



**healthwatch**  
Greenwich

## Greenwich Nepalese Community and Access to Health Care

Gathering the views and experiences of the  
Nepalese community on local health services.

2018 review of 2014 Healthwatch Greenwich report

**November 2018**



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# 1. Introduction

In 2014 Healthwatch Greenwich carried out a piece of work looking at the experiences of the Nepalese community that lived in the Royal Borough of Greenwich (RBG).

The main objective was to highlight health and social care needs within the community. As the study progressed it became apparent the recently arrived elderly community had the greatest need and faced the most difficult barriers in accessing health and social care services. Healthwatch Greenwich made a series of recommendations that focused primarily on the elderly community.

Following representations from the Nepalese Community, it was agreed last year that a review of the 2014 HWG recommendations be carried out to identify if any significant changes had occurred since publication.

It was acknowledged that some of the recommendations may provide service providers and stakeholders with challenges. This was due to the absence of a national, or London-wide approach, and the short amount of time the community has resided in the Borough (with the majority arriving in 2009). It was hoped that the Healthwatch Greenwich report could act as a trigger for health providers and local authority to develop a long-term strategy, responding to the needs of this community.

## 2. Context

### 2.1. The Nepalese population

In May 2009 the Government announced that any Ghurkha who had served from July 1948 to July 1997 in the British army could apply to live in Britain indefinitely. This right also extended to spouses, widows, dependents under the age of 18, and dependent adults aged 18 to 30 if they met certain criteria. It is estimated that there are now over 80,000 Nepalese people living in the UK<sup>1</sup>. Most Ghurkha and Nepalese families have set up home in towns which have strong links to the army<sup>2</sup> including Woolwich and the surrounding areas. According to the 2011 census the Nepalese population in Greenwich was over 5,400, and likely to have increased since then.<sup>3</sup>

Distinct from many other migrant populations, the Nepalese community have a far higher average age on arrival in the UK. This presents specific challenges relating to their health and social care needs, and access to services.

### 2.2. Health needs

Migrants to the UK experience poorer physical and mental health compared to the rest of the population<sup>3</sup>. There has been some previous work into the health and social care needs of Nepalese immigrants. A 2008 study<sup>4</sup> found that most Nepalese migrants self-reported their health as being ‘good’ and there were low levels of chronic diseases. However, as this study was conducted prior to the change in the law allowing Ghurkhas to settle in Britain, the majority of those questioned were young and highly educated which no longer remains reflective of the Nepalese population in Britain.

Due to the increase in population in Aldershot, NHS Hampshire published a report in 2010 - “Health Needs Assessment of the Nepali Community in Rushmoor”<sup>5</sup> which provides good

<sup>1</sup> Adhikari K “What do we know about the Nepalese population in the UK?” Centre for Nepal Studies UK, 2013

<sup>2</sup> [http://www.army.mod.uk/documents/general/BGN\\_GSO\\_Things\\_to\\_Consider\\_GWC.pdf](http://www.army.mod.uk/documents/general/BGN_GSO_Things_to_Consider_GWC.pdf) 3 Jayaweera H, Health of Migrants in the UK. What do we Know?, The Migration Observatory at the University of Oxford, 2011.

<sup>3</sup> At the time of writing the latest figure had not been calculated. It is not expected that the figures will have changed significantly in the past 4 years.

<sup>4</sup> Adhikari P, Simkhada P, van Teijlingen ER, Raja Amalraj E. Health and lifestyle of Nepalese migrants in the UK. BMC International Health and Human Rights. 2008;8:6. doi: 10.1186/1472-698X8-6. 5

Casey M, Health Needs Assessment of the Nepali Community in Rushmoor, NHS Hampshire, 2010.

information regarding the health and social care issues faced by the Nepalese population. There was no specific code for “Nepali” in local healthcare systems at the time, so it would have been difficult to determine the health needs by looking at data. However, this report also gathered information from the Nepalese community, local healthcare professionals and community service providers including members of the emergency services and teachers.

The main health problems, as identified by local health professionals and the Nepalese community, were Type 2 diabetes, tuberculosis (TB), cardiovascular disease and hypertension and travel related infections. Although many residents were registered with a doctor, few were registered with dentists. The community also felt there was a problem with mental health and particularly depression, although the health professionals reported low levels and found it difficult to diagnose.

There were issues identified around accessing health services, including difficulties with communication, both written and face-to-face due to the language barrier. This was a concern for the elderly and Nepalese women who tend to have lower levels of English. This echoes some work within RBG aimed at increasing the Nepalese community’s understanding of English where the older members felt that their age is a barrier against learning English. This will pose problems with integration and have a negative effect on their overall wellbeing.<sup>5</sup> When asked about interpretation services in primary care the NHS Hampshire report found local practices did not like to use it and the Nepalese focus groups had not had it offered to them.

There is little up-to-date information about the health of this community, however community representatives in Greenwich have stated that common health issues for Nepalese residents include high blood pressure, TB, diabetes, and work-related joint problems.

At the time of the 2014 report the largest Nepalese community resided in the North of the Borough (Plumstead and Lakedale area) and many are registered with Bannockburn Surgery

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<sup>5</sup> [http://www.niace.org.uk/sites/default/files/project-docs/scoping\\_paper\\_12\\_09\\_11\\_v6\\_alsct\\_2.pdf](http://www.niace.org.uk/sites/default/files/project-docs/scoping_paper_12_09_11_v6_alsct_2.pdf)

or Conway Medical Centre. Information from the latest focus group indicate that the community although still mainly in the north of the Borough, have registered with GPs in Charlton and Woolwich area.

### 2.3. GP Practices

At the time of the original report, the two key GP practices we spoke to identified the following key challenges:

- **Translation/Interpretation** - There was no effective process for interpretation. People in the waiting room or passers-by could be called to help with translation. This presented a challenge to the practice when talking to older patients at reception, where it could take up to 10-15 minutes. The nurse at one of the practices was of Nepalese origin and so was able to engage with the patients, but this was not consistent across the Borough.
- **Appointments** - Although only 9% of the registered population was Nepalese, they made up around 20% of the clinicians' time. This was particularly the case for older Nepalese people. Many of the issues were non-medical, for example immigration, housing, and welfare rights.
- **Missed Appointments** - The practices scanned many letters highlighting missed appointments for attendance at the urgent care centre and routine outpatient appointments within the hospital setting.
- **Consultation** - Time per patient with older Nepalese people was frequently longer than average, due to language barriers and sometimes misunderstandings of the issues which are routinely dealt with.
- **Patient History** - Many of the patients' records were in Nepali. Although once registered all who respond will get a basic health check, it is difficult to know the patients' medical history. There needed to be a way to capture this or to obtain summarised notes, to ensure that the patient is receiving the required care. A possible solution is to undertake a full health check as standard.
- **Attending appointments** - This has proved difficult. Even though letters are sent to all patients, the language barrier meant that action could only be taken if the patient had contact with a person that could translate for them.
- **Length of appointments required** - Due to the language difficulties, GP consultations were proving difficult, a solution was the possibility of longer appointments, but this may have had a knock-on effect for other patients

- **Leaflets** - Needed to be available in dual languages.

Neither surgery used the Language Line interpretation service, as it did not meet their practices' needs and was not felt to be cost effective. <sup>6</sup>

## 2.4. Prescriptions and Medications

Patients who required medication before moving to Britain were often still purchasing these from Nepal. The local health services were therefore not aware of their health needs and medication. One member of the community told us *“I have had no treatment for my high blood pressure and I’m taking the tablets that I had from Nepal. It costs about £200 for 3 months’ supply”*. If the doctor prescribes new medication without checking what the patient is already taking it could lead to dangerous drug interactions. In addition, Nepalese patients may be placing themselves at risk by transporting prescription medication into the country.

## 2.5. Housing

At the time, those who arrived after 2009 had not been in the Borough long enough to meet the five-year rule (residents must live in the Borough for five years before they are eligible to register on the Borough housing list) and were at risk of being exploited by private landlords. It was common for members of the community to be living in houses of multiple occupation (HMO) and in properties in a poor state of repair. The five-year residency qualification has now expired, and the community should now be eligible to register on the Council Housing list.

## 2.6. Mental Health and Wellbeing

Many people were experiencing social isolation and loneliness including finding it hard to integrate and come to terms with living in London. Some were not coping well with everyday life, with isolation increasing the possibility of a growing level of mental health needs. This was supported by the research undertaken by the Skills and Care research (Skills and Care, Nepalese Community: Elders Needs, 2014). There are also concerns about the level of alcohol abuse and gambling and the impact on mental health. It seemed the community were unaware of mental health support services such as Time to Talk.

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<sup>6</sup> Information about Language Line has been provided by NHSE England. Initial feedback is that language line is not used highly by GP because its impersonality.



## 2.7. Community Nursing

Concerns were raised about the level and quality of aftercare for patients discharged from hospital after undergoing a major operation. Of those interviewed, many had experienced a poor level of aftercare following release from the hospital (Queen Elizabeth). There was a reluctance to complain, as they believed that would be treated badly if they did.

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### 3. 2014 Recommendations

The recommendations published by HWG in the 2014 report were:

#### Recommendation 1: Develop a Nepalese Health Patient Strategy

That Public Health, Greenwich Clinical Commissioning Group (GCCG) in conjunction with local community group, develop a Nepalese health strategy to respond to the Nepalese community health and wellbeing needs.

In particular:

- Investigate the possibility of obtaining or accessing summarised patients records from Nepal by contacting the appropriate authorities,
- Develop a Nepalese health questionnaire template for new registrants, so that relevant health information can be obtained.
- Consider the establishment of a community trust fund to improve communication and engagement with the Nepalese community, and the local health providers.
- Develop awareness activities in the community and for health professionals (where appropriate) which address health issues such as mental illness, appropriate use of health services (including the

importance of bringing back reports of investigations or treatment which occurred in Nepal), infections such as TB and Hepatitis B, substance misuse, smoking, and alcohol. This could involve the third sector, NHS organisations and Public Health.

**2018 UPDATE: No specific strategy has yet been developed.**

#### Recommendation 2: Ensure GPs are aware of needs of the Nepalese community and adapt their services accordingly

In particular:

- Engaging with the local Nepalese community to identify strategies to improve communication and services for example, translation and interpreting services, community awareness events
- With the help of a translator update and review of all current Nepalese patients' records to ensure that the records are accurate, for example, medication
- Review of the current registration process
- GP surgeries to refrain from the use of untrained interpreters and non-family interpreters and give

consideration in conjunction with the CCG and other health promoters to work with the community and voluntary sector, CCG, and other health services to provide a high-quality translation service.

- Consider enhancing the consultation time, especially for the first appointment to include family members and advocate.

**2018 UPDATE: Some work has been undertaken to raise awareness amongst GPs of the needs of the community, but there is still some way to go.**

### **Recommendation 3: Provide health promotion and information on health services to the Nepalese community**

The health professionals, voluntary groups and the GP practice undertake a series of public health education initiatives, for the Nepalese community to have a better understanding of accessing the local health services.

#### **In particular:**

- Promoting healthy living information advice and support
- Ensuring the community are accessing the appropriate health service, by providing translation and interpreting service.

**2018 UPDATE: Some work has happened over the years to raise awareness of some issues, primarily led by local community groups.**

### **Recommendation 4: Update the Joint Needs Strategic Assessment (JNSA)**

Building on the findings of the report, and to update the JNSA, further investigations and targeted work are carried out with CCG, health professionals and health care providers on the health needs of the Nepalese community, particularly the elderly community.

**2018 UPDATE: No specific information pertaining to the Nepalese community has been updated in the JSNA.**

### **Recommendation 5: Improve living conditions**

Work with the Royal Borough of Greenwich housing department and the local community to provide advice on their rights under housing legislation, in particular landlord and tenant rights and responsibilities.

**2018 UPDATE: RBG has implemented a licensing scheme to better regulate landlords of HMOs and improve living conditions for those living within them.**

## 4. Four years on

2018 marks four years since our original report was published. We revisited the recommendations and asked for updates from each of the relevant parties including Public Health, Greenwich Clinical Commissioning Group (CCG), Greenwich Inclusion Project (GrIP) and the Royal Borough of Greenwich. We also met with the local Nepalese groups and carried out a focus group with members of the Nepalese Community (see Appendix 2). We also carried out an audit of GPs and their approach to using Language Line and translation services (see Section 5 and Appendix 1).

Whilst there is still some work to be done (see sections 6 and 7), we are pleased to see several positive community developments in the last four years.

### 4.1. Support within Nepalese community

#### Skills and Care CIC

A Nepalese led organisation, this group provides a meeting place every Sunday between 9am and 5pm at Charlton Athletic Football Club. They have completed a Nepalese Health Survey and would like to work with Healthwatch Greenwich in obtaining and providing an effective service for the Nepalese community.

#### CESI - Community Empowerment and Support Initiative

CESI is a charitable organisation established in 2007 in response to the needs of the Nepalese Community within the Royal Borough of Greenwich, London.

The overall aim of the project is to facilitate the integration of the Nepalese community people into the Royal Borough of Greenwich wider community through targeted support. They hope to enhance employability skills, reduce isolation of older people, and help increase access to local level services including health services provided by the statutory and voluntary organizations. Appendix 2 provides further details of the engagement work that we did with the organisation.

## 4.2. Other changes

### Greenwich Public Health

Public Health, 2015/16 ran a series of health training sessions for Skills and Care representatives to improve their knowledge of health and social care so that they will be able to provide information sessions to the Nepalese community.

### Housing registration

Since the 2014 report, many more Nepalese residents are now be eligible to registration for Housing with Greenwich, as the 5-year residential qualification would have been met. In 2017, RBG implemented a licensing scheme for Houses in Multiple Occupation (HMO) with a view to protect tenants being exploited by rogue landlords, for example, through overcrowding.

### Interpreting services

Information is now provided on the Lewisham And Greenwich NHS Trust Website for patients. It informs them of how to access the interpretation and translation website.

## 5. Interpreting and Translation service

At present, The Royal Borough of Greenwich is commissioned by the CCG to provide a translation and Interpreting service. The CCG has also commissioned Language Line which provides a free language service to patients at the GP practice.

The evidence provided by the CCG, from the 2016/17 CCG figures indicates neither of the two practices highlighted in the 2014 report have used either of the interpreting services commissioned by Greenwich CCG. One of the conclusions from the survey was that the low usage could be that they may were making their own arrangements.

Healthwatch Greenwich wanted to see how the interpretation and translation services are being used by GPs in Greenwich and requested further data from the CCG.

The information provided is set out below.

- From April 2017 to Jan 2018 - 278 Face to Face Nepalese Interpretations were booked by Greenwich GP practices
- From April 2017 to Jan 2018 - 12 Telephone Nepalese Interpretation calls were made by Greenwich GP practices

As a result of the information from the CCG, in order to get a clearer picture HW undertook a survey of the use of the translation and Interpreting of each practice. We also spoke to practice managers when we carried out enter and view assessments of the GP practices. We requested information to four questions.

- Has your practice used language line in the past year? If yes, please give the number of times used and which languages (if possible).
- Has your practice used the interpreting services in the past year? If yes, please give the number of times used and which languages, ( if possible)
- What comments would you make about service? For example, does it meet the requirements of the practice and your patients?

- If you haven't used language line or the interpreting service, what arrangement does your practice have in place to work with non-English speakers?

Only eight practices made written responses to the request for further information to the survey. A spread sheet of the responses is attached at Appendix 1.

The comment below reflects many of the written and verbal responses we received.

“We use Language Line on a limited basis. The issues we have encountered are a long wait for a translator and that there were some problems with understanding between the patient and the translator. Also, reception staff had difficulty understanding the operator on one occasion. One GP felt that the only situations when Language Line was the preferred option was with female patients with personal issues, who preferred a faceless translator on the phone to a male face to face translator.

“We prefer to book face to face interpreters as the GPs feel that is a better option, they feel that patients open up more. Also, occasionally the face to face interpreters have helped other patients in the practice at the same time (although we realise this is above and beyond their remit”

*Greenwich GP Practice*

We found that some practices did not know how to use the services. Where there were GPs or staff that could speak a different language, this was often preferred to the Language Line and translation services (despite them being free to use).

The 2014 report stated that GP practices appear reluctant to or unwilling to use the language line service or use them only as a last resort when other avenues have failed. This appears to be the ongoing case.

In relation to interpreting services specifically we also found limited use. The main challenges are:

- There is no guarantee that the same interpreter can be used, so there is unlikely to be continuity of service for the patient.
- There is a lack of clarity over availability of translation service at weekends or through the 111 service to the GP Access Hubs.

### 5.1. Royal Borough of Greenwich Communication Strategy

Comments were made by the community leaders regarding the communication from the Royal Borough of Greenwich. They were concerned that the Nepalese language was not one of the languages offered on the language panel. We contacted the council communication team to request a comment on this. We received the following response

“Some Council communications include a language panel which has a message about accessing interpretation and translation in several different languages. The languages selected for the panel are down to the service manager who will use their expertise of the target audience to determine which are most appropriate.

“Research done by the Council in the past suggests that the vast majority of households that include a non-English speaker also include a trusted message carrier who is able to translate information. It also showed that many of those who do not speak English are not literate and cannot read information in the language they speak, limiting the usefulness of translated materials.”

*Royal Borough of Greenwich*

There does not appear to be a corporate approach to the council communication with regards to accessing interpretation and translation services, and the languages included on the language panel. The council policy on the use of a what is described as a “trusted messenger carrier” as the person to translate and interpret information goes against the policy of many organisations that do not use family members, especially younger people in the family, to interpret or translate. Finally, the view that people who are not literate in the language they speak, is not a satisfactory reason not to provide the translated materials.



## 6. Findings

### 6.1. Translation and interpreting

Members of the community are still stating that they have difficulties in accessing translation and interpreting services. On the access to and use of translators the community stated that they were never available in the GP practices but were available in the hospital. They stated that interpreters' skills were often at a basic level and were not helpful with complex cases. It was apparent from our discussions that many people in the Nepalese community were still not aware that translation services are available or had heard of language line. Many people did not know that they could request them.

For GP appointments, it is still common practice for patients to bring a friend or family member to assist. This raises a number of concerns for the community, including privacy issues and a lack of access for those without local English-speaking family and friends.

When asked about possible solutions, many stated they would prefer local community organisations to work with them and carry out the translation and interpreting at each surgery. Although the interpreting and language line is free to GPs (as it's commissioned centrally by the CCG), the RBG website on interpreting and translation seems to indicate there may be a charge for this service.

The infrequency of the use of the language line and the challenges of the interpreting and translating services combine to reduce the efficacy of an otherwise useful service. There is a strong view that language line is impersonal and is not liked by both patients and doctors. In 2014 we recommended this service be provided by a local voluntary group. This theme is echoed by the community.

### 6.2. Health checks

In the 2014 report we found that many of the elderly Nepalese people had not had a medical check-up from their GP since arriving in the country. Combined with many medical records not having been translated into English, the medical history of many older Nepalese patients is not available to their GPs. Of the people that we spoke to, 25 had brought their medical records with them, providing some continuity of treatment.

However, we were advised that the quality of the records was limited and even those which had been translated often still had parts in Nepalese.

Everyone stated that they had not been offered a full health check-up when registering with a GP, although patients can obtain a full health check on request. One person, a patient at Ferryview, stated that he had requested a full check-up, but nothing happened.

### **6.3. Appointments**

Booking and attending appointments is still a problem. The main issue was the practice appointment process. Many found it difficult to navigate the process. They found that having to phone through was difficult. This is an issue common to most patients and, whilst not specific to the Nepalese, is compounded by language issues and unfamiliarity with local health systems. For example, a patient obtaining an emergency appointment, and requesting an interpreter, would face difficulties with the practice trying to arrange an interpreter on the day, if the practice does not allow next day appointments this would have a negative effect on the patient being able to engage. The easiest solution is for a patient to bring a family member.

### **6.4. Lack of understanding of community needs**

In the 2014 report we recommended that surgeries “ensure that GPs are aware of needs of the Nepalese community and adapt their services accordingly”. We see no evidence to show that GP practices have done anything to adapt their practices to the local community. This is disappointing. The lack of action by GP surgeries indicates that patients need to adapt to the practice rather than the practice serving the people. This approach has implications for disadvantage and vulnerable patients.

### **6.5. Mental health**

The focus group response to questions on mental health stated that as with all communities, many people had experienced some form of mental ill-health including depression and sleeplessness, which were often attributed to the day to day issues of being in this country and away from home.

Restricted access to services, either through a lack of awareness or language issues, is likely to reduce early help and support and increase the vulnerability of people in the Nepalese community who suffer from poor mental health or addiction.

## 6.6. Registration

There are still concerns about GP registration, with GP practices asking for formal ID and proof of address before registration, and several Greenwich practices refusing to register patients without it. HEALTHWATCH GREENWICH published a GP Access Report in the Summer of 2017<sup>7</sup> looking at this issue. We re-visited this issue a year on<sup>8</sup> and despite significant communication from the CCG about the issue, including protected learning time events for GP practice staff, it appears that the number of practices refusing registration to patients without ID has remained the same.

Stronger action needs to be taken by the CCG to enforce GP practices to abide by the guidelines.

## 6.7. Members of the community bringing medications back from Nepal

We discovered that it is relatively common place for people visiting Nepal to bring prescription medications back with them, sometimes for family members. This can be a risky practice for multiple reasons including; a) potential for fake or incorrectly prescribed medication and, b) the legal risk to members of the community bringing controlled substances through customs.

## 6.8. RBG - Communication strategy

The Council's policy to providing access to translated material is concerning. We understand that the council has undertaken some research on this, however, the approach not accord with the views of the community and focus group we engaged with. The request to include Nepalese language was raised in 2014. We would strongly recommend that the Council reviews their current approach with a view to ceasing the use of the "trusted messenger" approach. and any new policy assessed to see if it has a discriminatory effect or implications.

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<sup>7</sup> [https://healthwatchgreenwich.co.uk/wp-content/uploads/2018/05/hwg\\_-\\_gp\\_access\\_report\\_1.pdf](https://healthwatchgreenwich.co.uk/wp-content/uploads/2018/05/hwg_-_gp_access_report_1.pdf)

<sup>8</sup> <https://healthwatchgreenwich.co.uk/wp-content/uploads/2018/04/GP-Access-Report-June-18.pdf>

## 7. 2018 Recommendations

We recognise there have been several positive improvements since our 2014 report. However, there is still some way to go before the Nepalese community achieve parity of access to Greenwich services. Based on our 2018 findings we recommend the following:

### **Recommendation 1: Continue working to overcome barriers to access**

The CCG should work with GP practices to develop a more proactive approach to engaging with the Nepalese community (amongst others), identifying and overcoming potential barriers to access.

**Review date: November 2019**

### **Recommendation 2: Increase use of interpreting and translation services**

All GPs and practice staff should promote and utilise the Language Line and interpreting services on a regular basis.

The CCG should provide regular training for GP practice staff on the use of the Language Line.

The CCG should work with Greenwich Health (who run the GP Access Hubs) to identify how the interpreting services can be best utilised during evenings and weekends at the GP Access Hubs.

**Review date: November 2019**

### **Recommendation 3: Encourage regular health check ups**

The CCG and Greenwich Public Health should work with the local voluntary sector to develop a campaign aimed at encouraging older Nepalese patients to ask their GPs for a full health check-up and encourage GPs to promote check-ups to their patients.

**Review date: November 2019**

### **Recommendation 4: Monitor GP registration requirements**

The CCG should monitor GP registration requirements on a regular basis to ensure that GP practice are implementing the correct registration policy and NHS Guidelines.

**Review date: August 2019**

### **Recommendation 5: Prescription medication awareness campaign**

Greenwich Public Health, the CCG and the local voluntary sector should carry out a campaign raising awareness of the risks involved in bringing prescription medication into the UK.

**Review date: November 2019**

**Recommendation 6: Public Health should further develop the Health Coaching and Health Champions programme amongst the Nepalese community.**

This programme is highly valued by the community and can be a key ingredient in providing health advice and support to the Nepalese Community. HW, PH and GRiP should work together to agree a strategic approach.

**Review date: March 2020**

**Recommendation 7: Create a shared Community Liaison role.**

The CCG, RBG and PH should consider creating a community liaison role to help provide support and advice to GP Practices, the CCG, RBG and the local Nepalese community, identifying and overcoming potential barriers to access for the Nepalese Community (and other communities).

**Review date: March 2020**

**Recommendation 8: More consistent approach to translation and interpreting.**

RBG should implement a more consistent approach to the availability of translation and interpreting services, including ensuring that Nepalese is a specific language on all 'Language Panels' on letters and other information. This will help to ensure all members of the community have access to information in a format that they can understand and engage with. We would urge the council to end the use of "trusted messenger" approach and engage with the relevant communities on how to communicate effectively.

**Review date: November 2019**

## 8. Stakeholder Response

All relevant commissioners, providers and stakeholders are given the opportunity to review our reports prior to publication, check for factual accuracy and provide a formal response.

### Greenwich CCG update on the 2014 recommendations

#### Jillian Prescott Commissioning Manager: Primary Care; NHS Greenwich Clinical Commissioning Group

The CCG has commissioned interpreting and translation services for use by all Greenwich GP Practices, from two organisations: Royal Borough of Greenwich Interpreting Service which provides face to face interpreting, including BSL, and document translation services and Language Line which provides telephone interpreting. There is no cost to the practice from using either service and each GP practice has either a CCG funded Language Line telephone or a digital adapter, the practice can decide which service is most appropriate for each patient. The services have been and still are fully funded by the CCG. It would seem therefore that there was a problem with both practices (Bannockburn and Conway) not being fully aware of the services available to patients at the time of the survey and the funding arrangements of the services.

The RBG Interpreting Service does require pre-booking, as it is a face to face service with the interpreter present at the surgery. The onus is on the practice to make a booking. The Language Line Interpreting Service does not require pre-booking and can be arranged on the spot. The RBG document translation service is available to practices so that appointment letters etc. can be sent in appropriate languages.

Having looked at the 2016/17 activity for the services it is apparent that whilst many practices are regularly booking Nepalese interpreters, the two practices highlighted in the survey are not. The CCG will, as a priority, ensure that all GP surgeries are made aware of the availability of the interpreting and translation services and particularly the practices highlighted in the report.

## Public Health update on the 2014 recommendations

### Steve Whiteman - Director Public Health

Public Health has continued to work with the Nepalese Community to address their health and wellbeing needs. The following describes some of the key work undertaken since 2014.

#### *Developing awareness activities in the community*

Public Health has continued to support a range of Nepalese community events providing a number of opportunistic interventions at these events e.g. NHS Health Checks, Diabetes Testing, Information and Advice etc.

#### *Live Well Greenwich*

The Nepalese Community now have access to health and wellbeing support provided through Live Well Greenwich, our one stop shop providing access to a range of services including lifestyle, social isolation, housing, debt advice. This is provided through the Greenwich Community Directory, Live Well Telephone Line and through face to face support through Live Well Coaches. We have Nepalese speaking staff working in these services. We will be developing communications to promote awareness within this community in the future

#### *The development of Nepalese Live Well Champions.*

As part of Live Well Greenwich, and building on the Community Health Champions Programme, we now have the Live Well Champions initiative - local volunteers trained in Royal Society of Public Health's "Understanding Health Improvement" Programme. These volunteers support their local communities both by spreading key health messages within their own communities and by connecting people to and from Live Well Greenwich. We have continued to work with local communities to roll out this programme.

#### *Addressing Tuberculosis (TB) in the Nepalese community in Greenwich.*

Over the last few years, we have successfully launched a Latent TB Screening Programme to target high risk populations, including the Nepalese community. This has been undertaken in collaboration Greenwich CCG, OXLEAS NHS Trust and Lewisham & Greenwich Trust.

Since 2014, we have delivered a range of events and initiatives targeted at the Nepalese community including a Latent TBI awareness event, Latent TB programme adverts via



social media as well as delivering a range of other presentations in Nepalese. This work has been supported by the Advocacy for Nepalese Organisation (AFNO). We have also translated and distributed a patient information leaflet into Nepalese.

### ***Joint Strategic Needs Assessment***

We now have an online JSNA and as information becomes available this is updated on the website. We undertook a JSNA assessment in relation to the Nepalese Community (not yet uploaded). This JSNA website is available on <http://www.greenwichjsna.org/>.

### ***Other support specific to this community***

Active for Health have continued to deliver physical activity sessions for the older age group; these are well attended by the Nepalese community, and particularly women, in the Woolwich/Plumstead area.

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## 9. Appendix 1: Responses to GP language line survey

Response ID	Practice	1. Has your practice used language line in the past year? If yes, please give the number of times used and which languages (if possible).	2. Has your practice used interpreting services in the last past year? If yes, please give the number of times used and which languages (if possible).	3. What comments would you make about the service? For an example, does it meet the requirements of the practice and your patients?	4. If you haven't used language line on the interpreting service, what arrangement does your practice have in place to work with non-English speakers?
1	Thamesmead Health Centre	Yes, we have.	Yes, we have mainly Polish.	The service is very good and reliable.	
2	Abby Wood surgery.	Yes, Farsi, Romanian, Napalese, Russian, Lithuanian, Urdu & Others - Approx 4-6 times a month.	British sign language at least once a month.	We have always been very happy with the service, it is professional and easy to use. Patients are also satisfied with this service.	
3	Manor Brook Medical Centre.	Yes, mainly Turkish and Chinese - Approx. 14 times a month.	British sign language at least once a month.	The staff stated that they think language line is a good service and however there has been occasions where a female patient has attended for Gyne issues and the translator has been a male and this has made the patient feel uncomfortable and also the translator wasn't really sure what the doctor was talking about.	
4	Dr Mostafa PMS	We do not use language line as it is not compatible with our phones.			
5	Millennium Village Health Centre.	We do not have the correct numbers for login etc and was told the contract was being reviewed and to await further notification.			
6	Vanbrugh Group Practice.	Yes, Turkish Polish Cantonese Portuguese Creole Mandarin Somali Russian Urdu Romanian Nepalese			
7	The Fairfield Practice.	Yes, our practice has used Language Line once or twice in the last year. However, it is very difficult to get through to Language Line and it can take a long time to be connected to the required interpreter.	We use the Interpreting Service approximately 3 times a week. The languages we need interpreters for most often are Vietnamese, Cantonese, Nepalese, Romanian and Turkish.	This service very useful and it meets the needs of ourselves and our Patients.	
8	Sherard Road Medical Centre.	Yes, but, we do not keep a record of the times we use Language Line.	Yes, although again we don't keep records.	We use Language Line on a limited basis. The issues we have encountered are a long wait for a translator and that there were some problems with understanding between the patient and the translator. Also reception staff had difficulty understanding the operator on one occasion. One GP felt that the only situations when Language Line was the preferred option was with female patients with personal issues, who preferred a faceless translator on the phone to a male face to face translator. We prefer to book face to face interpreters as the GPs feel that is a better option, they feel that patients open up more. Also occasionally the face to face interpreters have helped other patients in the practice at the same time (although we realise this is above and beyond their remit).	On occasion we have used family members, although this is not ideal, and perhaps an occasion when we should have used language Line as the need for an interpreter was not known by the practice at the time the appointment was booked.

# 10. Appendix 2:

## Feedback from CESI engagement event

### Engagement: Comments and views of CESI and community

Engagement event - 6<sup>th</sup> December 2017

Location - GrIP Office

Number of people attending - 39

Nationality - Nepalese

Interpretation - Yes by CESI.

### Introduction

CESI - CESI is a charitable organisation established in 2007 in response to the needs of the Nepalese Community within the Royal Borough of Greenwich, London.

The overall aim of this project is to facilitate the integration of the Nepalese community people into the Royal Borough of Greenwich broader community through targeted support to enhance employability skills, help increase access to local level services including health services provided by the statutory and voluntary organizations. The project also aims to reduce isolation of the elderly people.

### Aims

- Increase opportunities for employment of the Nepalese Youths through employability training and support.
- Increase access of the community people to services provided by statutory and voluntary service providers.
- Improve Health and Healthier living habits of the Nepalese Community.
- Reduce isolation faced by the most vulnerable members of the Nepalese community.
- Increase participation of the Nepalese Community in the social life of the Borough and therefore promote community cohesion.

A detailed brief was sent to the Chair and project worker, who also provided the translation. A series of questions were asked to the group and everyone had an opportunity to speak and articulate their views.

### Question 1: Attendance and registration at GP Practices

Of the people attending they were registered at the following practices.

- Bannockburn - 14
- Glyndon - 4
- Plumstead Health Centre - 3
- Clover - 6
- Conway - 1
- Ferryview -3
- All saints 2
- Not registered - 2

People registering are still required to provide a high level of identification to register at the surgery. This is line with the GP Access report 2017

### Question 2 - How many brought medical history with them when they arrived in England

25 (87.5%) stated that they had brought their medical history with them. They confirmed that some of their notes were in English and some in Nepalese, as the GP's do write some of the notes in English. However, few experienced continuity of treatment, often as a result of poor record keeping.,

However, 20 people gave experiences where the GP failed to recognise previous ailments. An example of this was where an ulcer and internal complaints were not picked up.

30 of the participants stated that they were not offered a full health check on registration, or subsequent check even when requested - The people who were registered at Ferryview.

### Question 3 - Translation/translators

The majority stated that translations were not available in the GP practices but were in the hospitals. Most of times they stated that they had to bring a friend. They stated that his was at the basic level but was not helpful with complex issues.

They stated overwhelmingly that they would like availability of translators at each surgery. They could be recruited from the community. The majority had not heard of language line.

The group also raised the issue of why translated letters that were sent out did not have information in Nepalese, they said that they were promised that this would happen.

#### Question 4 - Why return to Nepal for medication

GP's are not prescribing the medication that they want and know.

Waiting too long to get an appointment

#### Question 5 - Mental Health Concerns

There did not seem to be a good understanding of mental health concerns, even though it is known that there is a high level of mental health in the community.

They all stated that they all have worries and anxieties and depression, mostly about missing their families. They all experienced a mild form of depression.

#### Question 6 - LA Tenants

At the time of the first report, they could not register for LA Housing as, they had not been living in the country for 5 years. They can now register for social housing.

### Feedback - Skills and Care Discussion

Engagement event - December 2017

Location - Charlton Athletic Football Ground

Number of people attending - Skills and Care Management Team and Volunteers (4)

Skills and Care Charity are a key organisation in delivering care and support to the Nepalese Community. HWG has worked with them on several projects and value their experience and knowledge of the community.

The main comments are summarised below

- **Advocacy and Advice:** They state that their organisation is regularly contacted on number of health and welfare matters. Most of it relates to obtaining information. They would welcome an information leaflet that sets out all the relevant information

on health rights. For example, they get many requests for information on who to contact at the council and the CCG and what services they can access. A card or leaflet with the main information, in the appropriate would be very useful.

- **Engagement** - They welcome the work that is work and the efforts being made by the Hospice to engage with the Nepalese Community and think that this approach should be replicated in the borough with other organisations that need to improve their engagement with diverse communities
- **Registration** - GP practices are continuing to not register members of the Nepalese Community, by not adhering to the NHS England Guidelines on registration
- **Support to Community**: At the time, the community were facing a sad time following series of issues with the maternity service resulting in the loss of a child.at the QE hospital. Working with Skills and Care, HW were able to provide support and raise the issues with the relevant parties. They were happy with this role.

# 11. Contact us

Address: Gunnery House, Gunnery Terrace, Woolwich, London SE18 6SW

Telephone: 020 8301 8340

Email: [info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)

Website: [www.healthwatchgreenwich.co.uk](http://www.healthwatchgreenwich.co.uk)

Twitter: @HWGreenwich

**If you require this report in an alternative format, please contact us at the address above.**

We know that you want local services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

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## Disclaimer

Our reports relate to findings observed, and information provided on specific dates, and are not necessarily representative of the experiences of all patients, service users and staff, simply an account of what was observed and contributed at the time.

## Acknowledgements

Healthwatch Greenwich would like to thank local residents, members of the Nepalese community, service providers, service users, and staff for their contribution.

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