

The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham



January 2016

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Contents

1. About Healthwatch Bromley and Lewisham.....	3
2. Acknowledgements	4
3. The Vietnamese community of Lewisham.....	4
4. Purpose of the engagement	5
5. Methodology	6
6. Findings: The Themes.....	8
6.1 GP Services	8
6.1.1 Good Practice	8
6.1.2 Difficulties in Booking Urgent Appointments	8
6.1.3 Delay in Diagnosis and Referrals.....	9
6.2 Communication and Interpreting services	10
6.2.1 Cultural differences	10
6.2.2 Eligibility to an interpreter.....	10
6.2.3 Cancellation of appointments due to lack of interpreter availability. ..	11
6.2.4 Quality of the interpreting	11
6.2.5 Using family members as interpreters.....	12
6.2.6 Best Practice, What Should A Good Interpreting Service Look Like?	12
6.3 Staff Attitudes - Communication Barriers.....	13
6.4 Mental Health	13
6.5 Long term conditions and Self-Care.....	14
6.6 Knowledge of the system and A&E	14
7. Conclusion	14
8. Recommendations	15
9. Appendices	16
Appendix 1 - Equality and Diversity Data and Long Term Conditions.....	16
Appendix 2 - Healthwatch Bromley’s core functions.....	18





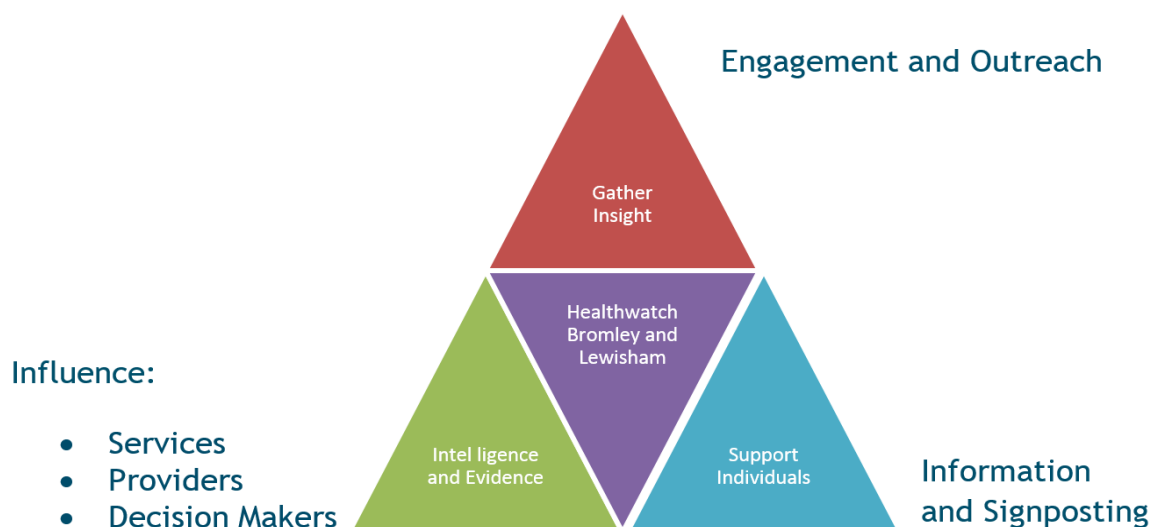
1. About Healthwatch Bromley and Lewisham

Healthwatch Bromley and Lewisham (HWBL) 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 Bromley and Lewisham as an independent health and social care organisation is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley and Lewisham (HWBL) gives children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Our approach is to encourage broad public involvement and to inform, influence and help shape future commissioning and provision.



- We gather insight through our engagement, outreach and participation activities.
- We listen to views and experiences of local health and social care services and help people share their views and concerns about health & social care
- We use what we have heard in our Influencing role -
 - telling service providers and commissioners and those who monitor services what the public have told us;



- asking providers and commissioners questions and make suggestions so that services are fair for everyone;
 - using our Enter and View powers to visit some services to see and report on how they are run;
 - sitting on both Bromley and Lewisham Health and Wellbeing Board and on other decision-making or influencing groups, ensuring that the views and experiences of patients and other service users are taken into account;
 - recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).
- We support individuals by providing information and signposting about services so they can make informed choices. We also signpost people to the local independent complaints advocacy service if they need more support.

2. Acknowledgements

Healthwatch Bromley and Lewisham would like to thank FORVIL for providing a platform to engage with their members and to the Lewisham Health Improvement team for organising a focus group at Waldron Health Centre. We would like to thank Jack Shieh O.B.E. Director of Vietnamese Mental Health Services who provided information on mental health issues related to the community.

We would like to encourage people who speak up on behalf of seldom heard groups to consider this report in their work and to consider joining Healthwatch Bromley and Lewisham to amplify this voice.

3. The Vietnamese community of Lewisham

Lewisham has a population of about 286,000 people and is the 15th most ethnically diverse local authority in England with two out of every five residents from a black and minority ethnic background.¹

Lewisham Joint Strategic Needs Assessment (JSNA) 2016 data estimates of the breakdown of ethnic groups present in Lewisham are shown in Figure 1. Non-white ethnic groups in Lewisham account for 41% of the population.

FORVIL (Federation of Refugees from Vietnam in Lewisham) estimate that there are 4000 - 4500 members of the Vietnamese community in Lewisham. About one-tenth (i.e. about 400 to 450) are elderly. Children under 18 make up one-third (1/3) of this community (i.e. about 1500).

¹ Lewisham's Joint Strategic Needs Assessment 2016 (<http://www.lewishamjsna.org.uk/>)



In 2011, Vietnamese was the 3rd most requested language for translation services in the borough after French and Polish.²

Buddhism and Christianity are the two main faiths followed by the Vietnamese community.

The Runnymede Trust have reported that of the people born in Vietnam that live in London; over 1/3 live in the boroughs of Lewisham, Southwark and Hackney.³

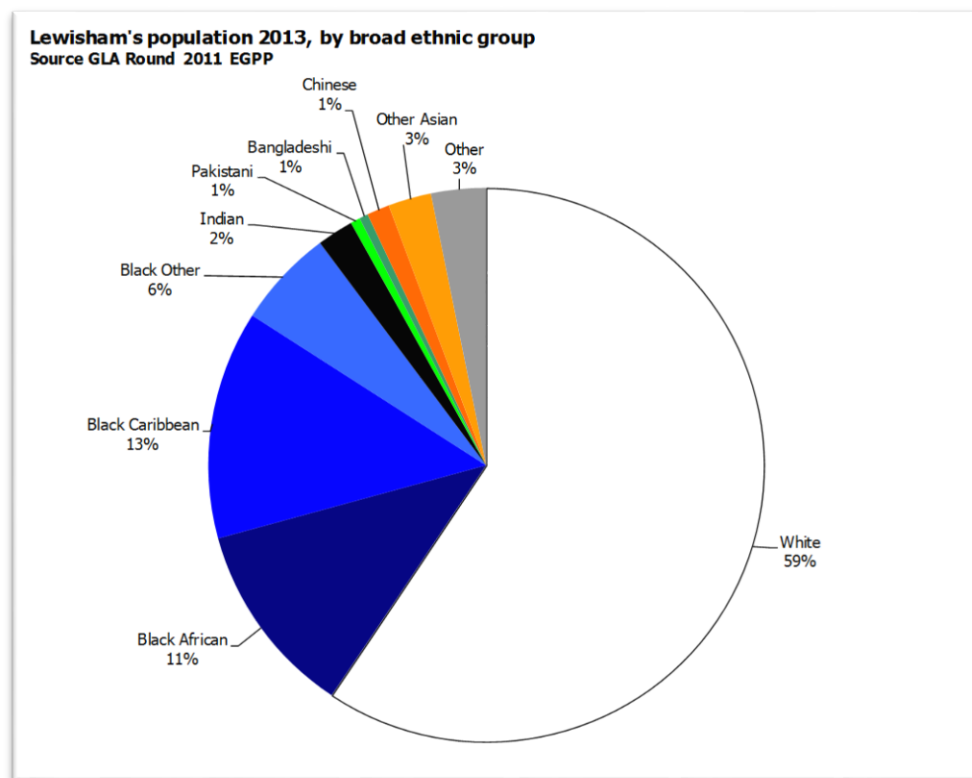


Figure 1⁴

4. Purpose of the engagement

National evidence suggests that public bodies and services need to do more to take protected characteristics within communities into account when developing services. The Department of Health in 2012 published an NHS Patient Experience Framework developed by the NHS National Quality Board. It provides evidence based guidance on a number of issues known to affect the patient experience.⁵

² London Borough of Lewisham - Translation, Interpretation and Transcription Service

³ The Vietnamese Community in Great Britain -30 Years On, Runnymede Trust, 2007

⁴ Lewisham JSNA, 2016

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf



These include the need for respect for cultural issues, the need for information, communication and education as well as for emotional support.

People from BME communities report numerous issues with access to health services. Barriers include dissatisfaction with mainstream services which they perceive as lacking in understanding and consideration. This situation can result in poorer health compared to other groups, with unnecessary visits to Accident and Emergency, higher rates of hospital admission, and the likelihood of more complex, intrusive interventions.⁶



It has been reported that an inability to speak English or understand its written form, unfamiliarity with the complex British health and social services system, lack of knowledge about relevant social welfare allowances, Vietnamese cultural beliefs, mainstream approach of services, lack of sympathy and support from professionals, and financial difficulties are all obstacles to Vietnamese gaining access to health services.⁷

Through this report, Healthwatch Bromley and Lewisham draw attention to experiences of access to health and social care services faced by members of the Vietnamese community living in Lewisham. The report presents themes that emerged through Healthwatch engagement and highlights the key issues that are important for this community. Recommendations are provided, where possible, to support decision making and commissioning of services which will improve access for this community.

The report will be submitted to commissioners at NHS Lewisham Clinical Commissioning Group and Lewisham Council to the Lewisham Health and Wellbeing Board, Lewisham Healthier Communities Select Committee, Healthwatch England and local providers of services. The report will be made public on Healthwatch Bromley and Lewisham websites.

5. Methodology

Healthwatch Bromley and Lewisham gathered information about access to services for Vietnamese people living in Lewisham through focus groups and one-to-one conversations and by participating in a health event. This engagement took place

⁶ Good Access in Practice, BME Health Forum 2010

⁷ Runnymede Trust 2007



between September and December 2015. The two focus groups were attended by 33 people



Additional information has been gathered through seven one-to-one conversations and conversations with community leaders and stakeholders.

The first focus group was carried out with members of FORVIL's Vietnamese Elders Club based in Deptford. The participants were mainly over 65 and nearly half of them were men.

The second focus group took place at Waldron Health Centre. The participants were mainly middle age and elderly women with multiple long term conditions.

In order to ensure that people felt comfortable about sharing their experiences, engagement was supported by interpreters who were known to the participants and were part of the community. The interpreters were invaluable in supporting the process and acted as a bridge between HWBL and this close knit community.

Participants were asked to share experiences that had taken place in the last 12-24 months.

HWBL gathered equality and diversity data alongside the prevalence of long term conditions amongst the participants. This can be found in Appendix 2.



6. Findings: The Themes

6.1 GP Services

6.1.1 Good Practice

We are pleased to report that many people were happy with their GPs and the care provided by them. Few problems were shared and some people shared positive experience.

One participant who suffers from a long term condition, shared that their GP after not seeing the patient for a 'long time', arranged an interpreter and called a patient to book a check-up appointment.

Another participant praised her GP for being caring and understanding because the GP took time to listen and understand the patient.

'He (the GP) listened even with my limited English. I showed him the old prescription so he understood.'

The patient stressed that the doctor had a positive attitude, looked at him and did his utmost to help despite the communication barrier. Most importantly this doctor took time to listen which was valued by the patient and provided reassurance.

One elderly lady was grateful for her GP and repeatedly said the GP saved her life. She developed a condition that worried her and made her very anxious *'I thought I (was going to) die, but the doctor helped me'*.

Participants with positive experiences praised GP professionalism and good medical care and stressed the importance of positive staff attitude including: a caring approach, good listening skills, making eye contact and making an effort to understand in spite of possible language barriers. Participants said that it was important to be treated with respect and gave examples such as explaining issues such as treatment plans, reasons behind a diagnosis and explaining prescribed medication to the patient.

Participants also said they valued their GPs for referring them to further services appropriately and providing a follow up appointment in a timely manner.

6.1.2 Difficulties in Booking Urgent Appointments

The overwhelming majority of negative stories were in relation to access to GP services, especially booking urgent appointments. Many people told HWBL they struggle to see a GP when they need to. One elderly man expressed his concern and frustration by asking a rhetorical question *'If you can't book a GP appointment what do you do?'* Another participant confirmed those concerns by saying: *'not easy to see a GP'*. HWBL heard that as a result many participants seek help at Lewisham's Emergency Care Department. One participant said that if she couldn't



get an appointment with her GP she would *'... go to the hospital (A&E) and wait there until I'm seen and treated.'*

Participants reported that when they try to ring in the morning to book an emergency appointment the phone is constantly engaged. By the time their call reaches reception there are no more appointments available. A mum told Healthwatch *'My son (had) a problem. He had a high temperature but phone always engaged. By the time I get through there are no more appointments'*.

Participants felt frustrated that they had no way of accessing GPs in an urgent situation. They felt that the booking system creates an impossible barrier that they cannot overcome. Many agreed that when they fail to book an urgent care appointment and are told to ring back the next day, they are faced with the same issue the following day. *'Getting an appointment is so hard. They always say 'ring back tomorrow'. But the same thing happens the next day'*. Another female participant added her experience: *'When I wanted to see a GP it took a few days to get an appointment'*.

Many elderly participants complained that the only way of getting an appointment on the day is to queue at the GP surgery early in the morning. *'If I want to see a GP on the day I need to be ready by 7:00 am'* said an elderly man. He told HWBL this is not easy for him especially when he is not well. Many participants shared his experience and some reported that queuing not always results in getting an appointment. Participants felt that frail or people who are unwell may not be able to go out in the morning and queue for an appointment to see a GP. An elderly man said: *'I ring it takes days, if I go to book in person it take months'*.

Participants also complained they face long waiting times for pre-booked appointments and that these are often not appropriate if a patient needs to see a doctor urgently.

Some participants expressed dissatisfaction with waiting times for GP appointments. An elderly man shared an anecdote about reception's computers not always working or having a system error.

6.1.3 Delay in Diagnosis and Referrals

Some participants told Healthwatch that they experienced delays in their diagnosis or weren't offered appropriate tests in a timely manner to assist with the diagnosis of their conditions.

A mother told Healthwatch she had continued to raise her son's behavioural issues with her GP for a number of years. After her son started school the mother received complaints about his behaviour. She asked local support groups including FORVIL for advocacy and eventually with their support, her son was referred for an assessment and diagnosed with Autism. The mother expressed her frustration



with the system that left her to cope with the problem on her own for many years. She told HWBL that she felt let down by her GP.

Another participant shared her frustration with local services for not providing help for her condition. Following an accident she suffered with back pain and regularly went to her GP about this. She was offered physiotherapy which didn't help. Eventually after three years she has been diagnosed with slipped disks. When speaking to Healthwatch she expressed her frustration that her GP had, in her opinion, underplayed her condition and didn't offer appropriate tests or treatment in a timely manner. At the time of our research she was facing another 3-6 months of waiting before treatment at the hospital. She wasn't told what the treatment would be, what improvement it may bring or what the next steps would be.

A female participant told us that her husband had been coughing a lot and suffered with chest pain. He repeatedly went to see his GP and was given paracetamol, but didn't insist on further tests or treatment as he 'didn't want to make trouble'. The patient's wife grew worried about his health and insisted she went with him to plead for help for her husband. As a result he was offered tests and was diagnosed with terminal lung cancer. Sadly the patient later died. The participant told Healthwatch she was upset with health services for ignoring her husband's complaints and not sending him for tests to diagnose his condition. She wanted to ensure that this doesn't happen to anyone else.

6.2 Communication and Interpreting services

6.2.1 Cultural differences

One of the cultural traits that resonated strongly throughout both focus groups was a desire or unwillingness to impose on clinical staff. Often we heard that they



'wouldn't want to trouble anyone'.

All the community leaders we spoke to explained that this is an important cultural trait that many people from the Vietnamese community share. This can result in not insisting on accessing appropriate services until they hit a crisis point.

6.2.2 Eligibility to an interpreter

Healthwatch found out that participants were not always clear about eligibility and entitlement to interpreting services and how they can access the service. Many said they have mixed experiences with some having access to a face-to-face



interpreter and others being given conflicting information, by health professionals, about using friends and family to translate. Healthwatch heard that the telephone interpreting services aren't always available and participants said they aren't offered access to interpreters when booking appointments with receptionists. One participant was told by her GP she *'cannot get an interpreter'*. Another participant told Healthwatch *'My GP has no interpreter and it's hard to communicate. I have to take a friend who can speak English with me'*. Another participant reported that for eight years of using services at Guys Hospital she was only once provided with an interpreter.

6.2.3 Cancellation of appointments due to lack of interpreter availability.

Healthwatch heard that many Vietnamese people do not have easy access to interpreting services and that this affects their access to health care. Some people said they experienced long waiting times for interpreting services and others had hospitals and GP appointments cancelled as a result of no interpreter being available and failed appointments when interpreters failed to attend booked appointments. This is particularly frustrating for the patients when the appointment was pre-booked and the patients had to wait for a long time to access it. One patient told Healthwatch she waited two hours for an interpreter at hospital but he/she didn't turn up. As a result her appointment was postponed to another date. The participants felt frustrated as in order to manage her long term condition she needs regular appointments. She said *'it was waste of my (her) time and waste of time and money for the NHS'*.

Another participant said *'I've waited for half an hour for an interpreter, despite my appointment being booked in advance'*.

Another participant told Healthwatch similar story *'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'*.

6.2.4 Quality of the interpreting

Participants said they are not happy with the quality of interpreting services available on the phone. One member described the interpreters as *'young students who don't understand Vietnamese people who live in London and don't know the medical language very well'*. A lot of people echoed this statement. One hard of hearing participant shared his experience of going to a GP but couldn't understand and/or hear the interpreter on the phone. He grew increasingly frustrated and started raising his voice in response to not being able to hear the caller. He was prompted by the GP to lower his voice, which led to more frustration. He was asked to leave the room.



6.2.5 Using family members as interpreters

Several people told Healthwatch that they use family members or friends as interpreters. They said that although this was a regular occurrence they weren't comfortable in taking their relatives to appointments to translate. This was especially true for those with long term conditions. Family members and friends don't know medical terminology well enough to convey all the information in an appropriate way. A second generation Vietnamese woman told Healthwatch that she interprets for her parents, however she is finding it increasingly difficult to attend medical appointments with them as she is employed full time and they require frequent visits to health services. She told Healthwatch that her experience is shared by many of her friends and neighbours who are part of the community.

6.2.6 Best Practice, What Should A Good Interpreting Service Look Like?

Participants told Healthwatch that they are registered at the Kingfisher Surgery and have access to a face to face interpreter. The majority of the people who had access to this service were happy and shared a very positive experience. *'I use the Kingfisher surgery because it's close to my house and they have an interpreter'* one patient told Healthwatch. *'Kingfisher are good because they arrange an interpreter for us'* confirmed another. An elderly man said that *'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'*.

Participants agreed that they wished they had access to an interpreter who was part of their community and knew about them rather than a stranger on the phone. They agreed that the interpreter should be someone from the local community with knowledge of the local issues and of local health and social care services. They felt that the role should not just be that of an interpreter but an advocate and a spokesperson, someone who knows the history and background of the patients. This person would act as a bridge and facilitate a dialogue between patients and service providers. Participants agreed that



in addition to interpreting and advocacy this person should also provide information and signposting and they would like to see this person being involved in the community and accessible.

6.3 Staff Attitudes - Communication Barriers

Healthwatch was pleased to hear that many participants had positive comments about staff attitudes. In particular, participants praised staff at Lewisham Hospital for being polite and caring. Despite hearing positive comments many participants shared negative experiences. One female participant told Healthwatch she felt ignored and dismissed by her GP who didn't explain her diagnosis clearly and the prescribed treatment. As a result she didn't trust his opinion and continued to worry about her condition.

Some participants said the receptionists at GP surgeries should treat people with *'more respect'* and *'be more mindful when dealing with people who don't speak English as their first language'*. Participants agreed that talking to receptionists often made them feel confused especially when they were communicating through the phone. A second generation Vietnamese woman told Healthwatch about her parents' experience. Her parents don't speak English well and tried to book an appointment in person at the GP surgery. The conversation wasn't easy as both parties didn't understand each other well and consequently the couple were told that there were no appointments available. Their daughter then rang the surgery's reception and was offered an appointment. The family felt unhappy with the treatment, although they acknowledged that the receptionists may not be trained or equipped to deal with people who don't speak English as their first language.

6.4 Mental Health

Community leaders that we spoke to suggested that there is an increasing issue with mental health in the community. One community leader suggested that as a result of communicational and cultural barriers it is difficult to pick up and diagnose dementia.

We met with the Vietnamese Mental Health Services Director. He explained that people with mental health issues experience particular barriers in accessing services. The communication barrier becomes more of an issue when treating mental health and presents an obstacle especially when accessing talking therapies.

In our focus groups mental health was not raised by participants.



6.5 Long term conditions and Self-Care

Many participants said that they only knew the name of their condition and didn't know much about self-care. They also didn't understand what medicines they're taking and how the medicines work. Some participants told Healthwatch that after attending training provided by the Health Improvement Team their knowledge and motivation to self-care significantly improved.

6.6 Knowledge of the system and A&E

Participants told Healthwatch that they do not fully know or understand the health and social care system. One person said that her understanding of the system is to *'go to GP during day time and at night to go to A&E'*. Another added *'if you go to A&E you know you'll be treated'*. Many people said they were *'told off'* for coming to A&E. A mother told Healthwatch she risked her son's health by taking him to Waldron walk in centre instead of A&E as she was told to use A&E only for emergencies. *'I was so worried I took my son straight to hospital. They said I should have gone to GP. When my son has trouble breathing. I took him to the Waldron and they said it is an emergency and said I should have gone to A&E'*.

A few older participants told Healthwatch that it was hard for them to navigate the system. One gentleman said: *'I had difficulty trying to ring the hospital. It's always a voicemail. It's hard to understand the options. Sometimes I press the wrong button and then I have to do the whole thing again. It takes a long time'*.

7. Conclusion

Participants of the focus groups were generally happy with the NHS and keen to engage with services. We found out that this community shared common experiences both good and bad.

However we also identified that this community faces health inequalities in the form of barriers when accessing services and information.

By far the most comments received were about access to GP services. The service provided by GP surgeries varies and while many patients are happy with care received and being able to access to face to face interpreters, others encounter difficulties when accessing their GP's.

Communication and translation services was a significant issue with the quality of interpreters, eligibility criteria and availability of the service reported as an issue.

Staff attitudes was also an issue to many members of the community.



8. Recommendations

As a result of our findings through our engagement with Vietnamese community members in Lewisham, Healthwatch Bromley and Lewisham sets out the following recommendations to improve access to services for the Vietnamese community.

COMMISSIONERS AND PROVIDERS:

- 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.
- Identify, promote and encourage the existing good practice amongst GPs including having 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, attitude, taking time to understand the community members.
- Clarify and publicise the eligibility criteria for interpreting services for Lewisham residents.
- Improve access to interpreting services.
- Provide appropriate training for front line reception staff to enable improved communication and cultural awareness.
- Improve diagnosis and support for people with mental health issues who don't speak English as their first language.

COMMISSIONERS:

- Consider investing in local service providers for the provision of face to face interpreting services and advocacy.
- Increase the provision of information for seldom heard groups including the Vietnamese community on how to access services.
- Continue to support and fund established groups to deliver health improvement training including self care for long term conditions and a healthy eating courses.



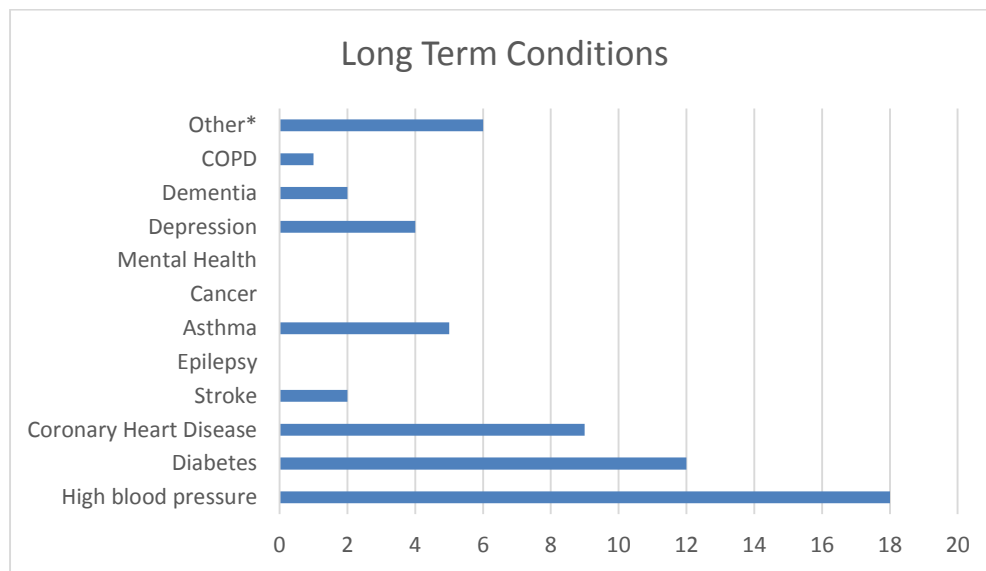
9. Appendices

Appendix 1 - Equality and Diversity Data and Long Term Conditions

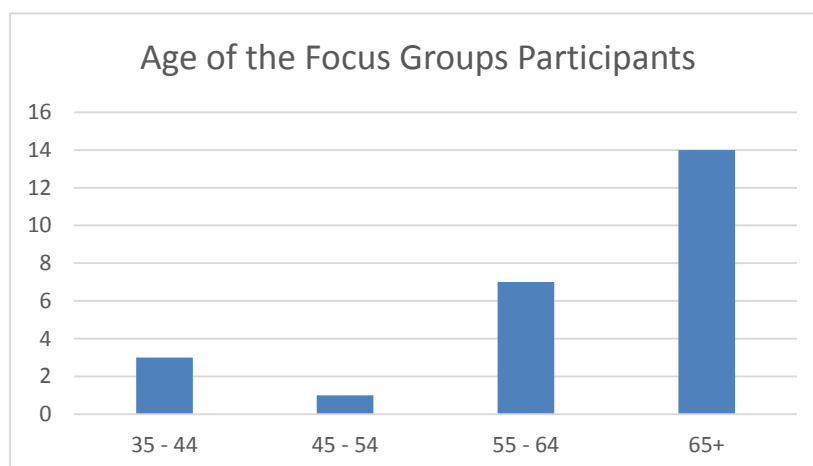
Healthwatch engaged with people from the Vietnamese Community in Lewisham through a variety of forms including two focus groups attended by 33 people. Out of those we collected 25 feedback forms.

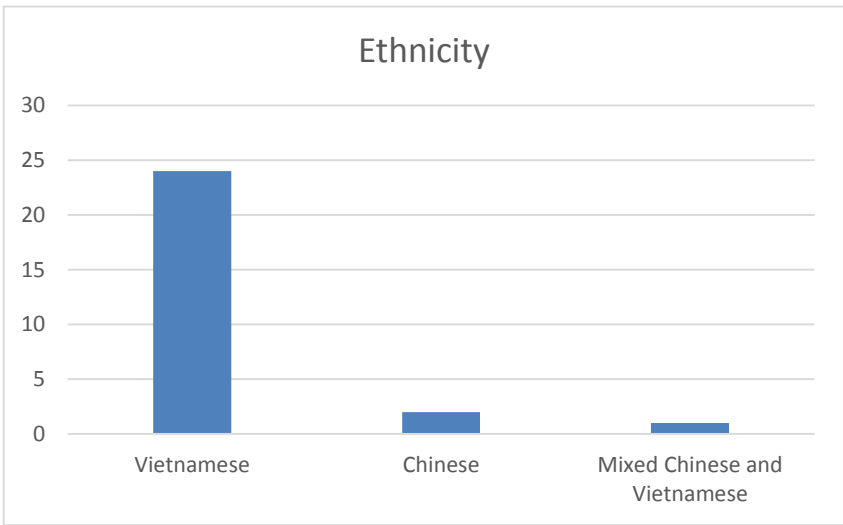
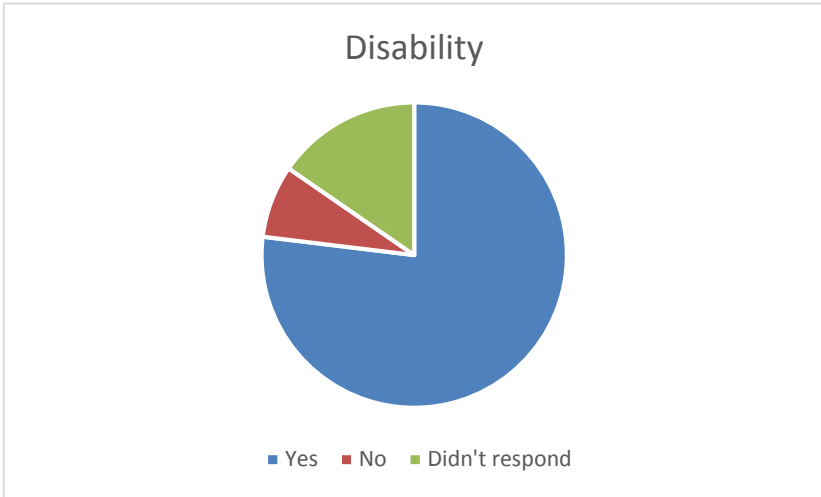
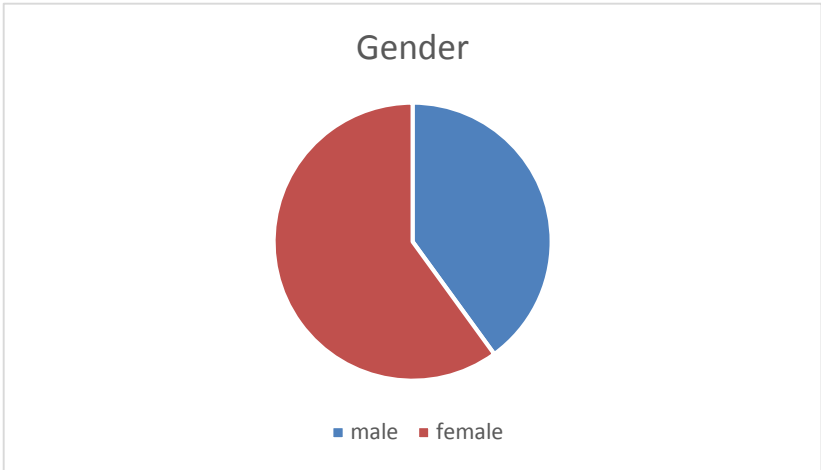
In addition, people told Healthwatch that the average time spent in UK is 24.5 years (based on 11 respondents).

Five respondents were parents or guardians of a child/children under 16 years of age and three were carers.



*Others consisted of: Migraine, Cholesterol (x2), Arthritis, Gout, and Stress





Appendix 2 - Healthwatch Bromley'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 Bromley on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).





The Vietnamese Community and Access to Health and Wellbeing Services in Lewisham

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