead to delays in diagnosis and preventable negative health outcomes. Women may also face additional barriers when seeking support, including gender biases in healthcare and challenges linked to living in areas of deprivation or being from ethnically diverse communities. These barriers can make it harder for women to access the right care at the right time..

What is cardiovascular disease (CVD)?

Cardiovascular disease (often shortened to CVD) is a general term for conditions that affect the heart or blood vessels.

This includes:

Heart disease

Heart attacks

Stroke

High blood pressure (hypertension)

Problems with circulation

Some people may already have a diagnosed heart condition. Others may be considered “high risk” because of factors like high blood pressure, diabetes, family history, or lifestyle factors.

Introduction

Hampshire and Isle of Wight Integrated Care Board is currently undertaking a project to better understand the relationship between women's health and cardiovascular disease (CVD).

The project aims to explore women's experiences of preventing, identifying and managing heart-related conditions, identify gaps in support, and inform recommendations to improve services.

As part of this work, a programme of community engagement has been developed to gather insights from women across Hampshire and the Isle of Wight. This engagement aims to better understand women's awareness of cardiovascular health, the barriers they face in accessing care, and opportunities for earlier prevention and intervention.

Healthwatch Isle of Wight was asked to support this work by gathering the experiences of unpaid carers, as this group had been identified as an area where further insight was needed.

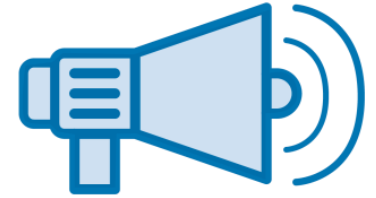




Impact
Full

What we did

Focus Group with unpaid carers



Healthwatch Isle of Wight worked in partnership with Carers IW to organise a focus group with unpaid carers on the Island. The session explored carers' experiences of cardiovascular health, including prevention, diagnosis and treatment, as well as the challenges they face in managing their own health while caring for others.

The insights gathered from this session will contribute to the wider engagement programme being undertaken by the Hampshire and Isle of Wight Integrated Care Board and will help inform recommendations aimed at improving cardiovascular health services and support for women across the region.

Carers IW contacted women they support to ask if they would be interested in taking part in a focus group specifically for unpaid carers living with, or at higher risk of, cardiovascular disease.

Three people who were unable to attend the session were still keen to share their experiences, and their feedback has been incorporated into this report.

A total of **12 women attended the focus group**, which took place on **Tuesday 24 February 2026 from 1.30pm to 3.30pm** at **Carers IW, Riverside Centre, Newport**.

Participants were provided with an information sheet explaining the purpose of the discussion, the agenda for the session, how confidentiality would be managed, and details of local and regional support services.

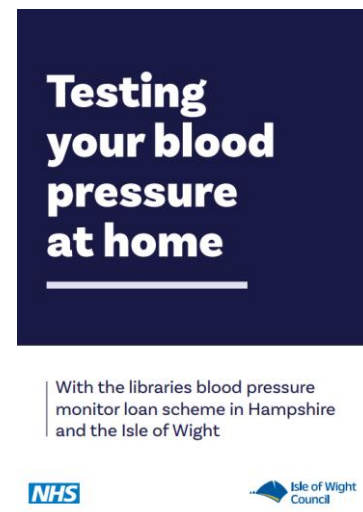
Focus Group with unpaid carers

Information cards were available on each table explaining how people can borrow blood pressure monitors from local libraries. Carers IW also informed attendees about a health event they had arranged for the following month with the Lighthouse Clinic, who will be providing free health checks for unpaid carers.

Participants were divided into three smaller groups, each facilitated by a member of the Healthwatch Isle of Wight team. Discussions were guided by the following questions:


- How do female carers experience heart health services?
- What makes it easier or harder to seek help?
- What changes would improve prevention, diagnosis and treatment?

A quiet room was also made available for participants who preferred a quieter environment. Time was set aside at the end of the session for anyone who wished to speak with a member of the Healthwatch team on a one-to-one basis.



Testing your blood pressure at home

With the libraries blood pressure monitor loan scheme in Hampshire and the Isle of Wight

NHS 



THE LIGHTHOUSE CLINIC

NHS HEALTH CHECK

diabetes
heart disease
kidney disease
stroke & dementia

CHECK YOUR ELIGIBILITY CALL 01983 552590

WORKING WITH **NHS** 



What people told us

Key Findings

Carers neglecting their own health

Health checks often missed

Carers have high CVD risk factors

Access to GP services is difficult

Carer role not always recognised



Key findings

1. Carers frequently neglect their own health

Participants consistently prioritised the needs of the people they care for over their own wellbeing. Many reported seeking medical help only when symptoms became severe, often experiencing high stress and sleep deprivation. Bereavement, sudden caregiving responsibilities, and juggling paid work further compounded stress.



“When caring for someone you are too busy firefighting to look after your own wellbeing.”

“I have not had a single week off from caring since 2017; I am exhausted.”

“Advocating for loved ones takes numerous hours and is constantly on your mind so you can’t enjoy any free time if you do manage to have any.”



Thank you to the 12 people who attended the focus group and the 3 people that shared their feedback via email.

Key findings

2. Low awareness and uptake of health checks

Only 5 of the 12 carers present had received a health check within the past five years, and several said they had never been invited.

Some people identified health issues through workplace screening or private services rather than through NHS preventative care.

Some GP practices do not routinely offer over-40 checks and one surgery was reported as dismissive of high blood pressure concerns.

Private checks or workplace screenings often filled the gap.



“I was told to borrow a blood pressure monitor from the library, but had to buy one myself as I don’t know when I could return it due to my caring responsibilities.”

“Since Covid it’s hard to get a GP appointment. I’m on 20 medications a day and no-one reviews it at all. I did ask for a medication review but I’m still waiting.”

“I’ve never been asked about a health check.”

Key findings

High cardiovascular risk among carers

Carers reported multiple health risks including:

Hypertension, high cholesterol, diabetes/pre-diabetes, sleep apnoea, chronic fatigue, and chronic disease.

Stress, exhaustion, and emotional strain from caring and bereavement added to the pressure. Participants described serious health events, including chest pains and heart issues, worsened by the demands of caring.

“

“I had a full on heart attack. I was in severe pain and thought I was dying. I was taken in an ambulance to St Mary’s for a week. I was so stressed about leaving my (relatives) and couldn’t get any help for them.”

“They tell you to reduce your stress ... I just can’t see a way out.”

“I was working (and my employer) paid for me to have a health check. My blood pressure was very high and they said they would contact my GP. I never heard back from anyone.”

“My stress levels have had an impact on my health. Heart problems run in my family and I know I am at risk but am too overwhelmed at the moment to worry about myself.”

Key findings

Difficulties accessing GP services

Accessing primary care was one of the most commonly raised concerns.

Carers described:

- Difficulty contacting GP practices, with long telephone queues.
- Online triage systems are seen as intimidating or impersonal and people feel discouraged by reception triage processes
- Some participants felt their symptoms were attributed to stress or mental health caused by their caring responsibilities, rather than being investigated further.



“I do not want an online or telephone appointment. I want to be seen in person as myself, not as a carer.”

“Contacting services feels pointless when you have reached breaking point.”

“Econsult is too long, would prefer something much shorter and simpler.”

“Trying to contact the GP is the most stressful thing.”

Key findings

5. Lack of continuity and recognition of carers

Several carers reported that their GP practice did not consistently recognise them as carers despite registering as such. This meant they were not always offered appropriate support, flexibility or preventative care.

Carers' own health needs are overlooked; the focus remains on the cared-for person. There is limited support for respite care and care staff are not always trained to meet complex needs.

“As a carer you are not heard. No one listens to you, and when they do, they are only interested in the person you care for.”

6. Positive experiences



Ventnor Medical Centre and **Ryde care navigator** received praise for supportive care. Community-based services, such as Carers IW and subsidised leisure activities, are highly valued.



Douglas Bader
Rehabilitation Centre

Conclusion

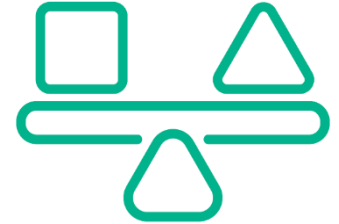
Conclusion

The focus group highlighted that unpaid female carers face significant challenges in maintaining their own cardiovascular health. Many carers prioritise the needs of the people they care for over their own wellbeing, leading to stress, exhaustion and delayed access to healthcare. Awareness and uptake of NHS health checks is low, and some carers only receive checks after actively requesting them.

Carers also experience barriers in accessing GP services, including long queues, online triage systems, and a lack of continuity or follow-up from healthcare professionals. Communication between hospital services and GP practices is often limited, adding further stress and uncertainty. In addition, many carers feel that their role is not fully recognised or understood by healthcare services, which can make it difficult to prioritise their own health needs. Financial pressures, lack of time, fatigue, and limited respite support were repeatedly cited as obstacles to maintaining healthy lifestyles, attending appointments, or engaging in preventative health activities. Participants emphasised the importance of being listened to, receiving compassionate care, and having their experiences acknowledged. Positive examples show that when services understand carers' roles and provide proactive support, outcomes improve.

Overall, the findings show that unpaid female carers are at risk of their own health being neglected. Supporting carers with regular health checks, improved access to services, recognition of their caring role, and compassionate, person-centred care could help reduce stress, improve prevention and early diagnosis of cardiovascular disease, and ensure carers remain well enough to continue providing vital support to those who depend on them.

Solutions



1. Regular health checks for carers

- Offer annual or routine NHS health checks specifically for carers.
- Include monitoring of blood pressure, cholesterol, and other cardiovascular risk factors.
- Provide reminders for appointments and tests.

2. Improved GP access and support

- Simplify appointment booking, with priority or flexible slots for carers.
- Reduce reliance on online/telephone-only systems for those who prefer in-person appointments.
- Ensure GPs recognise carers on their system so their needs are considered.

3. Better communication and continuity of care

- Ensure results, referrals, and follow-ups are clearly communicated between hospital and GP services.
- Assign a named professional where possible to help carers navigate care.

Solutions cont..



6. Access to affordable health and wellbeing activities

- Provide subsidised or free exercise, relaxation, and social activities tailored for carers.
- Recognise that carers may not always be able to leave the person they care for, and offer flexible options such as activities that allow the cared-for person to attend, short sessions, or support with respite care.
- Include stress management and lifestyle advice in carer support programmes.

7. Awareness and education

- Educate healthcare staff about carers' challenges and the impact of caregiving on health.
- Raise awareness among carers about available support, health checks, and preventative care.

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