



Community Engagement & Intelligence

Aapna Services

26 February 2018

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We visited Aapna Services, Eastbourne Road Middlesbrough on Monday 26 February 2018 to speak to a ladies group who currently meet three times a week.

The organisation works closely with people from ethnic minority backgrounds. It provides for, and supports local BME network groups that encourages and enables people to participate more effectively with the wider community.

There were approximately 30 ladies attending on the day and the level of English spoken was very mixed. The staff supported us where necessary to translate.

We gave an overview of local Healthwatch. However, it became evident that having information in an accessible format would have been useful. We were advised that the preferred language format would be Hindi and Urdu. We advised the group that accessible formats explaining the role of Healthwatch are available and that these would be forwarded to the group.

As we are currently looking at referrals into the STAR Scheme (local GP Extended hours centres), we also used this opportunity to assess people's awareness and experiences of the service. Approximately half of the ladies' present had heard of the service and the other had not. We asked what would make it easier to find out about the service? We were told that having the information in an accessible format would be beneficial. The extended hours leaflet states it can be made available in other formats, we have agreed with Aapna to liaise with NHS South Tees CCG to enquire if these can be made available to the group in the languages that they have requested.

Community Information and Intelligence

The feedback we received from the group on their experience of services was as follows:

- One member of the group informed us that they attended the extended hours service on a weekend at the One Life Centre in Middlesbrough. On arrival, the doors were locked, it was not obvious to the patient where to go. It was only when a security guard noticed the patient at the door that entry was possible. The patient expressed that the signage should be more obvious, as on a weekend there is not as many staff available and it is much quieter.
- The group expressed they have difficulties making urgent appointments with their GP. They expressed frustration at not being able to get through when the phone lines open and when eventually they do, all the appointments have gone by 8.30am. The group did not mention being signposted by their GPs to the extended hours service, which may alleviate these frustrations and pressures at the GP surgeries. On-line booking was mentioned as an alternative means of

making an appointment, but this was not really considered as an option or suitable for the group as most are not computer literate.

- Following on from the issues about making a GP appointment this also raised concerns about cancer referrals. The maximum waiting time for suspected cancer is two weeks from the day your appointment is booked through the NHS referral service. However, patients said it took longer than that to get an appointment at the GP in order to get a referral, increasing anxiety.
- Several members of the group expressed frustration around interpreting services being available at appointments. Some informed us that they 'muddle through' their appointments with very broken English. Obviously, this is not an ideal situation as they are not able to clearly communicate their issues or understand what they are being informed by the GP or nurse.
- One member of the group relayed their experience of an appointment at James Cook University Hospital. After waiting for over an hour to be seen by the consultant, she was then informed that the interpreter had failed to turn up. The patient had no alternative but to re-arrange the appointment. The patient expressed that she was very frustrated and was 'very cross' that she had spent all that time waiting to no avail.
- An individual informed us that after being diagnosed with osteoporosis, did not receive any information from her GP about the condition, which she felt would be useful. She was also concerned that she had not been given enough information about how to manage her pain and found this confusing. Also, due to her deteriorating condition, she was not given any information regarding any other support she may be entitled to, i.e. Social Care Services.
- The staff informed us that they frequently contact Social Care Services on behalf of members of the group and liaise on their behalf. Members of the group said they cannot contact them independently as language is such an issue. Staff suggested that the contact line should be multi-lingual to allow access for all.
- Staff also informed us that overall members of the group do not have a clear understanding of what Social Care Services do and the role of the Social Worker. They do not really understand what help and support is available, and language issues cause further barriers to access.
- Staff expressed that it would be useful if information could be given to the groups on preventative topics such as diabetes, cancer, stroke, heart disease. It was felt that the groups within Aapna would benefit from this.

Summary of Intelligence

- Lack of provision of information in accessible format for BAME communities. Service users are not being made aware of changes to services as they are not receiving this information.
- Due to language issues access to certain services is also affected by barriers caused by language and communication.
- Lack of awareness of what services offer is also preventing service users from accessing them. Feedback indicated a lack of awareness of what Social Services and Social Workers do for this community and difficulties in contacting the service due to language barriers also make this difficult.
- The community has little knowledge of cancer awareness and other topics that would be beneficial in preventing long term conditions. They have expressed an interest in receiving awareness sessions around these topics.
- There seems to be an inconsistency in interpreting provision at appointments.

Acknowledgements

We would like to thank AAPNA for giving us the opportunity to carry out this engagement. In addition, we would also like to thank the attendees who provided this feedback.

We will share this intelligence with relevant stakeholders to ensure that the views of the people we spoke to are included in the decision making to improve patient experience and access to services.