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

April 2016

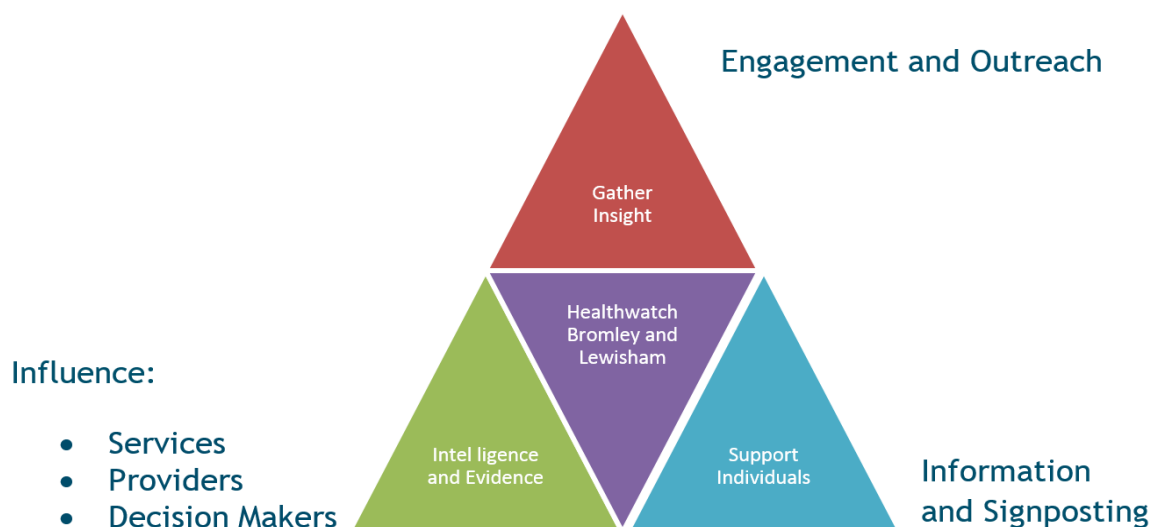Community House, South Street, Bromley, BR1 1RH, 0208 315 1916

Contents

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 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 Lewisham (HWL) 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.

Engagement and Outreach

Gather Insight

Healthwatch Bromley and Lewisham

Influence:
- Services
- Providers
- Decision Makers

Intel ligence and Evidence

Support Individuals

Information and Signposting

- 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 Lewisham would like to thank South East London Tamil Elders and Family Welfare Association (SELTEFWA) 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 Tamil 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's Joint Strategic Needs Assessment (JSNA) 2016 data estimates that Non-white ethnic groups in Lewisham account for 41% of the population. The full breakdown of ethnic groups present in Lewisham are shown in Figure 1.

Downham Tamil Association estimate that there are approximately 8000 members of the Tamil community in Lewisham.[2]

In 2011, Tamil was in the top ten most requested languages for translation services in the borough.[3]

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[1] Lewisham's Joint Strategic Needs Assessment 2016 (http://www.lewishamjsna.org.uk/)
[2] Downham Tamil Association, 2016
[3] London Borough of Lewisham - Translation, Interpretation and Transcription Service

Research suggests that the biggest Tamil migration happened in three stages: post-colonial, during the 1960s and 70s and post 1983. The population of people born in Sri Lanka that live in England and Wales increased by 88% from 2001 to 2011 based on Census figures and the country remains amongst the most important sending countries for asylum seekers to the UK. [4]
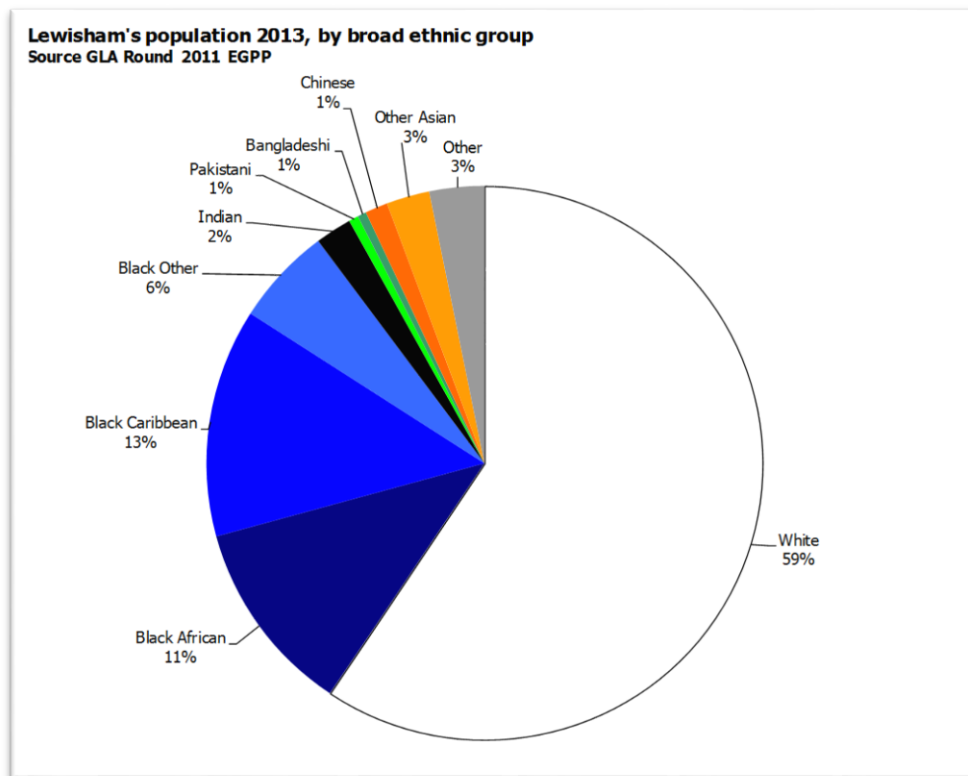

Lewisham's population 2013, by broad ethnic group
Source GLA Round 2011 EGPP

- Chinese 1%
- Other Asian 3%
- Other 3%
- Bangladeshi 1%
- Pakistani 1%
- Indian 2%
- Black Other 6%
- Black Caribbean 13%
- Black African 11%
- White 59%

Figure 1 [5]

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.[6] 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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[4] Diversity and Diaspora: Everyday Identifications of Tamil Migrants in the UK, Demelza Jones, University of Bristol 2013
[5] Lewisham JSNA, 2016
[6]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf

People from Black and Minority Ethnicity ethnic (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.[7]

Evidence suggests that older people from ethnic minorities experience higher proportions of long term illnesses. In the White British population 27% of people aged 50-64 report a limiting long-term illness such as diabetes, hypertension and stroke. This proportion rises to range of 36% - 54% amongst people from some ethnic minorities.[8]

However, the ageing of ethnic minority communities and the implications for health and health care needs has received far less attention. In fact 'ageing' and 'ethnicity' are rarely integrated within health research.[9]

There are over 4.6 million individuals belonging to minority ethnic groups in the UK, with a quarter million aged 60 years or over.[10]

Through this report, Healthwatch Lewisham draw attention to experiences of access to health and social care services faced by members of the Tamil 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 websites.

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[7] Good Access in Practice, BME Health Forum 2010
[8] 2001 Census
[9] Health inequalities amongst older people from ethnic minority groups in Britain, Sharon M. Holder, University of Southampton 2008
[10] 2001 Census

5. Methodology

Healthwatch Lewisham gathered information about access to services for Tamil people living in Lewisham by organising a focus group in November 2015. It took place in Catford, Lewisham and was organised in partnership with SELTEFWA.

The focus group was attended by 12 individuals all of whom were over 65 years old and had multiple long term conditions including High Blood Pressure, Diabetes, Coronary Heart Disease and Arthritis.

Most participants were communicating in English and there was no need for an interpreter. On occasions when participants didn't understand parts of the conversation or needed help in explaining their point, other members of the group supported them and helped to translate.

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 2.

6. Findings: The Themes

6.1 GP Appointments: Availability and a Booking System

All participants were over 65 and many had multiple long term conditions. They told Healthwatch that it was important to them to be able to access help when they need to, to ease their concerns and conditions. Most participants said they face significant barriers and often are unable to see their GP when they are experiencing symptoms or feeling unwell. *One participant said "At our age every day is a bonus. One day you might be OK but another you might not be. As a result you should be able to see a GP when you need to, not wait two weeks if you're not well. You can't predict when you're unwell. There should be more urgent appointments available."* Many complained about difficulties in booking an urgent appointment when they wanted to see a doctor on that day *"When you call in the morning the phone is engaged till 8.40am. You can hear the message 'we're very busy right now', when you get through you hear: 'all the appointments are gone'."* Another frustrated participant summed up her experience with the booking system at her GP: *"You ask a question: Can I see the doctor? You hear back: No, you can't, all the appointments are booked."* An elderly woman with multiple long term conditions said *"I had to fight for it."*

"It's not has been the case in the past…"

Participants told Healthwatch that in the past they were able to see their GP when they needed and they had easy access to same day appointments. They clearly remember having no problems accessing health services and so are more disappointed to face challenges in accessing health care now that they are older and experiencing more health problems.

Another issue raised by participants was the long wait for a pre-booked appointment, which delays their treatment and prolongs their discomfort and pain. *"You need to wait 2 -3 weeks for the appointment"* said one elderly woman and others confirmed they face waiting times from 10 days to three weeks with some patients facing even longer times. An elderly woman waited 23 days to see her GP to ask for a referral. At the time of speaking to Healthwatch she was facing yet more waiting time for the referral appointment.

Some participants felt there should be more information about the appointment system while at the GP surgery. *"People who come later to the surgery, go (to see a GP) before me."* This made participants feel confused and meant that they were not sure if they had missed their appointment or if there were other reasons to explain why other patients got to see a GP ahead of them. This suggests patients have a need to understand practices processes and procedures which might be achieved for example by providing a practice leaflet.

6.2 GP appointment time

The second major issue for the participants was insufficient time at the GP appointment. Many participants worried that they did not have enough time to explain their symptoms and related issues and circumstances that might be important for the diagnosis or for prescribing the right treatment. Many participants echoed a statement of an elderly woman: *"10 minute appointments are not enough"*.

Participants told Healthwatch they were particularly frustrated to be rushed at the appointments when they had waited for the visit for a long time. *"You wait two weeks or ten days for the appointment, but when you get there doctor says 'hurry up, we've got other appointments after yours."* An elderly man agreed: *"Doctors give you 5 minutes and then go, go, go, go"*.

Not having enough time at the appointment impacts negatively on patients' trust in their GP and their feeling of reassurance which in turn might impact on the treatment compliance and outcome. Participants felt that when doctors are rushed they are not able to treat patients with sufficient care and don't have time to comfort and reassure them. The short appointment time gives them little opportunity to explain aspects of the treatment which leaves the patient without sufficient knowledge about their condition and unsure how to manage their condition well.

In contrast to the above issues, some participants praised their doctors who took enough time (more than 10 minutes) to listen and talk to them, treat them with care and empathy. Those patients felt reassured, happy with the received care and expressed trust in their doctors.

6.3 Communication and cultural differences

The 2011 data confirms that Tamil was amongst the most requested languages as reported by the Local Authority. Despite that, at first SELTEFWA didn't report any communication issues, however after asking a few investigative questions Healthwatch established that 8 out of 10 participants were registered with Tamil Doctors. *"There are many Tamil Doctors. We are lucky"* said an elderly woman. Participants explained that in the first instance they will seek a Tamil speaking doctor and only if this was not possible will they opt for a non-Tamil one. This suggests that participants were self-selecting practices to enable easy access to care and to help remove communication barriers. This approach inevitably has its limitations. Not all Tamil people may have access to, or are within the catchment area of GP surgeries with Tamil speaking doctors. Communication also starts being a barrier when accessing other services such as specialist hospital treatment, community and other primary care or social care services.

6.4 Medicines

Participants raised an issue of medicines with the majority confirming they use the repeat prescription option and are happy with the service. They were however concerned that they did not always understand their medications and expressed the need for more information about how a medicine will work, what the correct dosage is and what the possible side effects are. *"They [doctors] should explain what it is for and how to take it"*.

Another participant told Healthwatch he used to take an effective medication for his long term condition. However, it is no longer available on the NHS and the replacement one does not work as well. As a result, he is importing his medicines from Sri Lanka. This potentially poses many dangers such as inconsistency of supplies, the drug not being recorded in his notes and as a result his medication clashing with other medicines he might be given. It also raises an issue of trust with his GP and the local health services and potential medicine waste.

6.5 Staff attitudes

Some participants mentioned staff attitudes as a problem. An elderly woman said her GP is *'rude'* and another told in a humoristic way *"You have to be careful with the receptionist otherwise they put you at the back"*. Others echoed this statement which suggests the participants are not comfortable in addressing receptionists which might result in barriers to access to health services.

6.6 Long waiting times for referral appointments

Participants experienced long waiting times for referral appointments, with many saying that they were not told of the expected waiting times resulting in patients feeling anxious. The majority of the participants said they wished to receive an acknowledgement of referrals with information on the anticipated waiting time. Some participants told Healthwatch they don't always know what tests they were referred for. This combined with not knowing the length of time for a test or referral appointment could mean that patients lose control over their own condition and are unable to self-care.

One elderly participant has waited to see an Ears Nose and Throat Specialist and after two months of waiting received a letter of acknowledgement. The letter did not explain how long the patient should expect to wait for the actual appointment.

Another participant suffering with a long term condition experienced uncomfortable symptoms and pain. She sought help, however due to the long waiting times for appointments and referrals she waited one year to be treated. This left her frustrated and disappointed in a health care system that left her to deal with the symptoms and pain without timely access to treatment.

As with other themes in this report not everybody echoed this experience. A male participant told Healthwatch he was happy with his GP who issues him referral appointments appropriately and without any delays.

6.7 Joined up services, patients at the heart of the service

Healthwatch heard that the *'doctors just give medicine'* implying that they do not look into the cause of the problem but prescribe medication to ease the symptoms. Participants commented that doctors should look at the person in a holistic way and take more time to get to the bottom of the problem. This implies a need for joint up working with other service providers and putting patients at the heart of the support process.

7. Conclusion

Many participants were happy with the care they received, however Healthwatch Lewisham identified barriers that this community faces when accessing services.

The majority of the participants were unhappy with the booking system creating a barrier in accessing GP services when they need to.

Participants were also concerned with the waiting time for referral appointments and tests, some reporting it took 1 year to see a doctor.

The next big issue was not having enough time during an appointment with their GP. Participants complained their appointments were rushed and they did not have enough time to talk to the GP about their condition or to fully explain the symptoms.

The majority of participants were accessing a Tamil speaking doctor when possible to reduce the barriers to communication and access. Data from translation services in the borough of Lewisham suggest however that Tamil was one of the most requested languages for translation which suggests that many members of the community require support when communicating with services.

8. Recommendations

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

COMMISSIONERS AND PROVIDERS:

- Improve access to GP services including access to urgent appointments and booking systems.
- Increase the GP consultation appointment time for people who experience with communication problems especially the elderly and those with long term conditions.

- Improve access to interpreting services both in primary and secondary care settings.
- Enable and encourage health professionals to seek confirmation that the patient understands how the prescribed medicines work, the side effects and the correct dosage and to give patients the opportunity to ask questions about their medicines.
- Provide appropriate training to staff especially front line reception staff to enable improved communication, customer services and cultural awareness.
- Provide clear guidelines and time scales around referrals to specialist services and tests.
- Reduce waiting times for referrals.
- Explain to patients what tests they are being referred for and the reason for the referral.
- Special consideration should be given to people who might experience communication problems, elderly patients and to those with long term conditions.
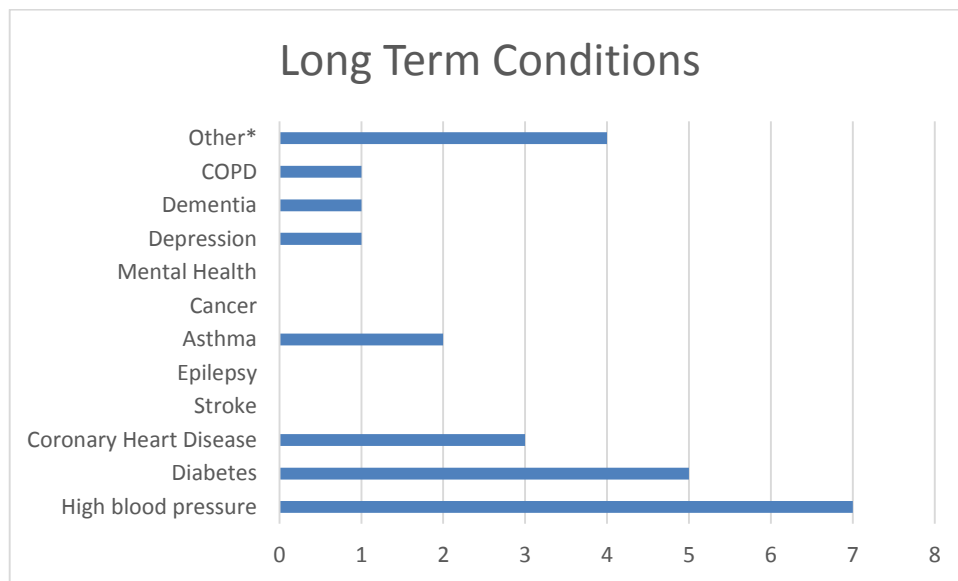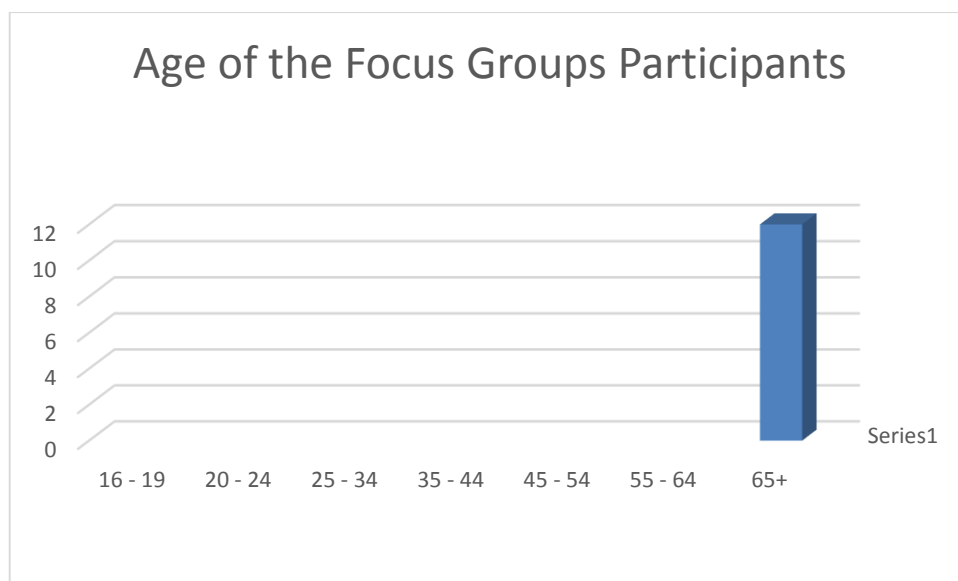
9. Appendices

Appendix 1 – Equality and Diversity Data and Long Term Conditions

Healthwatch engaged with people from the Tamil Community in Lewisham by organising a focus groups attended by 12 people from SELTEFWA.
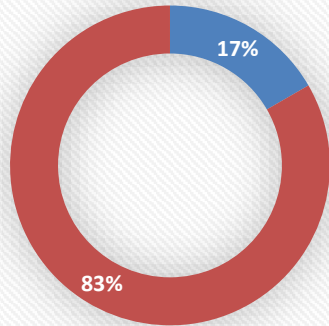
None of the respondents said they were carers or parents or guardians of a child/children under 16 years of age.

Long Term Conditions

Condition	Count
Other*	4
COPD	1
Dementia	1
Depression	1
Mental Health	0
Cancer	0
Asthma	2
Epilepsy	0
Stroke	0
Coronary Heart Disease	3
Diabetes	5
High blood pressure	7

*Other consisted of: Arthritis (x3) and a problem with a foot

Age of the Focus Groups Participants

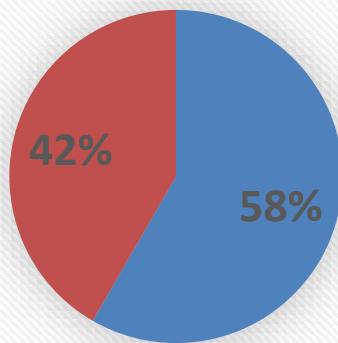| Age	Series1
16 – 19	0
20 – 24	0
25 – 34	0
35 – 44	0
45 – 54	0
55 – 64	0
65+	12

Gender

17%

83%

■ male ■ female

Disability

42%

58%
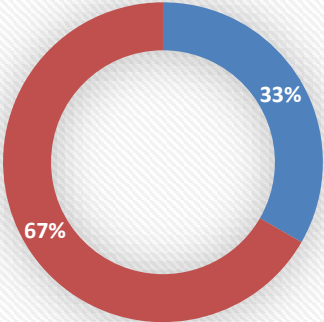
■ Yes ■ No

Ethnicity

33% Mixed white and Asian
67% Srilankan

Appendix 2 - Healthwatch Lewisham's core functions

They are:

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

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