

# The Turkish Community and Access to Health and Wellbeing Services in Lewisham



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## Contents

1. About Healthwatch Lewisham .....	3
Acknowledgements.....	4
2. The Turkish community of Lewisham .....	5
3. Purpose of the engagement .....	6
4. Methodology .....	7
5. Findings: The Themes.....	7
5.1 Good practice - GPs .....	7
5.2 Waiting times at GPs .....	7
5.3 Referrals .....	8
5.4 Interpreting needs.....	8
5.5 Low quality medicine .....	8
5.6 Standalone issues: .....	8
5.7 Dental treatment and mental health .....	8
5.8 Long term condition not recognised .....	9
5.9 Pharmacies and prescriptions system, staff attitudes .....	9
6. Conclusion .....	9
7. Recommendations .....	9
8. Appendices .....	10
Appendix 1 - Equality and Diversity Data and Long Term Conditions.....	10

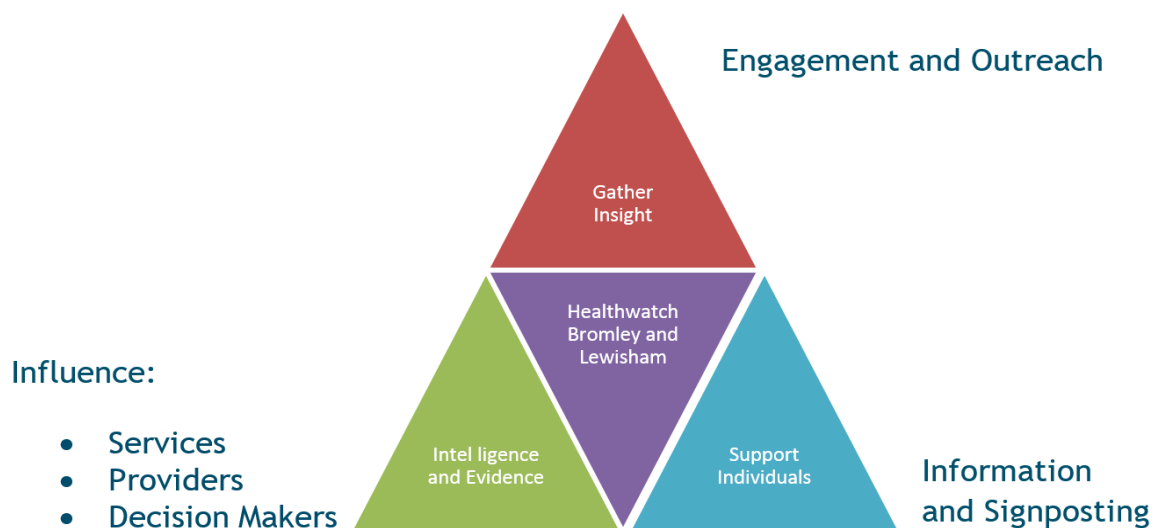




## 1. About Healthwatch Lewisham

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).

### **Acknowledgements**

Healthwatch Lewisham would like to thank the Turkish Elders Club 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.



## 2. The Turkish 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. <sup>1</sup>

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.

According to the 2011 Census there are 27,826 people from White other ethnic minority groups living in Lewisham.<sup>2</sup> There are 1,294 people born in Turkey living in Lewisham.<sup>3</sup> However according to the same source, Turkish is the fifth most spoken language in Lewisham (0.8% of the total population) which suggest the number is closer to 2300.<sup>4</sup> Furthermore, the majority of the members of the Turkish Elders Club considered themselves as White British which implies that data collected by the census may not reflect the actual number of Turkish people living in Lewisham.

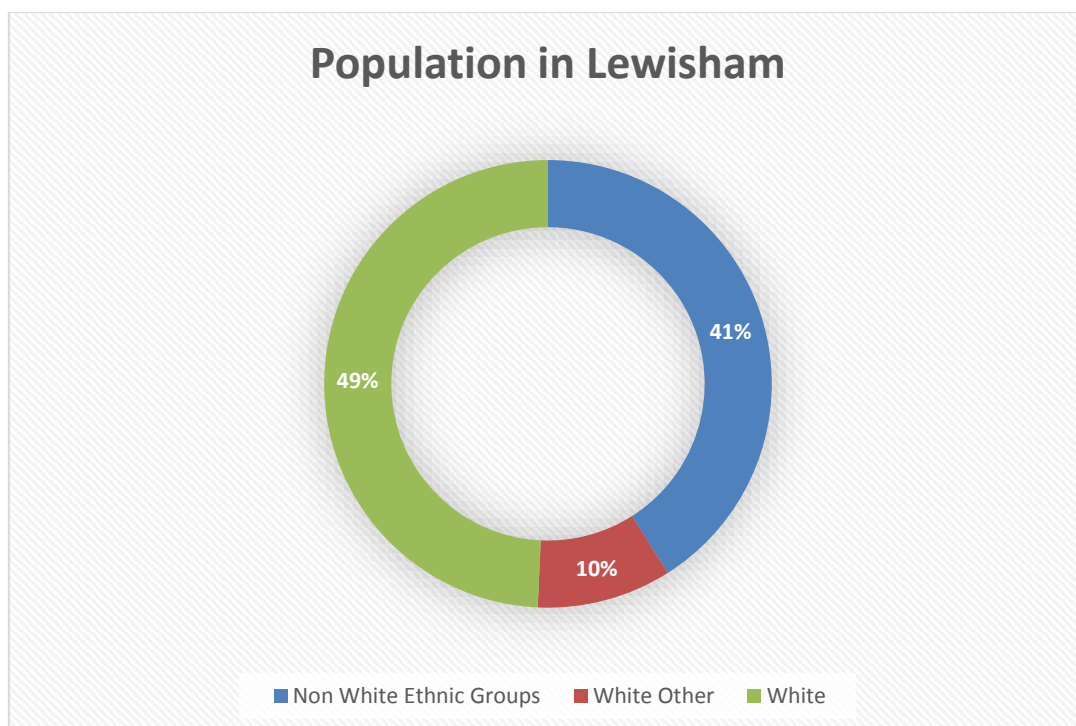


Figure 1 <sup>5</sup>

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

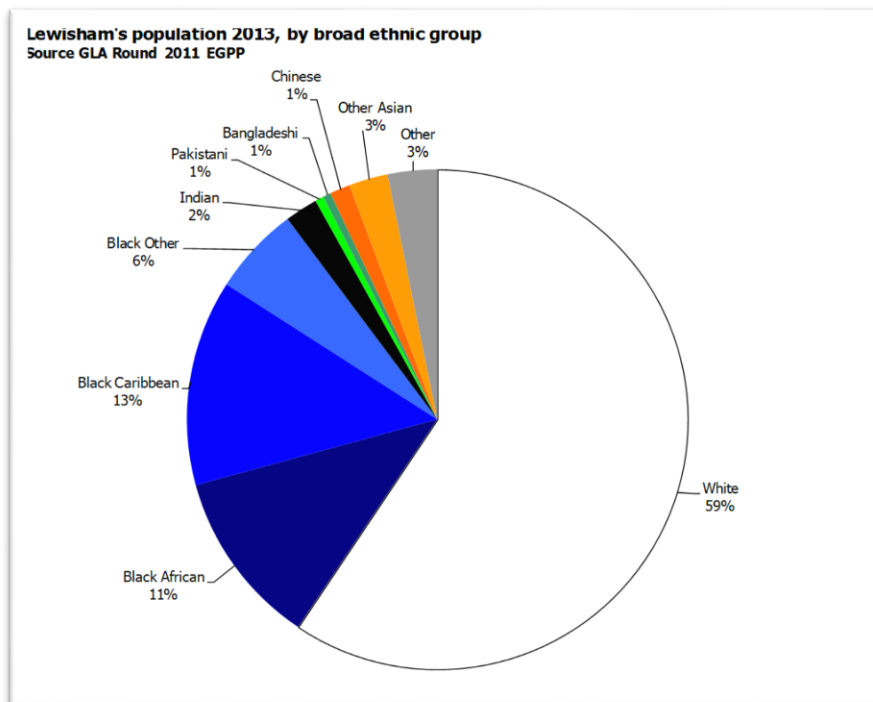
<sup>2</sup> <https://lewisham.gov.uk/inmyarea/Documents/2011CensusSecondReleaseDec2012.pdf>

<sup>3</sup> <http://sprc.info/wp-content/uploads/2013/07/DayMer-Final-Report-final.pdf>

<sup>4</sup> <http://localstats.co.uk/census-demographics/england/london/lewisham>

<sup>5</sup> Lewisham JSNA, 2016





### 3. 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.<sup>6</sup> 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 Emergency, higher rates of hospital admission, and the likelihood of more complex, intrusive interventions.<sup>7</sup>



<sup>6</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215159/dh\\_132788.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf)

<sup>7</sup> Good Access in Practice, BME Health Forum 2010



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

#### **4. Methodology**

The information gathered about access to services for Turkish people living in Lewisham came through a focus group in partnership with the Turkish Elders Club attended by 21 people.

The group agreed to support Healthwatch in communication with participants who didn't speak English by support with translation.

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

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

#### **5. Findings: The Themes**

##### **5.1 Good practice - GPs**

The majority of participants said they are happy with their GPs and praised their GPs for 'listening' to them. This virtue was particularly important for the community and participants said that if doctors listened and are willing to emphasise then the communication barrier will be reduced.

##### **5.2 Waiting times at GPs**

The biggest issue for the members of the Turkish Elders Club was waiting times at GP surgeries. Some participants said they waited for over an hour despite having a booked appointment. Participants said, the typical response when they enquired about the reason was '*IT system change*'.



### 5.3 Referrals

Some participants told Healthwatch they had issues with delayed referrals. Participants were worried about the time it takes to receive any form of response after being referred. One elderly man who had knee problems had not heard any news about his appointment following a referral four months ago. At the time of speaking he had booked a GP appointment to enquire about this. Many participants echoed this problem explaining that when they are referred it is not always clear when they will hear back. They suggested that it would be worth having an acknowledgement with information about the waiting time. Without this participants were not sure if they were forgotten or simply still waiting in a queue for appointments. This also suggests that people visit their GP just to enquire about their referral progress.

### 5.4 Interpreting needs

The participants had varied translation needs; some needed support and others communicated in English. In general participants said they were confident when talking to their GP about minor issues, however if they have more serious medical problems they need an interpreter. Many participants said they use a family member to translate when attending hospital appointments.

### 5.5 Low quality medicine

Healthwatch recognised another big issue for this group was the quality of medicines. The majority of participants agreed that the medicine they are getting is a cheap version of the one their doctor has prescribed or the doctor is not giving *'good medicine'* in the first place. One patient told Healthwatch she has been suffering with a leg problem but was given a prescription for a *'cheap cream'* from her GP. She would prefer to get 'a good medicine' to help the problem. *'The current one is not helping'* she told Healthwatch. Other participants confirmed they had experienced the same issue saying the replacement medicine did not work as well as the original drug despite professionals assuring them it would. The lack of trust in the prescribed medicines could potentially deter patients from using the medicine leading to unnecessary waste and worsening of the condition.

### 5.6 Standalone issues:

Healthwatch heard some issues that were unique to individual participants. However we felt it was important to include these in the report.

### 5.7 Dental treatment and mental health

A participant's family member has refused dental treatment despite being referred to the hospital. Their family is worried and are adamant the refusal of treatment is a result of a mental health issue. However the health professionals involved with the care for this patient do not recognise the mental health issue and do not cooperate with the family to have this person treated.





### **5.8 Long term condition not recognised**

A participant's relative suffered an accident and as a result needed an operation. During the treatment, the doctors were unable to pick up that the patient had a long term condition. The family was unhappy as this caused complications and impacted upon the patient's recovery.

### **5.9 Pharmacies and prescriptions system, staff attitudes**

A participant with a long term condition which has severe symptoms is undergoing chemotherapy. She made a complaint to Healthwatch about the repeat prescription service and pharmacy staff attitudes. She told Healthwatch her medicine was not ready when she came to collect it at her assigned pharmacy. She was then sent to another pharmacy who then sent her back to the original one. After back and forth trips her case was finally looked into and her medicine found at the original destination. The participant felt she was not treated seriously by some staff due to the level of her spoken English.

## **6. Conclusion**

From the data collected it was evident that the focus group participants were generally happy with the NHS. This relates to experiences that were shared by the group as well as experiences expressed individually.

By far the most comments received were about waiting times at GP services. This was closely followed by lack of clarity around waiting times for referrals coupled with long waiting times which made the participants worry as they were unsure if their referral had been lost or whether there were simply long waiting delays. A third issue that was expressed by this community as significant was poor quality medicine and replacement medicines offered by pharmacists.

## **7. Recommendations**

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

### **COMMISSIONERS AND PROVIDERS:**

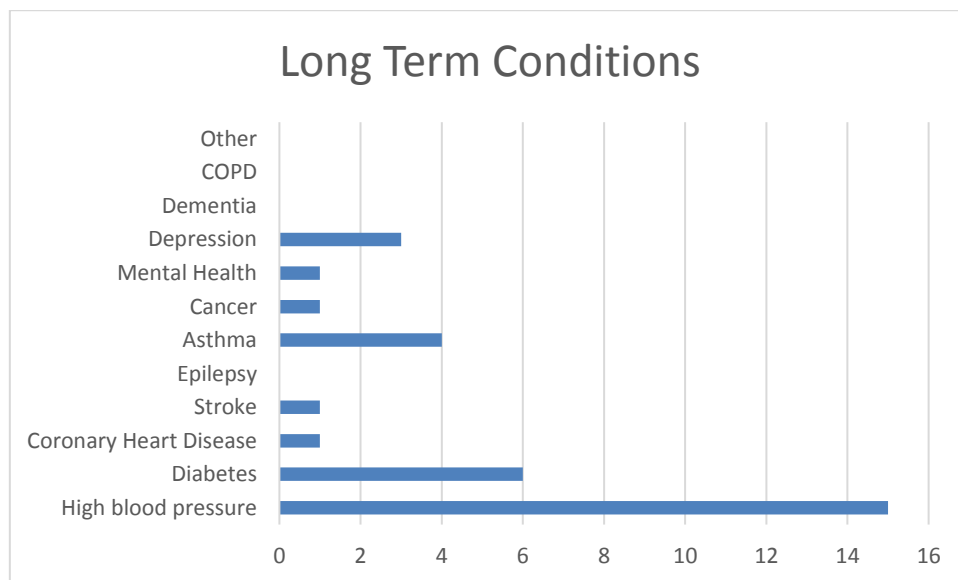
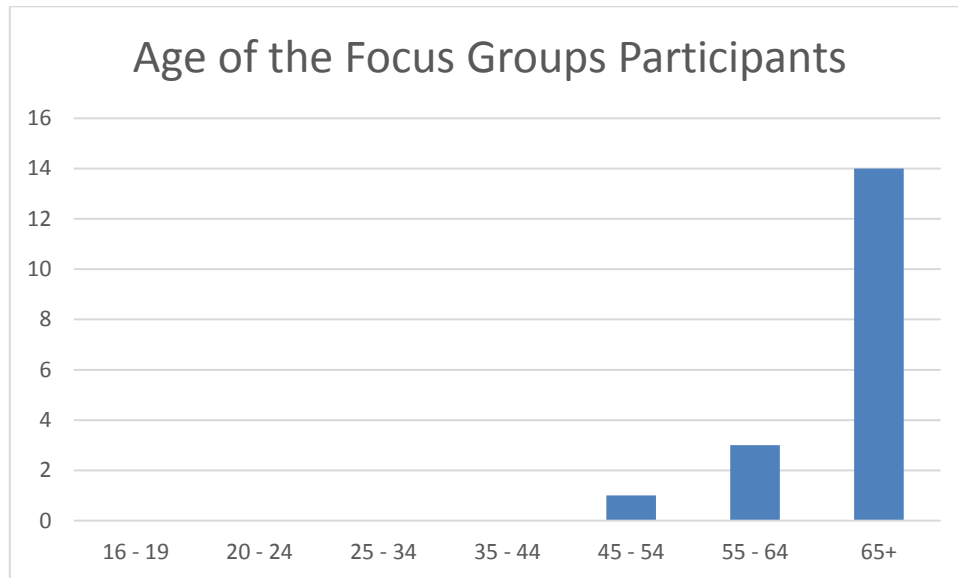
- Improve waiting times at GP services and provide information and explanations for delays when they occur.
- Inform the patient about the expected waiting time for a referral. Provide an acknowledgement so the patient is reassured of the access to service.
- Providers should explain the rationale for prescribing particular medicine and keep the patient informed and involved when an alternative is offered.



## 8. Appendices

### Appendix 1 - Equality and Diversity Data and Long Term Conditions

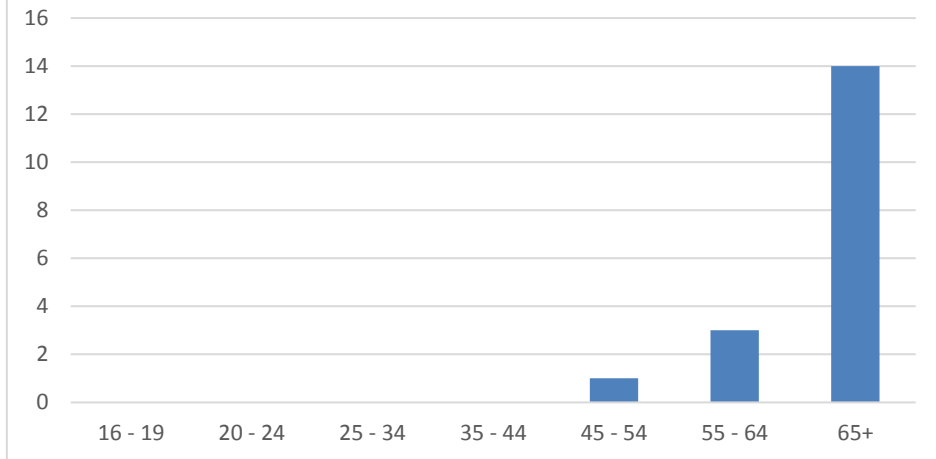
Healthwatch engaged with people from the Turkish Community in Lewisham through organising a focus group attended by 21 people. Out of those we collected 20 feedback forms.



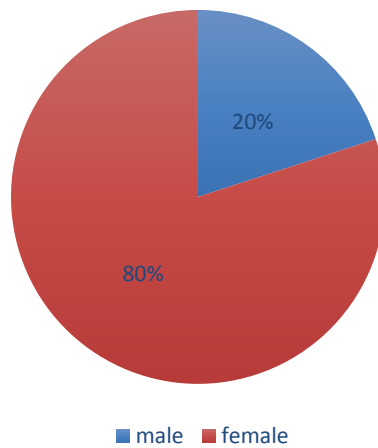
\*Others consisted of: Cholesterol x 8, Osteoporosis, Thyroid problems, Eye Problem, Glaucoma, Leg Problem x 4, Back Pain.



## Age of the Focus Groups Participants

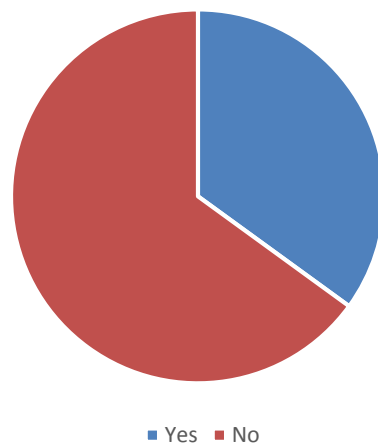


## Gender



■ male ■ female

## Disability

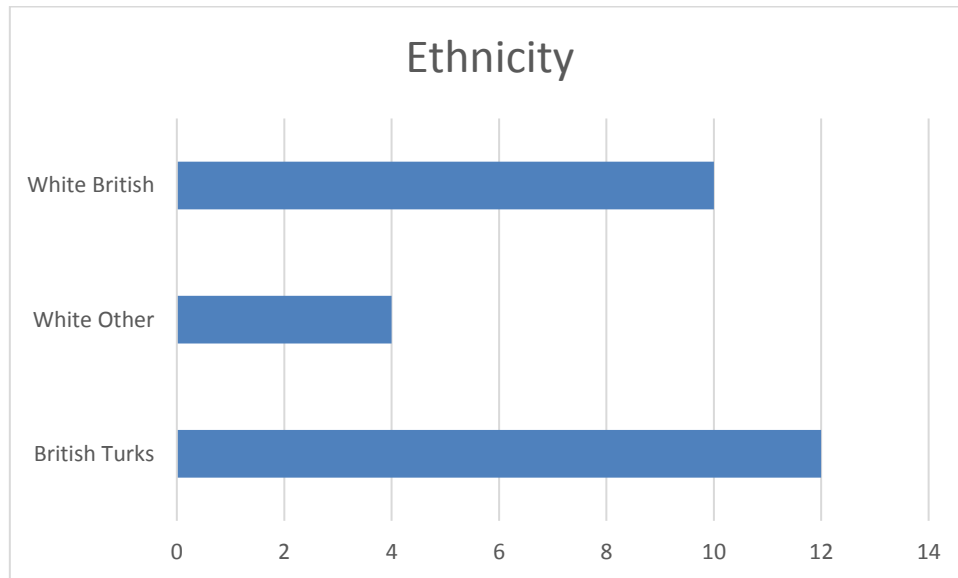


■ Yes ■ No



Majority of the participant described themselves as White British. Some used two characteristics to describe their ethnicity.

- Five participants described themselves as White British and British Turks
- One participants described themselves as White Other and British Turks





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