Snapshot study: Feedback Forums with Black, Asian and Minority Ethnic Communities in Lewisham during COVID-19

Healthwatch Lewisham held Feedback Forums aiming to understand the experiences of Black, Asian and Minority Ethnic communities in Lewisham during COVID-19. Carried out in June and July 2020, the four engagement sessions focused on a number of themes including access, communication and impact on mental health and emotional wellbeing.

To understand more about these areas we asked local residents the following questions:

THEME	QUESTION
ACCESS	• How do you feel about not being able to make an appointment directly with a GP without explaining the problem first at reception? Has this affected your access to care? Or deterred you from using services? • Have either yourself or someone in the community experienced any difficulty in registering with a GP since COVID-19?
COMMUNICATION AND INFORMATION	• Are there any questions which you struggled to gain information for during COVID-19? • Are there any questions which you still want answers to? • How would you like to receive information from services?
MENTAL HEALTH AND WELLBEING	• Do you feel that COVID-19 has affected your mental health and wellbeing? • Have you been able to access any support for your mental health and wellbeing during this time?

The below text summarises the key themes which were apparent through the discussions at the engagement sessions.

Access

Theme 1: Staff training & Staff attitudes

- Participants were worried that when triage is completed by receptionists, their lack of clinical expertise might cause them to not recognise concerns which would otherwise be seen as a priority to clinicians. Residents were not re-assured that receptionists could accurately judge the severity or urgency of a situation.

- Participants to wanted understand the types of training or monitoring receptionists receive for triage, especially around values such as dignity, respect and empathy.

- Where long term health conditions were discussed such as HIV - there was a consensus that patients didn't feel confident that reception staff were trained adequately to respond to their medical needs. Either there were elements of their conversation or language used which did not feel confidential or receptionists didn't have enough knowledge on the condition and therefore couldn't decide the severity of the situation.

- There is a need for health services to provide culturally appropriate services and train staff about stigmatised conditions such as HIV.

- For those with sensory impairments such as blindness or hearing loss, there needs to be consideration for how they can access services. Services must ensure equity of access and ensure patients' accessible communication needs are met.

- Participants explained that it was not always a uniform experience with all receptionists. They tend to have a 'preferred receptionist', and receptionists which they avoid. If someone vulnerable rings and then gets through to someone who doesn't have strong verbal communication, it can deter people from using those services.

- The patients felt that it's necessary for frontline staff to receive training around the differences in expressing mental health in different cultures.

- Participants also spoke of wanting continuity with the same health professional, the current system means that they have to repeat the problem to multiple health professionals and often this links into privacy and confidentiality concerns.

- One participant wanted to understand how residents who have moved into the borough during the pandemic are supported to register with a GP practice if they do not have access to the internet.

Theme 2: Language Barriers

- Participants were unaware of what translating services are available for organisations during the COVID-19 pandemic and how they can provide information for someone who doesn't have written or spoken English skills.

- Participants raised concerns about language barriers that exist for people who have recently moved to the country or where English is not their first language. NHS terminology is complex, and it can be difficult to distinguish the difference between routine appointments, general appointments and emergency appointments. People might not feel that using the word 'emergency appointment' is the correct term because it suggests something is life threatening. There is a need to simplify terminology and provide a clear explanation around the different appointment types.

- Where English is not an individual's first language, but they have some level of English, it is usually spoken and not written. Giving people forms to fill, which require reading and writing skills can create a barrier. GP services must understand the communication needs of their patients.

- Conversations with health professionals can be challenging because of the way people refer to different body parts/pain is varied.

- Participants had not needed to register with a GP but queried whether the current triage system model accommodated for people who cannot read and write English and how do services identify that these people may need support. Similarly, if communication issues arise due to language barriers, how will GP practices support the patient either on the phone or face to face.

- Communicating your conditions or concerns, including mental health, becomes complicated when English isn't a first language. This can lead to misdiagnosis or the severity of the situation being underestimated by staff.

- A patient's culture can cause them to have different perceptions of physical and mental health conditions, which can be negatively influenced by stigma or a lack of knowledge. The influence of culture on health should be taken into account when communicating with patients.

- The NHS App is available in an extensive range of languages; however, the option is not easy to locate. This option needs to be clearly communicated with patients to help them access the translated information.

- There is a need for health services to provide further information about how they support patients with language barriers, especially focusing on the ways staff will interact and communicate with them. Publicising and demonstrating the communication procedures will encourage residents with language barriers to access local services.

Theme 3: Privacy and confidentiality

- Participants noted a lack of privacy in waiting rooms when speaking to a receptionist, being surrounded by other patients they may know personally means they might not describe the issue fully out of fear of someone overhearing them.

- Participants believed it should be a choice what they disclose to reception staff and that they would rather speak directly with a GP.

- Participants were of the opinion that receptionists should not know their diagnosis. Some people explained that they would rather use the online booking system for this reason. However, they told us that the system isn't always easy to access, and confidentiality may be still an issue.

- Training staff to understand the issues of confidentiality and privacy is a pressing priority.

Theme 4: Health concerns

- Participants believed receptionists are put in a position where they're making decisions on patients' health, which they are not qualified to do.

- Where surgeries operate appointments on a first come first served basis in the mornings, participants spoke about not being offered alternatives/ advice on where to get support.

- There is a reluctancy by participants to use services due to fear of catching or transmitting COVID-19.

- Concerns also arose about the ability for doctors and nurses to fully assess a patient through e-consult, pictures or video calls, and for receptionists to correctly triage over the phone.

- Participants have found it difficult to be seen and get attention for health concerns because COVID-19 has taken priority.

Communication and information

Theme 1: Access to technology

- People found online GP systems difficult to navigate, especially for those not digitally confident or who don't have written and spoken English.

- Participants spoke about the barrier they faced collecting paper forms from their GP practice.

- One participant mentioned that registering children at their GP was difficult because it required registering an email address for their child which is not practical.

- For elderly individuals, who can't get to the GP surgery easily or don't use technology, there is no information delivered to their home about the services on offer. This can lead to digital exclusion and a lack of awareness of the support available.

- Technology can be costly and participants wanted to understand how residents who cannot afford to have internet or data are supported by services.

Theme 2: Lack of information

- Participants wanted more information from their GP practices about their current service model and what support they can provide. Due to the COVID-19 lockdown, people are not aware which services are available.

- Strong and clear communication from services is necessary and for information to be provided early on. Examples included information around shielding and for victims of domestic violence.

- Some people felt there has been a lack of communication from adult social care services during the lockdown.

- Participants noted that while there is a wealth of national information, there is a lack of local news about COVID-19. Any news focusing on London, is not broken down by borough.

- Services must ensure that COVID-19 information is available to those who are who are excluded, whether it be by language or technology.

- A lack of information around shielding was a reoccurring theme. Some participants classed themselves as being at high risk (due to conditions such as Asthma or diabetes) but have not been told to shield. People wanted further information about how the system ensured all eligible residents for

shielding were receiving support. For example, some participants spoke of older and vulnerable residents who hadn't received a shielding letter. The advice around shielding has not been clear and there wasn't an obvious contact point if people sought advice.

- When signposting and referring patients to a service there needs to be checks made to ensure the service is accessible and fits their needs. This ensures that vulnerable people are using the correct service for them and not being incorrectly signposted.

Theme 3: Complex language

- Participants found information about coronavirus hard to follow due to the changing nature of the guidance and the use of 'confusing' terms such as 'bubbles.' One person stated, "The language which has been used is too complicated, not only us as Black minorities, but even white people are also confused".

- Participants felt bombarded with too much information about the virus which caused anxiety.

- Healthcare staff tend to use medical jargon on the phone, which can be difficult to understand.

Mental health and wellbeing

COVID-19 impact on Mental Health and Wellbeing

- Many participants have experienced loneliness as a result of being isolated at home and a lack of social interaction.

- There are many worries about the present lockdown arrangements (the 'new normal) the future and how peoples' lives will change because of the pandemic.

- Participants mentioned the detrimental impact that the lack of physical contact has had on people with mental health conditions.

- Some people have had to change the way they manage their news intake because of the heavy focus on the number of deaths.

- Many people were affected by the closure of green spaces in Lewisham, which aggravated mental health issues within families and impacts on children's' wellbeing. The closure of green spaces also adds to barriers and heightens the differences in health inequalities because someone with a

garden will cope differently with isolation.

- One participant spoke about being a key worker and the stigma they faced from people living in their shared accommodation. They were being criticised for 'bringing the virus home'.

- Young people have been experiencing heightened stress and are worried about contracting the disease and transferring it to their parents. These fears have made them more reluctant to go outside.

- In certain cases, lockdown has led to increased arguments between family members.

- Participants have found the following issues to be extremely stressful during lockdown:
    a) Access to shopping
    b) Cancelled health appointments and the wait for a rescheduled date
    c) Lack of communication around shielding eligibility

Accessing mental health support

- Many people felt there was a lack of available information around where to access mental health support.

- Some participants accessed their GP for support, however, most people relied on friends, family and neighbours. They valued support groups and 1-1 conversations rather than accessing services and speaking to a stranger.

- Regarding mental health support, providing support in an individual's language is helpful, but it should be recognised that people might not always accept the information due to stigma and other cultural reasons.

- Mental health staff need to clearly explain how services will use patient information and ensure it remains confidential. This is particularly important to patients who are not from the United Kingdom.

- Participants are less concerned about initially accessing support services but raised issues of long delays and waiting times following initial contact.

- There was limited understanding on what effect face masks could have on people with mental health conditions

- Participants appreciated digital technology and how they could still connect and interact with people online. However, it was felt that further work is necessary to support those who are digitally excluded to access the technology.

- It was felt that there was limited local information and support for bereavement. The pandemic has brought back painful memories for some participants.

General comments on COVID-19 amongst BAME communities

- Participants recognised that a higher percentage of people from BAME communities are key workers i.e. nurses, health workers, social workers and are more likely to be at high risk of contracting the virus.
- National statistics showing that COVID-19 has a disproportional impact on BAME people has created a greater fear of the disease within Lewisham communities.

Recommendations

Although we engaged with a limited number of residents from BAME communities, a few themes emerged through the different conversations. Using these themes, we have a developed a series of recommendations:

1. Provision of public facing information around the following topics:
   a) The digital triage model with a focus on the role of receptionists
   b) What health services are available during the COVID-19 training
   c) How services are supporting residents who are digitally excluded either due to technology or language barriers
   d) Access to mental health support
   e) Local bereavement support
   f) Shielding eligibility
   g) Translation services on the NHS app

2. Investment by health services to provide culturally appropriate services and the offer of a borough wide training programme to support staff engage with patients with stigmatised conditions such as HIV.

3. Further engagement with Lewisham's BAME communities to understand their experiences during the COVID-19 pandemic.