

Seldom Heard Speak Up

People that don't speak English and Access to Health
and Wellbeing Services in Lewisham



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Community House, South Street, Bromley, BR1 1RH, 0208 315 1916



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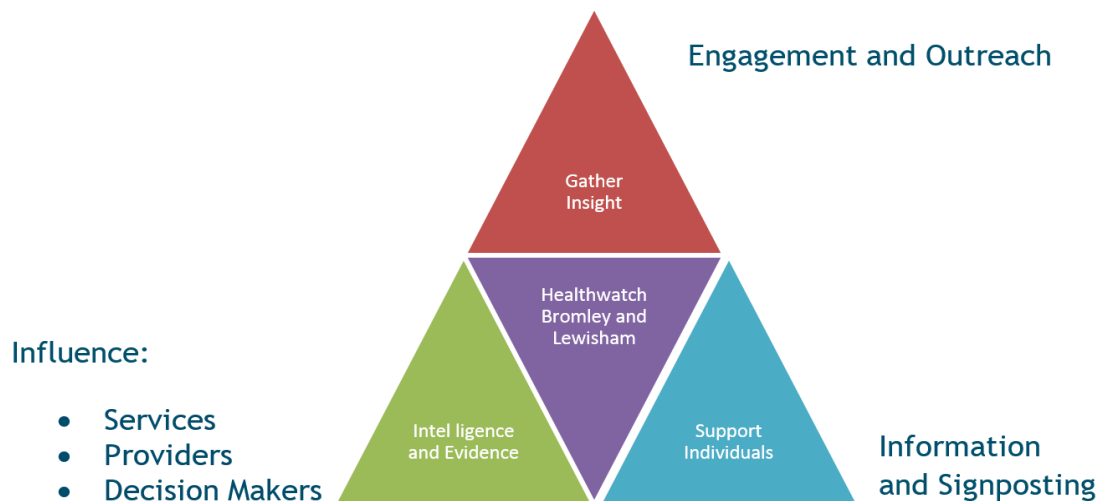
About Healthwatch Lewisham



1. What is Healthwatch Lewisham?

Healthwatch Lewisham (HWL) is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of Healthwatch is as an independent health and social care organisation, representing the voice of local people and ensure that health and social care services are designed to meet the needs of patients, social care users and carers.

Healthwatch also supports children, young people and adults in Lewisham to have a stronger voice in order to influence how health and social care services are purchased, provided and reviewed within the borough.



Healthwatch's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,



5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Who we engaged with?

In late 2015, Healthwatch Lewisham engaged with communities that don't speak English as their first language including Vietnamese, Tamil, Polish, Turkish and Refugee groups. We engaged with 95 individuals which covered a broad range of demographics. Many people engaged with were parents or carers and many recognised themselves as being disabled. The full breakdown of equality and diversity data can be found in our individual reports.

Healthwatch is aware that due to limited resources we engaged with a relatively small samples of people from individual communities, especially in relation to refugees. Within this group we spoke to a small number of participants of Chinese and African origins. Healthwatch Lewisham would welcome the opportunity to conduct a broader research in future if additional resources become available.

During the engagement HWL asked participants to share their experiences of health and social services both positive and negative. The questions asked covered access and general comments around health and social care.

Healthwatch believes that it is important to highlight the issues faced by the communities as part of intelligence which can be used by providers and commissioners for learning and improvement of services.

Summary

Healthwatch discovered that people who don't speak English as the first language often face similar issues to the general public such as difficulties in accessing GP services, problems with referrals and staff attitudes. However, we also found that there are additional barriers that participants experienced, such as lack of knowledge about local services available; lack of knowledge about how the system works and what to expect; difficulties in accessing translation services; and lack of clarity around eligibility.

Some issues were specific to the communities and they were:



- Lack of trust towards medical professionals amongst some Polish participants, lack of referrals that leads to delayed diagnosis and treatment and use of private Polish clinics.
- Lack of clarity of eligibility to translation services and translation quality for Vietnamese participants combined with cultural differences and lack of knowledge about local service provision and access
- Self-selection of GPs that speak Tamil amongst Tamil participants (this finding is reflected in the number of translation requests for primary care - low and social care - high).
- Turkish elders were generally happy with the GP services but there was a distinct lack of clarity around waiting times for referrals. Many participants were not happy with medicine replacements offered by pharmacies or doctors prescribing low quality medicine.
- Refugee participants of Chinese origin complained about the lack of health checks available for younger people.

Summary of findings

NHS positive comments

It is important to note that many of the focus group participants praised the NHS and said they are happy with the services they received in primary and secondary care settings. Many participants said they received excellent care and were treated appropriately. Others praised the excellent care they received from their GPs, maternity services and hospitals.

GP positive comments

Despite negative issues raised in regards to GP services, many participants confirmed they are very happy with their GPs. The most praised trait was their listening skills which ensured participants trusted their GPs and felt they were treated with respect. Most importantly those patients were happy with their treatment and the overall service they received. Participants agreed that '*when the doctor listens, it makes the communication barrier narrower*'. Participants also pointed out the importance of a positive attitude including a caring approach, making eye contact and making an effort to understand in spite of possible language barriers. Being referred for medical tests, explaining a diagnosis and treatment plans were also mentioned as being of a good standard. Being treated with respect, as opposed to looking at a computer screen, was also highlighted as positive attitude that made a big difference to participants.

- *Vietnamese participant: He (the GP) listened to my limited English. I showed him the old prescription so he understood*'.

Difficulties in booking GP appointments

The research found that access to GP services is by far the biggest problem for the majority of the participants across all communities and age groups. There were



three subthemes that emerged: the waiting time for a pre-booked appointment; difficulties in booking urgent appointments; and an urgent appointment booking system.

Many people, especially elderly and parents, complained they can only book appointments two, or three weeks in advance and these are not appropriate if you need to see a doctor urgently.

Tamil elder: 'At our age every day is a bonus. One day you might be OK but another you might not be. As a result you should be able to see a GP when you need to, not wait two weeks... There should be more urgent appointments available.'

Healthwatch heard that people struggle with booking urgent appointments and that the booking system and appointment availability creates an impossible barrier that participants felt they cannot overcome. This issue was universal and shared by members of most communities.

Vietnamese participant: 'Getting an appointment is so hard. They always say to ring back tomorrow'. But the same things happen the next day.'

Tamil elder: 'When you call in the morning the phone is engaged till 8.40am. You can hear the message 'We're very busy right now'. When you finally get through you hear: 'all the appointments are gone'.

Refugee, mother: 'My daughter was unwell. I called the surgery from 8am, but the phone was engaged. When I finally got through there were no appointments left.'

Refugee participant: 'I use three phones and ring on all of them and this way I can get an appointment.'

Tamil elder: 'I had to fight for it'.

Polish participant: 'I don't use GPs as I can never book an appointment even if I try...'

Some participants complained about the booking system in surgeries. Those particularly unhappy were pointing out that in order to book an appointment they needed to queue outside the surgery which was particularly difficult for elderly participants and those with long term conditions. Healthwatch also heard many negative stories of phones being constantly engaged when they needed to book an urgent appointment.

An elderly Vietnamese participant: 'If I want to see a GP on that day I need to be ready by 7am.'



Vietnamese participant: My son had a problem. He had a high temperature but the phone was always engaged. By the time I got through there were no more appointments.'

Using A&E and other services as a result of difficult GP access

As a result of difficulties in booking urgent appointments many participants (both young and old) told Healthwatch they go to Accident and Emergency (A&E) to ensure they were treated.

A refugee, mother: When you're unwell and try to book an appointment they say the earliest one is in two weeks. I can't hold on for two weeks. So I have no choice but to go to A&E.'

Vietnamese participant: 'I would go to the hospital (A&E) and wait there until I'm seen and treated'.

Some participants use private health clinics if they can't access GP services or they are unhappy with the service.

GP appointment time

Some participants from various communities told Healthwatch they feel that the length of the appointment is too short and doesn't allow them to fully communicate their problem. They felt that the appointments are rushed and not thorough which can jeopardise safety and effectiveness. Short appointment times made parents and the elderly anxious for their own or their children's wellbeing.

Refugee, mother: 'I started explaining my daughter's symptoms. The doctor replied 'That's too much. It's an emergency only appointment. Just tell me specifically what's wrong with her now.'

Refugee, mother: 'I didn't expect that from a doctor (not giving the patient enough time to explain the symptoms in full)... Why am I here, if I can't tell you what's wrong?'

Refugee mother: 'I booked an appointment to see my doctor. I had three problems. I only got 10 minutes. They said if you have three problems, make three appointments. I just wanted to get reassurance.'

Continuity of care - seeing the same GP

Seeing the same GP and consultants was important for participants when having appointments. Many complained that they rarely see the same person and need to start explaining issues from the beginning. Healthwatch noted that having the same GP or consultant creates a good patient - doctor relationship, builds trust, and saves appointment time.

Refugee mother: 'They keep reading and reading (patient's notes) which takes ages.'



Refugee mother: 'I want to see my own doctor. They don't let me see him.'

Staff Attitudes

Doctors including GPs

Many participants complained about the way doctors including GPs interact with them. Not listening to the patients and lack of eye contact combined with looking at a computer were often mentioned. Another negative observation was the doctor's inability to engage with patients, some people felt their doctor was not listening and treated patients in an impersonal way.

Refugee mother: 'Doctors don't listen anymore.'

Polish participant: 'He [GP] is only looking at a computer. He treats me like a number'.

Receptionists

Healthwatch heard many participants agree that the reception staff at GP practices were not welcoming and impolite. This concerned participants and often created an obstacle at the first access point to services.

Refugee mother: 'When you ring to book an appointment, the receptionists are rude.'

Refugee mother: [When she rings the surgery] 'The response is not welcoming. They don't speak to you politely.'

Refugee mother: 'The Rude receptionist discourages me from ringing for my appointment. As a result I go to A&E as I don't want to book or ring again.'

Vietnamese participant: 'GP receptionists should treat people with more respect' and 'be more mindful when dealing with people who don't speak English as their first language.'

Inadequate treatment

Referrals

Many participants complained about their GPs not referring them to services. In their eyes it delays diagnosis and treatment of conditions experienced by patients. Participants said some GPs are not interested in getting 'to the bottom of the problem' but prescribe medicine to control the symptoms. A few participants shared their experience of waiting for months, even years, to be diagnosed and treated. One patient said her husband passed away as a result of a late diagnosis of cancer, despite trying to raise the issue several times with their GP.

Polish participant: 'I haven't got a good experience with GPs. They don't want to send for tests and don't give referrals. It is difficult to have tests and diagnosis for serious illnesses such as cancer. We were waiting a long time for someone to



react (to pay attention and diagnose cancer) so we took matters in our own hands and found a doctor who did something about our concerns’.

Polish participant: ‘My husband fainted and had a seizure but he didn’t get a referral for an MRI scan or any other tests’.

Polish participant: ‘I had to fight for it [A referral to a medical test]’.

Polish participant: ‘It’s very hard for an elderly person to receive a referral despite requesting one...’.

Paracetamol and low quality medicine

Some participants were unhappy with the quality of the treatment they received from GPs and told Healthwatch Lewisham that *‘Doctors here cannot give anything but paracetamol’* often not finding the route of the problem. Conversely one participant praised her doctor saying *‘She doesn’t just prescribe paracetamol.’*

Others complained about the low quality of medicine that doctors prescribe and the replacement medication that pharmacists dispense as an alternative to the original prescription. Participants told Healthwatch they believe the original works better than the alternative medication they received. Some participants also complained about the low quality of medicine prescribed.

Inconsistency

Healthwatch found out that there was an inconsistency of care especially in relation to GPs services (including standard of care and attitude) and interpreting. It is worth pointing out that many participants were unhappy with the care they received whereas others had an opposite experience and praised their doctors for being caring and listening.

Vietnamese participant: [The quality of service] ‘depends on who you see.’

Vietnamese participant: ‘Some GPs are good and some are very bad. I had to change my GP as he did not treat me seriously. He didn’t explain his diagnosis or opinion and didn’t give me reassurance. The new GP is very thorough and caring.’

Cultural differences

This theme was varied according to the specific communities engaged with. Many participants seemed to project experiences of their previous health systems on the NHS, such as expectation for the front line staff to be qualified pharmacists and an expectation to be eligible for an annual health check as a preventative measure. Healthwatch found that lack of knowledge about the NHS system and local service accessibility created confusion and unnecessary frustration amongst participants. Due to language barriers some participants found it difficult to access information about services provided both locally and nationally.



Mental Health

Healthwatch noted a distinct lack of experiences related to mental health issues. However the evidence indicates many participants were experiencing issues with their mental health, with many community leaders indicating this is an issue that many people are affected by. Community members were interested in Improving Access to Psychological Therapies (IAPT) services and many asked Healthwatch for information about the referral process and contact details. During our engagement we collected information in relation to long term conditions and we noted some participants referred to experiencing stress, low mood and feeling depressed. This suggests that mental health is shrouded in stigma and members of the community do not disclose their problems openly. In addition, we discovered that language barriers makes the diagnosis of mental health conditions such as dementia and depression difficult and decreases access to services including talking therapies.

Interpreting

Many members of the communities did not express the need to access interpreting services and the need for the service differed amongst the communities. Those who needed to access the interpretation services had varied experiences with some being content with the service whilst others often used family members to help out. Other people struggled with problems in relation to translation services including availability criteria, quality, and cancellation of translation sessions resulting in cancellation of appointments (including hospital appointments). Healthwatch found that the Vietnamese community experienced the most negative issues relating to interpreting services. One of the suggestions this community raised is to have access to an advocate service with Vietnamese speaking personnel who could translate medical letters and help to book appointments and navigate the system.

Vietnamese participant: 'I've waited for half an hour for an interpreter, despite my appointment being booked in advance.'

Vietnamese participant: 'I waited 20 minutes for an interpreter at a hospital. No interpreter was provided and I was told to go home and bring a relative to the re-booked appointment.'

Vietnamese participant: [Interpreters are] 'Young students who don't understand Vietnamese people who live in London and don't know the medical language very well.'

Vietnamese participant: 'The current interpreters don't know patients and can't communicate the message properly. It's important to understand cultural differences and (different) Vietnamese accents.'



Conclusion

Healthwatch found that a lot of issues faced by communities that do not speak English as their first language experience similar issues as the general population such as difficulties in accessing GP services and dissatisfaction with NHS staff attitudes. Positive comments that were common to many groups were general satisfaction with NHS, appropriate treatment and satisfaction with doctors. Each group had individual issues that were important to them and this was often driven by the demographic of the participants. For example the refugee group consisted mainly of mothers and the comments focused on access to services when children were unwell; the Tamil participants who were mainly elderly with multiple long term conditions commented on the short time (5-10 minutes) during GP appointments. Another significant issue for this group was choosing GPs who speak Tamil in order to enable easier communication and to remove the access barrier.

The issues experienced by people who do not speak English as their first language are often exacerbated by communication barriers and by a lack of knowledge about NHS provision both locally and nationally.

Recommendations

As a result of our findings through our engagement with people who don't speak English as their first language in the borough, Healthwatch Lewisham sets out the following recommendations to improve access to services for those communities.

COMMISSIONERS AND PROVIDERS:

GP Services

- Improve access to GP services including improving access to urgent appointments and improving booking systems. Consideration should be given to people with communication barriers especially elderly, parents of young children and those with long term conditions.
- Increase the length of GP consultation appointments for people who experience communication problems especially the elderly, parents and those with long term conditions to allow safe and effective diagnosis and treatment.
- Improve waiting times at GP services and provide information and explanations for delays when they occur.
- Make appointments with a named GP more readily available.

Staff attitudes

- Identify, promote and encourage existing good practice amongst GPs including a caring approach, good listening skills and strong communication when faced with communication barriers.



- Improve staff attitudes towards patients by increasing the emphasis on listening to the patient, and by taking time to understand the community members.

Cultural Awareness

- Provide appropriate training for staff to enable improved communication and cultural awareness.

Information

- Provide information about services available locally, how to access them, what to expect with focus on vulnerable groups and migrants that are new to the system and do not speak English as their first language. The information could be in the form of a booklet or as information sessions delivered through local groups.

Interpreting

- Clarify and publicise the eligibility criteria for interpreting services for Lewisham residents.
- Improve access to interpreting services.
- Consider investing in local service providers for the provision of face to face interpreting services and advocacy.

Mental Health

- Improve diagnosis and support for people with mental health issues who don't speak English as their first language.

Referrals

- Inform the patient about the expected waiting time for a referral. Provide an acknowledgement so the patient is reassured of the access to service.
- Explain to patients what tests they are being referred for and the reason for the referral.
- Ensure patients understand the treatment plan and treatment options available to them such as medical test or escalation to the specialists.

Medicine

- Clearly explain the reason for prescribing a particular medicine and keep the patient informed and involved when an alternative is offered.
- Enable and encourage health professionals to seek confirmation that the patient understands how the prescribed medicines work, the side effects and the correct dosage and to give patients the opportunity to ask questions about their medicines.



Health Improvement

- Continue to support and fund established groups to deliver health improvement training including self care for long term conditions and a healthy eating courses.



Appendix 2 - Healthwatch's core functions

They are:

- Gathering the views and experiences of service users, carers, and the wider community
- Making people's views known
- Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny
- Referring providers or services of concern to Healthwatch England, or the CQC, to investigate
- Providing information to the public about which services are available to access and signposting people to them
- Collecting views and experiences and communicating them to Healthwatch England
- Work with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).





Seldom Heard Speak Up - People who don't speak English as their first language and Access to Health and Wellbeing Services in Lewisham.

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