

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



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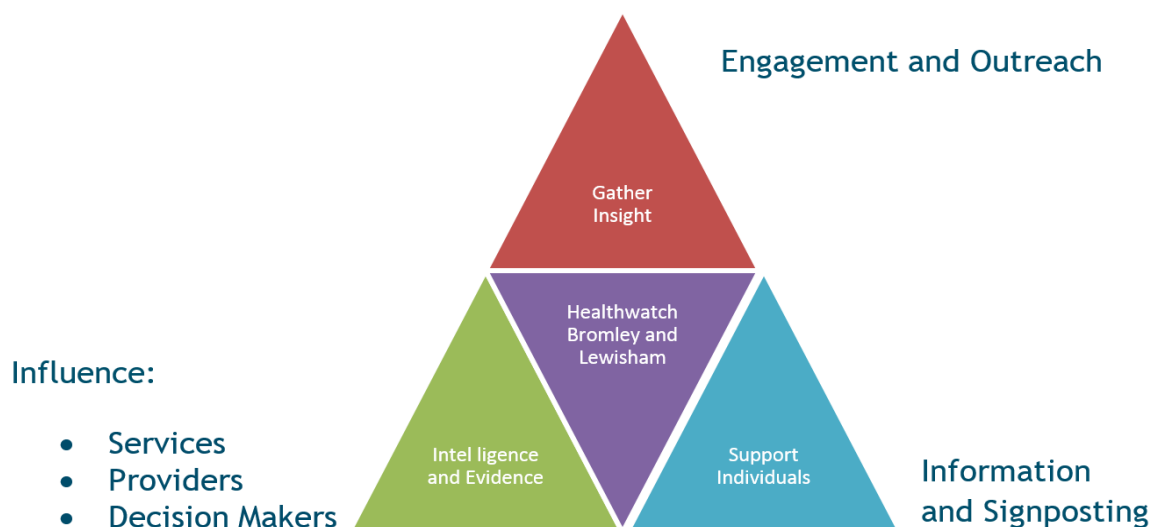
## 1. About Healthwatch Bromley and Lewisham

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 the Polish Cultural Centre for providing a platform to engage with its 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 Bromley and Lewisham to amplify this voice.

## 3. The Polish community of Lewisham

Since Poland and seven other central and Eastern European countries (collectively known as the A8) joined the EU in May 2004 around 66 per cent of all A8 citizens migrating to the UK have been Polish citizens. Between the year ending December 2003 and the year ending December 2010 the Polish-born population of the UK increased from 75,000 to 532,000 making it one of the three largest non-UK born population groups in all countries and most regions of the UK.<sup>1</sup>

London has 123,000 Polish-born residents (24 per cent of the UK total) which makes it the second largest ethnic minority group after Indian.<sup>2</sup>

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.<sup>3</sup>

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<sup>1</sup> <http://www.ons.gov.uk/ons/rel/migration1/migration-statistics-quarterly-report/august-2011/polish-people-in-the-uk.html>

<sup>2</sup> <http://www.theguardian.com/news/datablog/2011/may/26/foreign-born-uk-population>

<sup>3</sup> Lewisham's Joint Strategic Needs Assessment 2016 (<http://www.lewishamjsna.org.uk/>)



According to the 2011 Census there are 27,826 people from White other ethnic minority groups living in Lewisham.<sup>4</sup> Polish was the second most spoken language in Lewisham after English and accounts for 1.6% of the population followed by French 1.5%. This suggests that Polish migrants are the largest group of people who don't speak English as their first language.<sup>5</sup>

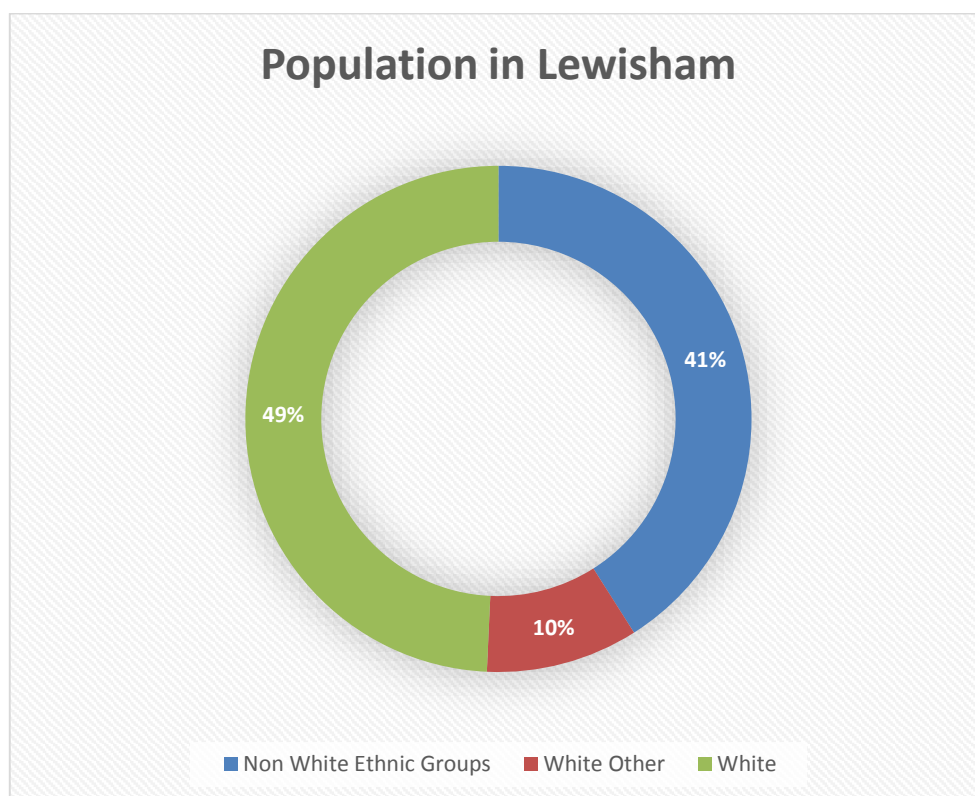


Figure 1 <sup>6</sup>

#### 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.<sup>7</sup> These include the need for respect for cultural issues, the need for information, communication and education as well as for emotional support.

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<sup>4</sup> <https://lewisham.gov.uk/inmyarea/Documents/2011CensusSecondReleaseDec2012.pdf>

<sup>5</sup> <http://localstats.co.uk/census-demographics/england/london/lewisham>

<sup>6</sup> Lewisham JSNA, 2016

<sup>7</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)



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>8</sup>



Through this report, Healthwatch Bromley and Lewisham draws attention to the experiences of access to health and social care services faced by members of the Polish 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. Healthcare in Poland - Background

In Poland there is a national Healthcare system called Narodowy Fundusz Zdrowia offering free medical care, however according to research around 65% of Polish people also access private care.<sup>9</sup>

The care accessed privately is primarily dental, gynaecological and medical tests services. Patients often use the two systems to supplement each other. The main reason behind it is to speed up the process of diagnosis and access to treatment. For example, a patient might use free healthcare for an initial visit and diagnosis, but pay for medial test and go back to the free healthcare system for diagnosis and ongoing medical treatment.<sup>10</sup>

It is possible that Polish migrants are used to the above system and therefore try to replicate similar behaviour patterns in respect of their health care in the UK.

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<sup>8</sup> Good Access in Practice, BME Health Forum 2010

<sup>9</sup> <http://www.nfz.gov.pl/>

<sup>10</sup> <http://www.bankier.pl/wiadomosc/Przyszlosc-prywatnej-sluzby-zdrowia-i-opieki-medycznej-w-Polsce-2264989.html>



## 6. Methodology

Healthwatch Bromley and Lewisham gathered information about access to services for Polish people living in Lewisham by attending an open day at the Lewisham Polish Centre in October 2015. We gathered the information from 18 people by conducting one to one interviews and distributing a ‘*story gathering*’ form with an option to send feedback in a pre-paid envelope.

The Healthwatch Bromley and Lewisham researcher speaks Polish and was able to translate responses from the one to one interviews and the story gathering forms.

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.



## 7. Findings: The Themes

### Lack of trust

When speaking to participants the reoccurring theme was lack of trust towards health care professionals. It is a theme that underlines several other themes identified in this report.

Lack of trust can be formed as a result of one or a combination of factors such as a bad personal experience and or cultural differences. For example, there is a difference in the structure of the Polish health care system in comparison to the NHS. In Poland some specialist care is accessed directly such as gynaecological or dermatological.<sup>11</sup>

In addition, according to one of the local Polish magazines, Polish people preferred to go to 'their own' doctors. And a receptionist from one of Polish Health Care clinics stated that 'often Polish doctors have better qualifications than British ones'.<sup>12</sup>

A couple of participants expressed lack of trust in the skill and knowledge of NHS pharmacists saying: 'Pharmacists here don't know much themselves; they have not been to university to get a degree'. This again is a difference as most Polish pharmacies' customer facing roles are often staffed with qualified staff whereas pharmacies in England might have a pharmacist working in the background.<sup>13</sup>



### Referrals and GP services - negative comments

Many of the participants complained about GPs not referring them for tests or to a specialist which delays or in their eyes disables diagnosis and treatment. In many participants' eyes GPs do not seek to '*get to the bottom of the problem*' and fail to treat patients. Some patients feel that the treatment offered by their GPs is insufficient and ineffective. One participant told Healthwatch that she had a spine operation in the past. She still experiences problems with her back and for the past three years she has been asking her GP for a referral for an MRI scan. She has not received it and was only able to access physiotherapy which didn't help her problem. Another participant told Healthwatch '*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*

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<sup>11</sup> <http://www.prawapacjenta.eu/index.php?pld=840>

<sup>12</sup> <https://goniec.com/wiadomosci/spoleczenstwo/12377-nhs-vs-nfz-czyli-gdzie-jest-gorzej>

<sup>13</sup> <https://forum-farmaceutyczne.org/topic/414-czy-analityk-medyczny-moze-pracowac-w-aptece/>





*to have tests and diagnosis for serious illnesses such as cancer. We were waiting for 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'. A female participant said: 'My Husband fainted and had a seizure but he didn't get a referral for an MRI scan or any other tests'. Another female participant said that after a number of 'pleas' with her GP she got referred for a test to diagnose the condition she suspected she had for a long time. Until then the doctor was only prescribing some drops and ibuprofen to treat the symptoms, but did not look for the root of the problem. The tests confirmed her self-diagnosis and she was finally offered a treatment to manage the condition instead of just 'dampening' the symptoms. Although she got the referral and a subsequent diagnosis, she said she had to 'fight for it' and the final decision to send her for a test was a result of her determination and perseverance. Another young mother was unhappy with the lack of a referral to see a specialist: 'I went to see a GP in relation to my long term skin condition. I got a referral for blood tests and afterwards I should have been referred to a dermatologist or to another specialist.'* A middle aged carer of her mum expressed her anger in relation to the lack of referrals to specialists: *'It is very hard for an elderly person to receive a referral despite requesting one, even if this person is not well. My mum has a lot of long term conditions and health issues such as heart problems, high blood pressure, arthritis and varicose veins. I'm very unhappy with the service.'*

Many patients who complained expressed feeling left on their own with their conditions and felt that professionals did not care. This is a worrying fact as many people with long term conditions may live undiagnosed and as a result their health may worsen over time resulting in needing more care later on. In addition, patients can be emotionally, mentally and physically harmed as a result of delayed diagnosis or lack of it. This can have a ripple effect on their families as many participants were parents of children below 16 years old.



### **Use of private Polish Clinics**

As a result of the negative experience of treatment and/or access to NHS care many participants told Healthwatch they access private health care. One patient said *'my son has allergies (food and pollen) but only gets a cream (from his GP) so I went to Poland and got £100 worth of treatment and medicines. Now I contact my doctor via skype to get more medicine'*. Another female patient accessed private healthcare for support in tests and diagnosis, however she couldn't afford



an ongoing treatment privately and went back to the NHS. Another female participant complained: *'I don't use GPs as I can never book an appointment even if I try. So I need to somehow look after myself and take matters in my own hands to get help. I try to help myself or go to the Polish clinic.'* A young Polish female suffering long term conditions said: *I tried to see my GP about a month ago. I had symptoms of "woman's" nature. It was hard to get an appointment so I went to a private Polish clinic. The NHS is a disaster.'*

A middle aged man told the Healthwatch that he uses the NHS only for minor issues with his child. As a result of problems in accessing referrals to see a specialist and obtain the right treatment and long waiting times he is accessing private healthcare. Another young woman told Healthwatch that if she wasn't happy with the received treatment she would go to one of the Polish health centres.

### **Paracetamol**

Many participants were referred to doctors who advised patients to use paracetamol instead of treating the condition. A middle aged female participant said: *'Doctors here cannot give anything but paracetamol.'* Another participant praised her doctor for her professionalism saying *'she doesn't just prescribe paracetamol'* which



indicates that this is an established theme within the community that many members identify with. It is even used as a 'measuring tool' to assess the professionalism of a GP. It reflects the dissatisfaction with NHS services and a lack of trust in the care provided by GPs. It also confirms the members of the community are worried that they are not accessing an adequate treatment and care.

### **Staff attitudes**

Some participants complained about staff attitudes. A female participant with multiple long term conditions who needed access to the healthcare system frequently told Healthwatch that she wasn't happy with the way her GP treats her *'He is only looking at a computer. He treats me like a number.'* The same GP then asked her embarrassing questions relating to habits she never had which suggests he was looking at a wrong file or there were errors in her medical records. Another participant said her GP refused a requested treatment and told her to go to Poland to get help. She later filed a complaint, however the matter was unresolved as the GP no longer worked there.



## NHS staff skills - Varied service ‘depending on who you see’

Many participants told Healthwatch they have a mixed experience using NHS services and it often *‘depends on who you see’*. These comments related to staff in primary and secondary care. A middle aged mum told Healthwatch: *‘some GPs are good and some are very bad. I had to change 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.’* Another participant told Healthwatch she underwent an operation at Lewisham Hospital and commented that some nurses were brilliant and provided excellent care where as others *‘didn’t have a clue what they’re doing and how to do things they needed to do. To the point that I had to give them instructions myself.’* The participants recognised that there is an inconsistency in the level of skills amongst the NHS staff and it is worrying that some may access excellent care where others may simply not depending on the individual they saw. The comments suggest that there is an inconsistency in the skills of the staff. This reflects badly on NHS services overall and has a negative impact on patients’ satisfaction.

## Interpreting

Many members of the community had a good level of English and didn’t express the need for translation services.

However, about a half did not speak English confidently enough to communicate with health professionals and needed support. Most people in this group use family and friends to translate with a few saying they need a translation in relation to more serious medical issues. However, some participants with multiple health conditions, that don’t speak English well, said that they experienced significant barriers in accessing health care as a result.

*‘I know from my own experience and from the experience of my 60 years old mum that it’s very hard to access a translator. Even if you ask for the service. Every time my mum needs to book a visit or needs a GP visit someone needs to go with her.’*



*'My English is not the best. I try to communicate however when I struggle to speak (use correct words) health professionals ignore me. No one ever suggested to use a translator although I know I'm eligible to one. When I ask, they refuse and blame lack of time etc.'* Another participant complained about cancelled appointments as the result of interpreters not turning up. During her visit at one of the local hospitals she was told she can only access an interpreter once.

Healthwatch discovered that people who cannot communicate well in English feel ignored and as a result cannot access appropriate care. The research also suggests that patients are not offered translation or when they request the service they are refused.

In addition, the use of family and friends poses problems for patients' confidentiality and translation quality which may have impact on treatment outcomes.

### **Happy with the NHS services**

Healthwatch was pleased to hear that participants shared a number of positive experiences and many said they are generally happy with the NHS. The services people were happy about were: maternity wards, midwives, free prescriptions for children, walk in centres and eye and vision care at Kings College Hospital.

### **GPs - positive comments**



A number of participants praised their GPs for having a caring attitude and giving quick referrals. One participant described why she was happy with her GP: *'My current doctor is very caring; this ensures that I'm involved in the treatment. She explains the treatment plans, refers me for tests appropriately and timely. She explains medicine and discussed with me the treatment time. She doesn't clock watch. She gives me enough time when I need it. I don't mind waiting for the appointment as I know that when I need more time she gives it to me and that's the price to pay.'* Another participant said she was happy with the timely and responsive care in relation to her Varicose Veins problem.

### **Management of long term conditions - positive comments**

A few people praised the NHS for good care in managing long term conditions especially Diabetes. Another middle age patient with Diabetes said she is happy with how NHS services support her in her condition. She praised the fact that all



her necessary tests are done in timely, regular manner and are all arranged to fit in a day. Another female patient told Healthwatch she was happy with her GP and other services monitor her condition and prompt her to attend a visit.

## 7. Conclusion

Healthwatch found that the main themes were lack of referrals for tests and referrals to see specialists and a lack of trust towards healthcare professionals. Healthwatch found that a number of participants had to *'fight'* to access tests and as a result to receive a diagnosis. Participants also felt there is inconsistency in the services as a result of varied skillset amongst the staff. As a result of the above mentioned themes participants were often using local Polish private clinics. Despite uncovering many negative themes, Healthwatch was pleased to hear that many participants were generally happy with the NHS with caring GPs who refer appropriately and a management of long term conditions.

## 8. Recommendations

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

### COMMISSIONERS AND PROVIDERS:

- Provide appropriate training to staff to enable improved communication, customer services and cultural awareness.
- 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 a form of a booklet or as information sessions delivered through local groups.
- Ensure patients understand the treatment plan and treatment options available to them such as medical test or escalation to the specialists.
- Improve access to interpreting services both in primary and secondary care settings.
- Clarify interpreting eligibility criteria.
- Staff to engage with patients and provide reassurance around treatment plans, diagnosis, and NHS service availability.
- Promote and share good practice of services that are performing well to inspire good practice amongst the staff.

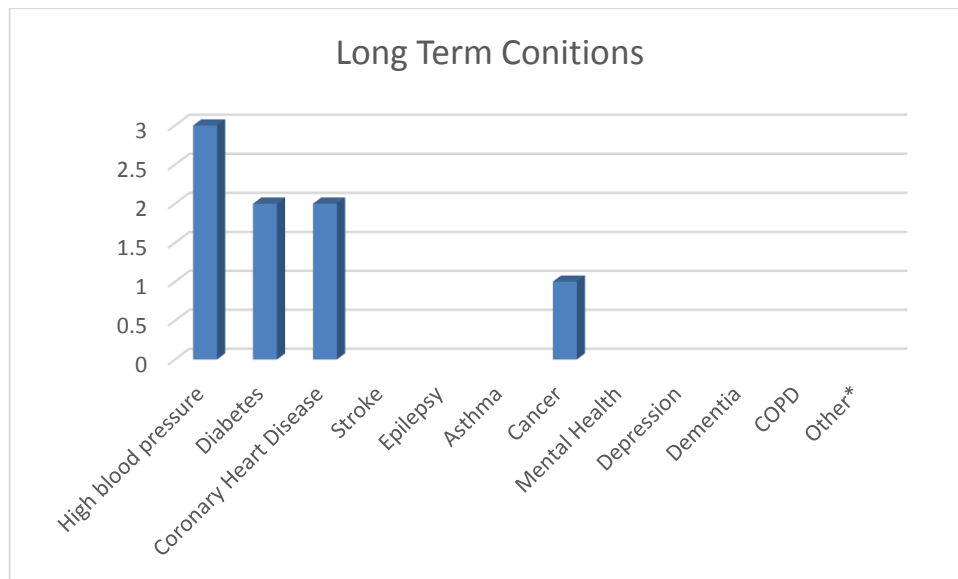


## 9. Appendices

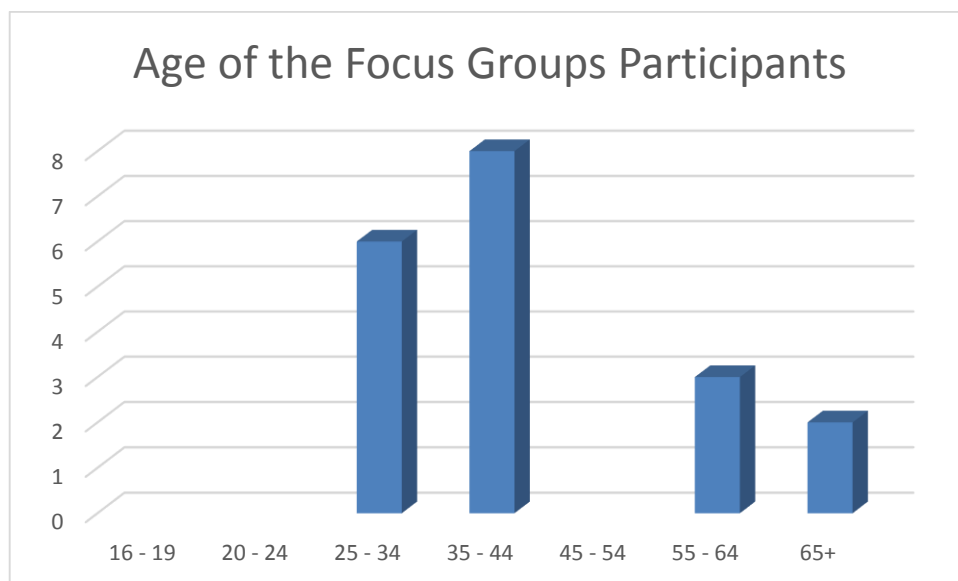
### Appendix 1 - Equality and Diversity Data and Long Term Conditions

Healthwatch engaged with people from the Polish Community in Lewisham by face to face interviews with 18 people at the Lewisham Polish Cultural Centre.

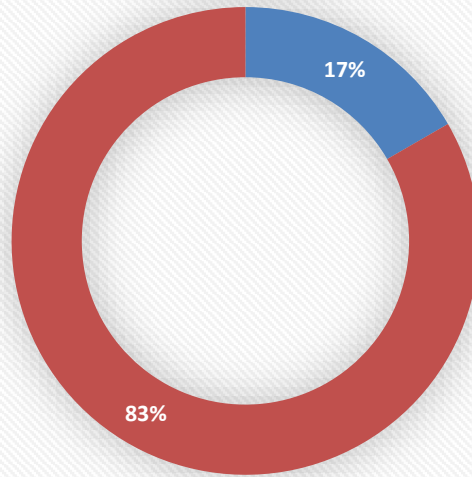
Two of the respondents said they were carers and 13 were parents or guardians of a child/children under 16 years of age.



\*Other consisted of: Dermatological Problem, Underperforming Thyroid x 2, Headaches, Low Blood Pressure, Arthritis, Varicose Veins x 2 and Spine Problems x 2

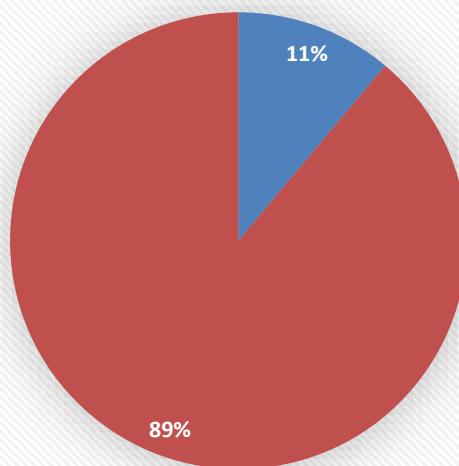


## Gender



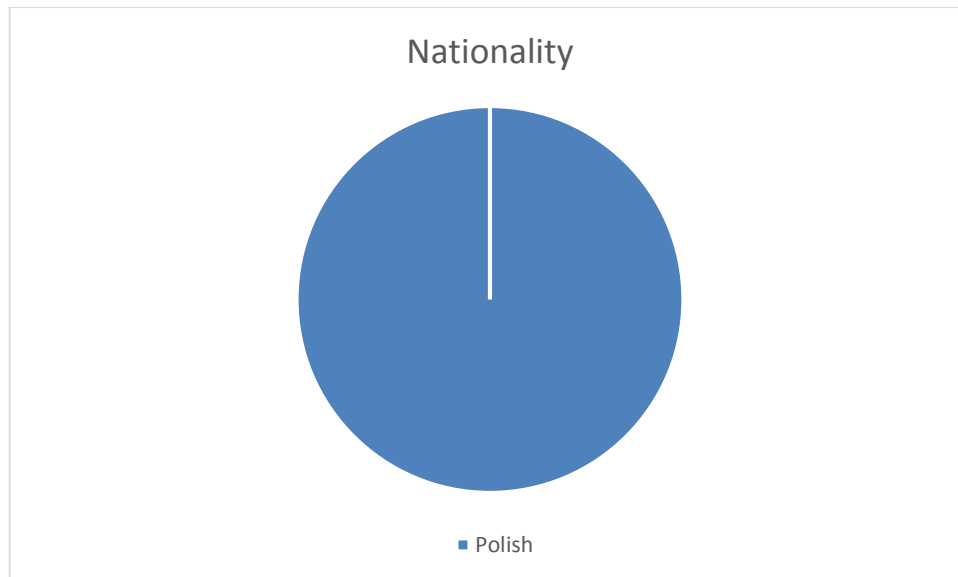
■ Male ■ Female

## Disability



■ Yes ■ No





## 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 Polish Community and Access to Health and Wellbeing Services in Lewisham**

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