



Healthwatch Darlington
Black, Minority, and Ethnic
Communities (BME)
GP Registration & Accessibility
Report 2018

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Introduction

Healthwatch Darlington Ltd (HWD) is a strong independent community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington. HWD believe that no matter who you are, where you live or what age you are, you do have a voice and you have the right for that voice to be heard.

Our Strategic Duties include:

Information Gathering

- Gathering views, experiences and needs of local people about their health and social care, focusing on those who are under-represented in decision making or face barriers to influencing the system.
- Gathering and monitoring other key information that tells us how the local health and social care system is working for people.

Influencing

- Influencing services and their commissioners to consider and act upon the views, experiences and needs we present.
- Championing the involvement of Darlington residents in the development and evaluation of services.

Informing

- Enabling people to get the most out of the current system by providing information about service provision, the rights people have in relation to their care, and opportunities they have to influence what care looks like.



Background to this work

This report focuses on how accessible GPs are to Black and Minority Ethnic (BME) communities in Darlington and patients with sight and/or hearing impairment. A member of the BME community is defined as someone who is not White British.

Our study focusses on the difficulties BME community members have in registering with a GP in Darlington, the support and standard of care they are given when using their GP surgery, and the provisions in place to address language barriers for BME patients.

We took the opportunity to explore this area after it was brought to our attention by Darlington Assistance for Refugees (DAR). They told us the story of an Arabic family of five children who tried to register at a GP surgery in Darlington. They were given a registration form in English to fill out and sent away. Despite speaking limited English, they were not given any translated documents or support in filling out the forms. This caused the family distress.

We were also aware of the problems BME groups have in accessing GP services in Darlington through conversations we have had during our previous BME projects.



Healthwatch Principles

Our eight key principles of what people should expect from their health and social care services:

Access - People should be able to access the treatment and services they need, irrespective of where they live or who they are and have a clear sense of what they are entitled to. People felt that easy and timely access to GPs is particularly important as they are often the gatekeeper for access to other medical services.

Essential Services

Safe, dignified and high-quality service

Choice

Information and Education

Listened To

Being involved

Healthy Environment



NHS England's Accessible Information & Communication Policy

First published in November 2016, NHS England's Accessible Information & Communication Policy was implemented to give a clear, consistent, transparent and fair approach to provision of accessible, inclusive information and communication support to patients, carers, service users, members of the public, staff, stakeholders and partner organisations. The policy includes internal and external communications, and information produced for internal and external audiences.

The policy is aimed at NHS England staff involved in, or who have responsibility for the authoring, commissioning, publication and / or provision of information. It will also be of particular relevance to colleagues who have any contact with patients,

carers, service users, members of the public, or with NHS England's external stakeholders and partners. However, it is also relevant to all NHS England staff, as it concerns information and communication for colleagues as well as for external audiences.

iii. Health and Social Care Act 2012

NHS England has legal duties to address health inequalities as outlined in the National Health Service Act 2006 (and as amended by the Health and Social Care Act 2012). This includes duties to:

- have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.13G);
- exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where it considers that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s.13N).

Implementing this policy will support the reduction in inequalities for patients in access to health services and the outcomes achieved. It also demonstrates that NHS England is meeting its legal duties to reduce health inequalities.

The policy relates to NHS England's arrangement of interpretation, translation, transcription and communication support. It also includes the accessibility of information, published documents and digital content.

Staff members are responsible for ensuring that they adhere to this policy and for raising any issues or concerns with regards to accessible information and communication with their managers. Specifically, staff are required to:

- Identify language, communication and advocacy needs of patients, service users, carers and visitors with whom they or their team come into contact.
- Act in a way which is respectful and supportive of colleagues with communication needs.
- Adapt their communication style and adopt techniques to enable them to communicate effectively with individuals who have specific communication needs.

- Use communication aids as appropriate to an individual’s needs and abilities.
- Take appropriate steps to ensure that all information or documents they are responsible for authoring, publishing or commissioning are as accessible as possible, including following relevant guidance within this policy and as published on the NHS England intranet.
- Arrange for translation, transcription or reformatting of information as appropriate, including responding to individual requests.
- Have due regard to the fact that NHS England has limited resources and identify the most cost-effective way to meet their responsibilities as outlined above.

The **Equality Act** became law in October 2010. It replaced, and aimed to improve and strengthen, previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act (the Act) covers the same groups that were protected by previous equality legislation, with the following Protected Characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

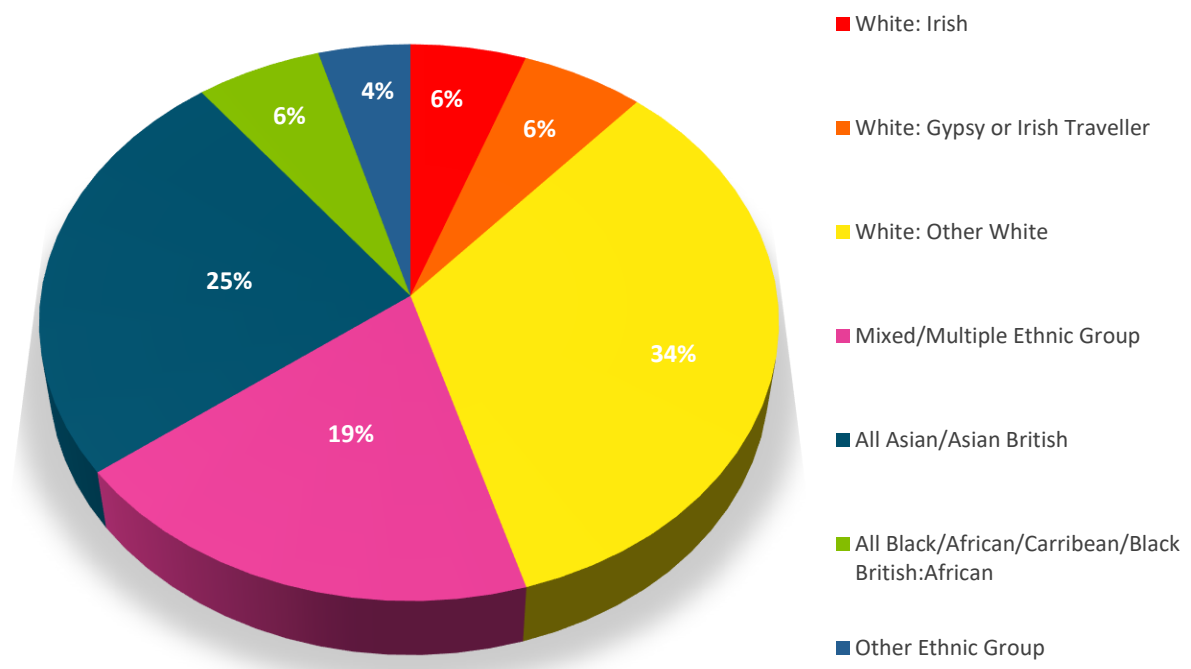
‘Public Sector Equality Duty’ applies to public sector organisations and requires them, amongst other commitments, to: “Advance equality of opportunity between people who share a protected characteristic and those who do not share it” for example disabled people or people of different ages. The same document goes on to explain that: “Having due regard to the need to advance equality of opportunity involves considering the need to:

- remove or minimise the disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics;
- and encourage people with protected characteristics to participate in public life or in other activities where their participation is local

About the borough of Darlington

The Borough of Darlington has a resident population of around 106,000 people. The population is made up of approximately 51% female and 49% male. The ethnic population according to a 2011 census from the Office for National Statistics (ONS) states that only 3.8% of Darlington's population is made up of BME communities. There has been no recent update on figures but it is expected that this population figure will have increased due to immigration and refugees.

Darlington population by ethnicity other than White British



ONS 2011 census

From a previous HWD project with BME communities, we have also identified the following communities in Darlington:

Baha'i
Chinese
African
Iranian
Polish

Indian
Bengali
Punjab
West Indian
Romanian

Roma Gypsy
Jewish
Sikh
Buddhist
LGBT

What we did

In order to explore how accessible GPs are to BME communities in Darlington we felt it was important to collect data from a range of sources. To do this we communicated with GP surgeries in Darlington, had in-depth conversations with local BME community members and representatives, and conducted our own research into GP services in Darlington.

We wrote to all 11 GP surgeries in Darlington for information on provisions in place for non-English speakers when using their services. Eight responded to our requests for information.

Our own research involved browsing the websites of the 11 GP surgeries in Darlington to see how easy it is for non-English speakers to navigate the website and understand what adjustments they have in place at the surgery for BME community members.

The involvement we had with the BME community in Darlington while producing this report involved a case study and two focus groups. In the case study a local BME Health Connector kindly spoke about their experience of GP services in Darlington from the perspective of a service user and an advocate for the BME community.

Our first focus group involved BME residents in Darlington, organised by our BME Health Connector. The group discussed their experiences with using GP services in Darlington and identified the positive and negative aspects of this experience.

Our second focus group involved members of DAR. We shared structured questions designed to explore their experiences accessing and using GP services in Darlington as well as asking their opinions on how these services can be improved for BME community members. These questions were then presented to them by a staff member from DAR who already had formed a trusting relationship with them.

We are immensely grateful to all those who assisted us with our work. Without this our work would not have the authenticity and directness that they provided.

Engagement with GP surgeries

Surgery 1

- Surgery has a poster next to the reception, which allows patients to point out which language they speak, so the surgery can book an interpreter.
- Surgery has a section in the information leaflet that states they can offer an interpreter.
- Chronic disease nurses and clinicians can order information leaflets in various languages.
- Surgery is in the process of writing an interpreting and translation policy.

Surgery 2

- Surgery arranges interpretation services to assist patients with the registration process and further appointments.
- Surgery works with DAR to support some refugees and asylum seekers to register with the practice.
- Surgery provides no information in alternative languages to make it easier for patients to register with and use the surgery.

Surgery 3

- Surgery has access to an interpretation service if required.
- Surgery provided no information about the availability of information available in other languages.

Surgery 4

- Surgery offers a translation service for consultations.
- Touch screen used to check patients in before an appointment is available in different languages.
- Surgery can order some translated leaflets.
- There is a Polish speaking GP in the surgery

Surgery 5

- The Clinical Commissioning Group can provide translated documents to the surgery.
- Surgery can use Google Translate when giving out any relevant information to a patient.

Surgery 6

- Option for an interpreter to be provided if a doctor refers the patient into secondary care.
- Surgery has a poster which allows patients to point out which language they speak so the surgery can book an interpreter.
- Surgery can order leaflets in alternative languages for patients on request.
- Surgery has a statement in its New Patient Health Check Questionnaire which tells individuals to contact reception if they require help communicating and understanding information. Statement provides no information on alternative language support in particular.

Surgery 7

- Surgery has access to an interpretation service.
- Surgery has a policy in place for assisting non-English speakers and advertises that services are available if needed.

Surgery 8

- Surgery has information in a leaflet in its waiting room stating that patients can bring an interpreter to appointments or have one arranged for them. Interpreters are available over the phone or in person if available. This information is also provided in the leaflet in Polish and Bengali.
- Surgery stated that it has received excellent feedback on how well the receptionists deal with patients whose first language is not English.

RECEPTION



Research of GP websites

Out of all 11 GP websites we researched, we found that six had the option to change or translate the website into another language. We could not find the option to change or translate the language of the website for the remaining five GP websites.

We also found on some of the GP websites that, although the language of the website could be changed, downloadable documents were only available in English. On one website we also found that reports were available in many different languages explaining the role of the UK health services to newly-arrived individuals seeking asylum.

Case study

Our BME Health Connector spoke to us about the difficulties of accessing and using GP services from a BME perspective. She also gave us her thoughts about how services could be improved for the benefit of BME communities.

Our Health Connector raised problems with literacy within BME communities as a factor that affects BME communities' access to GP services. Some members of BME communities cannot read or write in their own language which makes it difficult for them to understand even translated documents. Some are also unable to use a computer which makes translated documents and information online difficult to access.

Our Health Connector spoke about a mistaken belief amongst some young BME community members that they cannot attend GP appointments on the own if they are under the age of 14. This may deter some vulnerable young people from attending GP appointments. Our Health Connector recommended that there should be some awareness raising and education on young people's rights to access GP services.

Our Health Connector mentioned that GP appointments will be cancelled and patients may be turned away without further guidance if translators are not available. Similarly, over-the-phone translators do not always translate correctly and sometimes the line may not be working. Our Health Connector also identified

that sometimes receptionists do not attempt to pronounce names that are uncommon in the UK.

In order to improve some of the issues BME communities face in accessing and using GP services, our Health Connector recommended that GPs should take a more proactive approach. They should pre-emptively provide information on topics which may be taboo within BME communities, such as drugs and alcohol addiction, mental health, and rape and sexual violence. Our Health Connector also shared her knowledge of the problem of homelessness amongst BME communities and the difficulties this produces in accessing GP services due to having no fixed abode.

Our Health Connector also recommended that GP surgeries log when patients have language barriers or a particular vulnerability. This will make it easier to put provisions in place for the future to improve the accessibility and use of GP services for BME communities.



Focus group 1

Our first focus group with BME residents identified the following positive and negative aspects of their experience with GP surgeries.

Our group said that on the whole GPs were helpful and provided lots of information to them as patients. They said that GP surgeries were easy to access and they found it easy to understand which GP was allocated to them.

Our group identified language barriers as a big problem affecting accessibility and use of GP services. They recognised that learning English is important to integrate into society, and they were willing to do this, but they admitted that language levels are low when they first arriving in the country. To help overcome these barriers, GP surgeries do provide interpreters and our group were familiar with this service.

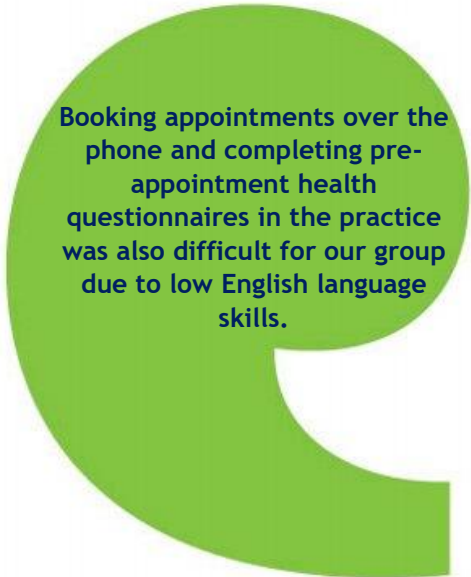
However, they noted that this service was not available during the registration process. This provided difficulties when our group tried to register with their GP surgery and they felt there was not enough support offered to them at the practice counter.

Our group identified that language barriers also provide difficulties in using the practice once registered. Booking appointments over the phone and completing pre-appointment health questionnaires in the practice was also difficult for our group due to low English language skills. Some also found it difficult to fill out immigration sections in the questionnaire as they feared they may misunderstand a question or answer inaccurately. Contraception information and leaflets in particular was identified as difficult to understand. This could lead to health problems at a later date.

Our group believe that having a BME contact worker to help BME communities make initial contact and register with a GP surgery would make it easier for them to use GP services in Darlington.

Our group also felt that they are not given enough time with their GPs which leads to the impression that they are a burden on services. This distracts them from the initial purpose of the appointment and addressing the medical issue at hand.

Our patients also spoke about their experience of being unable to get an appointment with their GP due to the surgery being fully-booked. These patients were directed to out-of-hours services which caused them further complications and confusion.



Booking appointments over the phone and completing pre-appointment health questionnaires in the practice was also difficult for our group due to low English language skills.

Focus group 2

The focus group were asked the following questions and provided the following answers.

Was registering with a GP surgery in Darlington easy or difficult?

Some of the focus group found it easy to register because they could read and write in English and had all eligible documents with them. However those who could not speak English found it difficult. One non-English speaking family were given pre-registration forms and sent away to complete them without being given any support. Another member of our group had to seek the support of an independent support worker to help complete registration forms.

Do you feel like you receive the right amount of support when using your GP surgery?

Some of the group felt that they received the right amount of support from their GP surgery and did not have any complaints. Others identified that they were either not offered a translator or denied one before registration. The family who were denied access to a translator sought help from DAR who were initially told that translators were only available after registration, however the surgery later decided to make an exception and provide the family with a translator prior to registration.

Another member of the focus group did not feel they received the right support because the GP would not prescribe some of the medication they wanted.

Do you feel understood and listened to when accessing your GP surgery?

The group had mixed responses to this question. Some felt like their GP understood their needs and listened to them properly, others believed that there was some level of understanding but not as much as they would expect, and others felt like they were not understood or listened to by their GP at all. Others raised concerns that they felt listened to and understood only once they were registered as patients but not before registration.

What do you think would make it easier for patients who don't speak English as their first language to use GP services in Darlington?

Our focus group identified the need for more translators to be made available to BME community members, especially ones who could attend appointments with a

patient in person rather than over the phone. They also identified the need for there to be more information available in different languages.

Our focus group also believe that having the option to book appointments in person rather than over-the-phone would make it easier for them. They identified that making appointments over the phone can be difficult for non-English speakers.

Hearing Impairment

During our engagement and reporting process with BME communities it has also been brought to our attention about an experience from a member of the hearing impairment community who also fall within a minority group. The patient needs translators present at their GP appointments. They have experienced failings when using the translation service which has led to break down in communications as the incorrect sign language interpreter has been sent to the GP appointments. This has been very upsetting for the individual so much so that they are now seeking to make a formal complaint.

Asylum Seekers and accessible information

Throughout this report we have explored the provisions in place for accessible information. We have had a concern raised that some asylum seekers are struggling to understand how to use primary healthcare services. It appears that no information is given to asylum seekers on arrival which leads to confusion on where to go for support when they are ill. It's believed that this is then leading to the misuse of NHS services.



Conclusion

Throughout this report we have focused on how accessible GP practices are to BME patients and minority groups in Darlington. We have looked at accessible information, provisions in place and the translation/interpreting service that is available and currently in place for patients when they need to use it.

We have spoken to real people, listening to the “lived experiences” of BME patients in relation to accessing GP surgeries in Darlington.

The qualitative data provided by BME residents has shaped our recommendations alongside the consideration of the policy framework which underpins this work.

The most important concern that has emerged during our study is that GP practices in Darlington are not sufficiently recognising the struggles that BME residents may be facing when trying to register, accessing appointments and completing application forms/ documents when faced with speaking no or little English.

BME residents have provided us with a clearer insight into what matters to them the most. We recognise that some practices in Darlington provide good provisions to meet the needs of all patients with positive feedback contributed in some cases. A large proportion of qualitative data however highlights a need to review the current translation service and initial support in place for patients.

We want this report to help influence and improve the support that NHS England and GP practices in Darlington provide BME patients who speak no or little English. We hope that our research can help to shape the future of services for everyone.



Recommendations

1. All GP practices should review their accessible information policy and/or interpreting and translation policy ensuring that there a clear focus on the support available for non-speaking English patients.
2. GP practices should review processes in place to identifying the need to offer support or documents in alternative languages to non-speaking English patients upon initial contact. Healthwatch Darlington recommends that all ‘first point of contact’ staff members should be proactive in offering support that is needed by non-English speaking patients when registering with a practice.
3. Information relating to health and primary care services should be available within the practice in languages appropriate to local communities and using appropriate communication formats. Information provided should be plentiful including services outside of the practice which may also be beneficial to BME communities.
4. The current Interpretation and translation service provided by NHS England should be reviewed ensuring that the service is of a high quality, accessible and responsive to a patient’s linguistic and cultural identity. Failing to match a patient’s first or preferred language can impact on patient experience and health outcomes, the frequency of missed appointments and the effectiveness of consultations. It may have serious implications such as misdiagnosis and treatment, ineffective interventions and, in extreme circumstances, preventable deaths. Healthwatch Darlington would like to know how the service provided is monitored to ensure effectiveness.

Acknowledgments

We would like to thank the involvement of Darlington Assistance for Refugees (DAR) and Sajna Miah (Healthwatch Darlington, Health Connector Volunteer) for sharing the views and experiences of refugees and BME residents living in Darlington. By doing so this has provided us with the understanding we need in order to highlight the problems that have been occurring within the GP practices which has helped underpin our recommendations. We would also like to thank volunteer Health Connectors; Jack Turner, Jamie Odgers, Gill Waite, Lorraine Dunn, Georgia Walker and Madi Scott for your assistance with research.

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