

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



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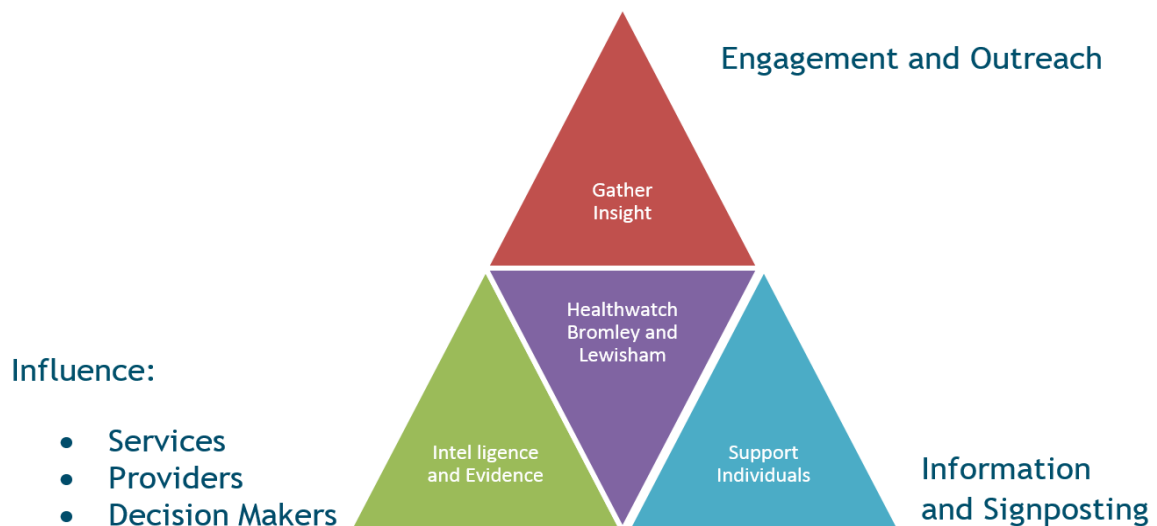




1. About Healthwatch Lewisham

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).

2. Acknowledgements

Healthwatch Lewisham would like to thank Action for Refugees in Lewisham for providing a platform to engage with their members.

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 Lewisham to amplify this voice.

3. The Refugee 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 (BME) background. ¹

Figure 1 shows the breakdown of ethnic groups in the borough cited in the Lewisham Joint Strategic Needs Assessment (JSNA) 2016. Non-white ethnic groups in Lewisham account for 41% of the population.

Action for Refugees in Lewisham support 130 refugees and asylum seekers a week through their advice services. ²

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

² <http://www.afril.org.uk/en/>



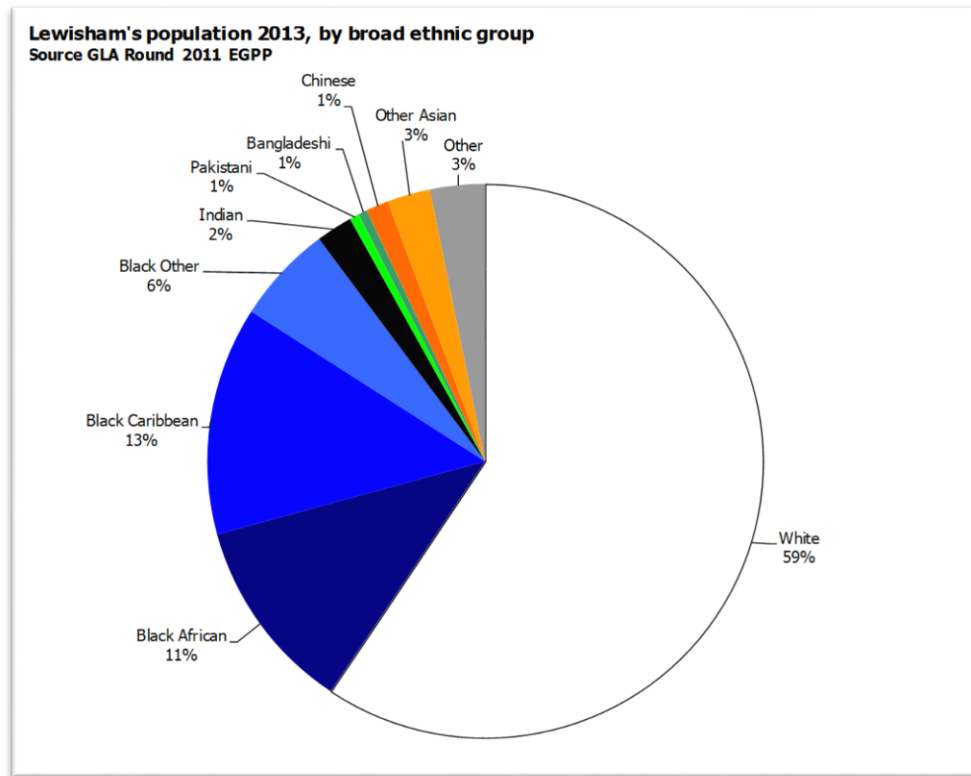


Figure 1 ³

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.⁴ These include the need for cultural issues to be respected, the need for information, communication and education as well as the need 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

³ Lewisham JSNA, 2016

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf



Emergency, higher rates of hospital admission, and the likelihood of more complex, intrusive interventions.⁵

Asylum seekers are at risk of developing poor health as a result of a number of issues such as difficulty in accessing healthcare services, lack of awareness of entitlement, problems in accessing primary and community healthcare services and language barriers.⁶ Asylum seekers may experience conditions which originate from physical or mental torture, trauma or harsh conditions. They also experience a higher rate of mental health issues. Research suggests that health problems increase during an asylum seeker or refugee's time in the UK. In addition failed asylum seekers postpone treatment of minor medical problems that may develop into more serious illnesses (in order to reach a threshold at which they will be treated in Accident & Emergency services).⁷

In addition to the health inequalities many asylum seekers and refugees in Lewisham who have experienced violence and deprivation may have limited knowledge of English and lack support systems. Families supported by Action for Refugees in Lewisham (AFRIL) live in poverty, and some are destitute; they do not have regular meals and often cannot afford suitable clothing.⁸

Through this report, Healthwatch Lewisham draws attention to the experiences of access to health and social care services faced by members of the refugee 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 the 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 Lewisham website.

⁵ Good Access in Practice, BME Health Forum 2010

⁶ http://www.fph.org.uk/uploads/bs_asylum_seeker_health.pdf

⁷ http://www.refugee-action.org.uk/assets/0000/5833/Department_of_Health_-_Review_of_access_to_the_NHS_for_foreign_nationals.pdf

⁸ According to Action for Refugees in Lewisham (AFRIL)



5. Methodology

The evidence in this report was gathered through a focus group organised in partnership with Action for Refugees in Lewisham in the latter part of 2015. The group consisted of women from Chinese and African backgrounds.

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

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

HWL gathered equality and diversity data alongside that evidencing the prevalence of long term conditions amongst the participants. This can be found in Appendix 1.



6. Findings: The Themes

6.1 Difficulties in booking GP appointments

The majority of participants said that booking an appointment was extremely difficult. They were unhappy that they faced problems at the very first stage of trying to access the service. Most of the participants were mothers who explained that the inability to access a GP when they needed was problematic. They felt concerned when their children were unwell and needed to seek advice from a medical professional, however this was not always possible. One participant said *'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.'* Another participant shared a method she uses to ensure she gets through to a surgery on the phone. *'You need more than two phones. I use three and ring on all of them and this way I can get an appointment.'* Although it works for her, she acknowledged that not everyone has the resources and time to do this. Another participant who has young children mentioned that the booking system is too strict and if *'you miss the narrow time slot in which you can ring, there is no chance to see a doctor that day.'* She said that being a busy mum and having a lot on her mind can mean that it is difficult to remember or be available to call during a limited time frame.

6.2 Using A&E as a result of not being able to see a GP

Many participants confirmed that they have used a Walk in Centre in the past, however the majority agreed they go to Accident and Emergency (A&E) to access medical help for their children or themselves. One participant summed up the group's experience by saying: *'When you are unwell and try to book an appointment they say the earliest one is in two weeks. I can't hold on with the sickness for two weeks. So I have no choice but to go to A&E'*.

6.3 GP appointment duration

The majority of participants expressed their concern about not having enough time during an appointment. They felt that the appointments are rushed, not thorough and as a result unsafe and ineffective. Many participants told Healthwatch that this makes them feel anxious for their children's health and wellbeing. One participant told Healthwatch her experience at a GP appointment and a reaction she received: *'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.'* The patients felt shocked and anxious. She felt all the symptoms were important as this could impact on the diagnosis of the condition. She was extremely worried about her daughter's health and left the appointment very upset. She expressed her frustration saying: *'I didn't expect that from a doctor... Why am I here, If I can't tell you what's wrong?'* Another participant expressed her sympathy towards doctors and blamed the system explaining it is set up to fail both patients and doctors. Later she added that *'The*



doctors pass the pressure onto us. Participants felt it was a waste of everyone's time to book separate appointments for different issues. They felt that the appointments are difficult to arrange so once a person manages to book one, they should be able to express all their concerns or have enough time to address an issue in full. Another participant agreed: *'I booked an appointment to see my doctor. I had three problems. I only got 10 minutes with them. They said if you have three problems, make three appointments. I just wanted to get reassurance.'* Another participant added that when she tries to describe her symptoms doctors say: *'no that's enough'* and don't let the patients express their concerns in full.

6.4 Service availability when children are unwell

The theme of service availability touches upon issues previously mentioned in this report, however it is important to highlight, as it captures a specific issue faced by mothers of young children and was shared by the majority of the participants. The mothers said they were confused about where they can go when their children are unwell. The GPs were hard to access and at A&E they were told the problems were too trivial for the service. This left them worried about their children's health and wellbeing. They felt left with no options and did not know where to go to get help. The participants understood that children are often unwell but were extremely worried to see their children with symptoms such as high temperature, vomiting, tired and listlessness amongst others. Participants agreed they needed a service that they could access without barriers to reassure them and rule out any potentially dangerous conditions.

6.5 Staff attitudes

Some participants felt there was an issue with staff attitudes. This applies to two categories of staff: GPs and receptionists

In relation to GPs participants said that some doctors are not good listeners. One participant said *'Doctors don't listen anymore'*. This is linked with not having enough time during appointments and as a result participants felt that GPs didn't appear concerned about patient wellbeing. The research found that in many cases there is no relationship between doctors and patients which indicates a lack of trust.

Comments reflecting on reception staff at GP surgeries were mostly negative. For example, one participant highlighted *'When you ring to book an appointment, the receptionists are rude.'* Another participant added *'The response is not welcoming. They don't speak to you politely.'* More participants echoed this issue. One participant said that having a *'rude receptionist discourages me from ringing for my appointment. You go to A and E as you don't want to book or ring again.'*



6.6 Continuity of care

For some participants continuity of care was an issue. They felt seeing the same GP was important in order to ensure good and safe care especially for those with long term and chronic conditions. Having the same doctor not only ensured a good patient-doctor relationship but could speed up the appointment time. A female participant complained about seeing different doctors each time she booked an appointment: *'They keep reading and reading which takes ages'*. Despite many participants valuing continuity of care, they hardly ever saw the same doctor. When requesting to see a particular GP a participant reported the receptionist usually says that the doctor of their choice is *'not available to see you'*. Another participant added: *'I want to see my own doctor. They don't let me see him.'*

6.7 Issues in relation to A&E

A few participants mentioned experiences that didn't come under the main themes, however it is important to include these in the report.

A participant described a situation where someone she know fainted. This person was alone at home with her primary school age child. The child rang an ambulance and asked for help. He got asked a series of questions he couldn't answer and he was asked to pass the receiver to his mum who at that time could not speak. The child grew anxious and confused. As a result he gave up trying to speak on the phone and got upset. The ambulance did not respond to his call. Luckily a passer-by spotted the situation through the window and called an ambulance, which eventually arrived accompanied by the police. Participants were worried about this situation and felt the ambulance crew should have arrived even though the protocol questions were not answered. They also felt the ambulance call handler should have been sensitive and responsive about the fact that a child called instead of an adult. It was a very worrying and potentially dangerous situation and participants were concerned this could happen to single parents or when they are alone with their children.

Another participant shared her experience during a visit with her child to A&E. After her child was assessed she was told to go home and give the child paracetamol. She told the doctor she did not have any at home and did not currently have money to buy some. It was late in the evening and she asked to be given enough medicine to last a few doses. The medical staff weren't sympathetic to her request, and the mother grew anxious her child would be left without the medication.

6.8 Mental Health

Despite no individuals sharing any mental health related experiences, many participants were interested in the Improving Access to Psychological Therapies (IAPT) service signposted by Healthwatch and noted down the details of the service. Many were not aware that they could access support including talking



therapies to lower mood and stress. This suggests that there is lack of awareness amongst the community about the services available to them locally. A report from Mind in 2009 asserted that refugees experience a higher incidence of mental distress than the wider population. Some of the distress can be linked to experiences in their home countries, however there is evidence that many refugees can develop poor mental health as a result of difficult living circumstances experienced in the UK.⁹ Based on the fact that the majority of the participants were not aware of the IAPT service but were interested in the service suggest that many mental health issues that refugees are experiencing might not be diagnosed and/or treated.

6.9 Health checks

The majority of participants of Chinese origin were concerned about the lack of health checks that they said were available in China. The health checks included a GP visit and various phlebotomy tests. The reason for the health checks would be to determine any conditions that might be *'hidden'*, at early stages without showing obvious symptoms. Participants worried that this might prevent them from catching the early onset of a condition and that they might be suffering from something that they were unaware of. This attitude suggests that there is not clarity amongst the community about differences in the health system in China and the UK and what services they can access locally. This might cause unnecessary visits to GPs and frustration and anxiety amongst patients.

6.10 Translation

A significant number of individuals were happy with the translation services they received and said it was of good quality. They confirmed the services were available if requested. Some participants said they have access to a face to face translation which they valued.

On occasions that participants did not use translation services they communicated in English supported by body language.

7. Conclusion

The refugee community especially mothers and carers of children face barriers and challenges in access to primary care.

Children's health and wellbeing was the main issue highlighted through the research. It was linked to difficulties in obtaining GP appointments coupled with not having enough time during an appointment and not seeing the same GP. As a result the participants confirmed they used A&E to ensure their children were

⁹ (Department of Health - Review of access to the NHS for foreign nationals February 2011, Refugee Action)



given medical attention and this provided mothers/carers with much needed reassurance.

8. Recommendations

As a result of the findings through the engagement with refugee community members in Lewisham, Healthwatch Lewisham sets out the following recommendations to improve access to services in the borough.

COMMISSIONERS AND PROVIDERS:

- Improve access to GP services including improving access to urgent appointments and improving booking systems. Consideration should be given to refugees, people with communication barriers and children.
- Make appointments with a named GP more readily available.
- Increase the length of appointments where necessary to allow safe and effective diagnosis and treatment.
- Improve staff attitudes towards patients by increasing the emphasis on listening to the patient, and by taking time to understand the community members.
- Provide appropriate training for front line reception staff and clinical staff to enable improved communication, cultural awareness and health inequalities faced by minority groups and refugees.

COMMISSIONERS:

- Increase the provision of information for seldom heard groups including the refugees on provision of and access to local services.



9. Appendices

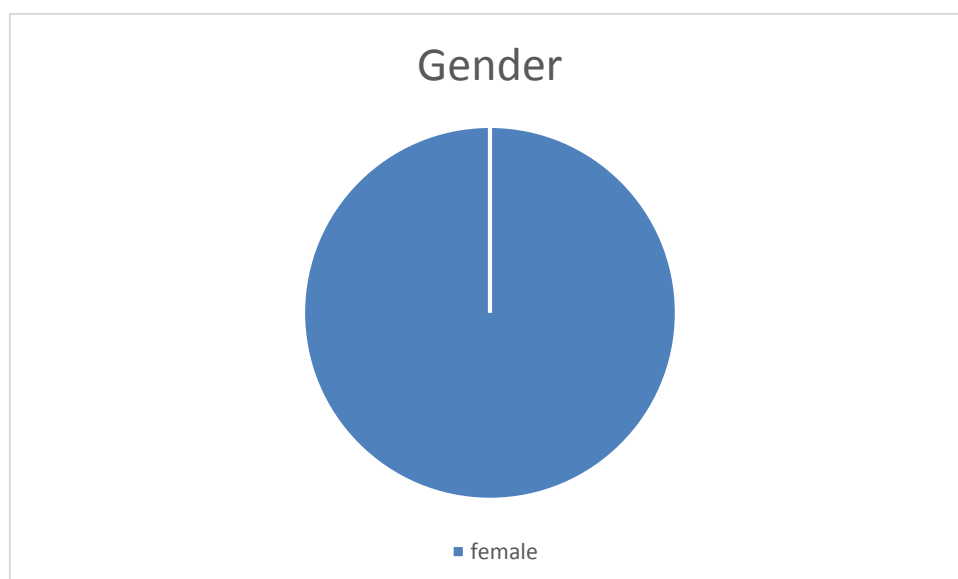
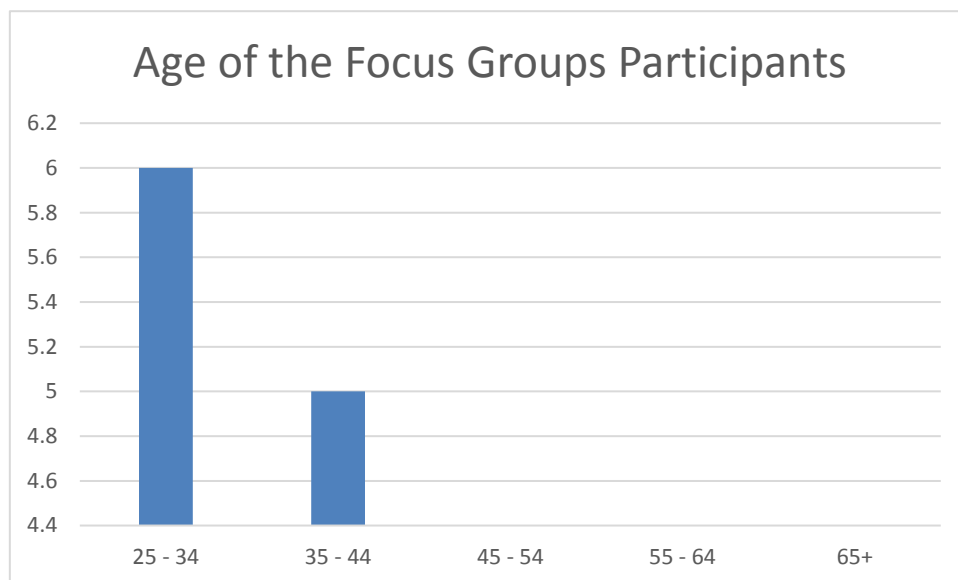
Appendix 1 - Equality and Diversity Data and Long Term Conditions

Healthwatch engaged with people from the Refugee Community in the borough through a focus group organised through Action for Refugees in Lewisham attended by 11 people. All participants returned the equality and diversity questionnaires.

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

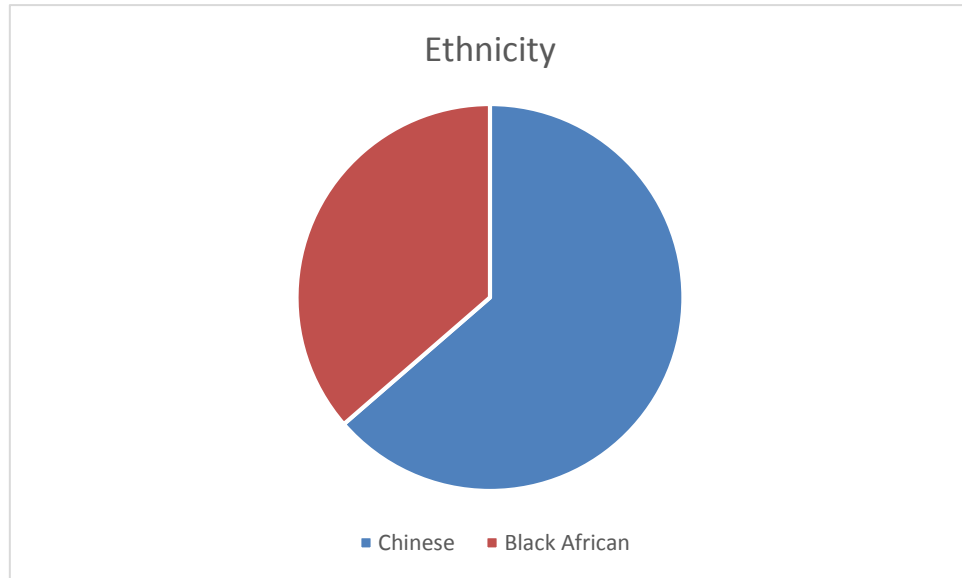
Long Term Conditions

Only one person reported having High Blood pressure.



Disability

None of the respondents consider themselves as disabled.





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