

Community Health Matters

Community Partners Programme New & Emerging Communities Consultation

By Beatrice Giaquinto
with **Signpost to Polish Success** and **11 Tech 18**

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Aims

In January 2018, Nottingham City Clinical Commissioning Group (CCG) with financial assistance from Nottingham Equal and stakeholder support from Nottingham City Council, commissioned two, local, Nottingham based Community organisations to facilitate engagement activities as part of the Community Partners Programme with new and emerging communities in the City of Nottingham.

This included collecting personal experiences of individuals in the community, listening to their needs and gathering information regarding access and use of NHS services.

The engagement brief was to:

- Establish relationships between the CCG and Community organisations, groups and individuals who are currently working within each community
- Gather feedback on behalf of the CCG from these communities
- Identify appropriate communication and engagement channels with the communities identified
- Obtain an understanding of the behaviours and preferences of local communities in relation to communications and engagement
- Use the knowledge captured to inform future communications and engagement approaches with the communities identified.

Two Nottingham City Voluntary Sector Organisations were commissioned to deliver the Programme. **Signpost to Polish Success** (SPS) and **11 Tech 18** were the organisations engaged because of their expertise of working with, access to, and knowledge of the identified communities.

SPS were commissioned to consult with members of the Polish, Slovak and Czech communities.

11 Tech 18 were to consult with members of the Hungarian, Bulgarian, Romanian, Sudanese, and wider African and Commonwealth Diaspora.

Signpost to Polish Success is a highly respected charity, founded in December 2005 to support Eastern European migrants, especially Poles, to integrate into Nottingham and the East Midlands. Their services include free

information and advice sessions, English language classes, community events, and a regional monthly community newspaper.

11 Tech 18 is a Nottingham based non-profit organisation that provides advice, education and training, and support to individuals in the community, especially people from emerging communities in the city. The organisation has a trusted reputation and is well connected into the more marginalised communities of the city.

In order to deliver the engagement programme, both the commissioned organisations committed to a great deal of work.

They recruited volunteers to become the community researchers and champions – conducting interviews and providing information about what the CCG is and its function, encouraging participation from the targeted communities and completing surveys and interviews, (plus, where appropriate, interpreting and translating the responses and interviews from the original language into English) and finally compiling these into datasets.

All the volunteers that took part were trained to conduct ethical research in line with the CCG's protocols. All surveys and interviews were confidential, anonymous and were conducted with given consent. **Signpost to Polish Success** recruited 8 volunteers to conduct the research, **11 Tech 18** recruited 15. The recruited volunteers were able to speak to a diverse range of people; across different demographics and with different English language ability, and time lived in the UK.

Between July 2018 and October 2018 both **Signpost to Polish Success** and **11 Tech 18** carried out the engagement by conducting interviews with the following community members:

- Darfur Association Nottingham (Sudanese nationals)
- Hungarian East Midlands Society (HEMS)
- Romanian Society East Midlands & IDEEA ROM ASSOCIATION (Romanian and Roma from Romania)
- Commonwealth Africa (African nationalities)
- Edo Diaspora Nottingham (African nationalities)
- Global Sistaz (African nationalities)
- Balkan Bulgarians Nottingham
- Polish Community
- Czech Community
- Slovak Community

Survey Responses

In total 186 individuals from the New and Emerging Communities in the City of Nottingham were surveyed.

This feedback provides valuable insight into the health experiences of these communities.

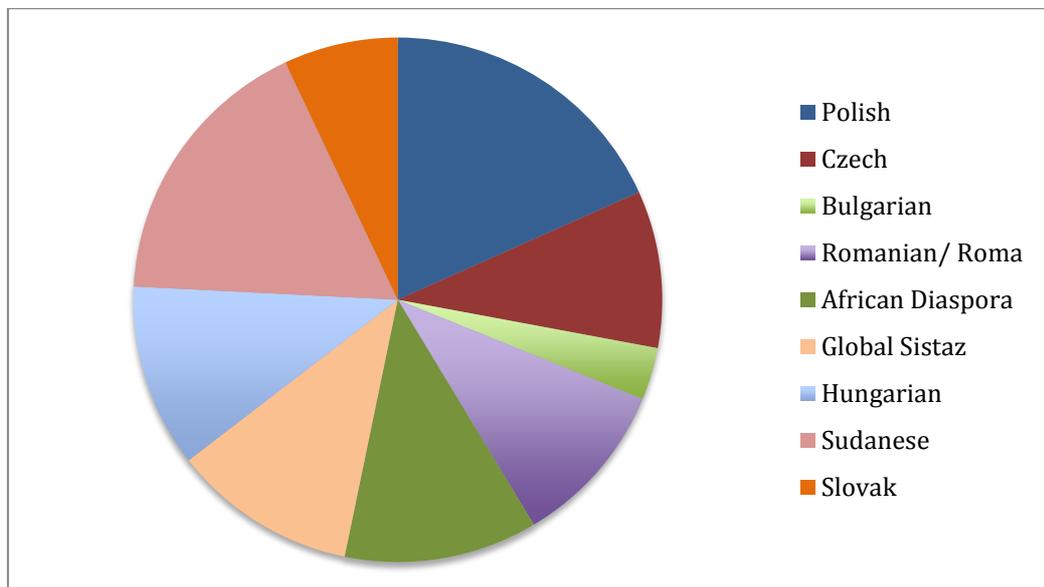
It should be noted that all the respondents did not give answers to some questions. Therefore, the quantitative data gathered from the survey does not accurately represent the findings which may be interpreted as there not being a barrier or that there is not an important issue underlying. However, in questions where a personal experience was required, statements were provided that evidenced that there was a problem in that there is a barrier to accessing services or an underlying issue. Therefore, in analysing the data, both the quantitative and qualitative data and personal testimony has been taken into account.

Key Themes

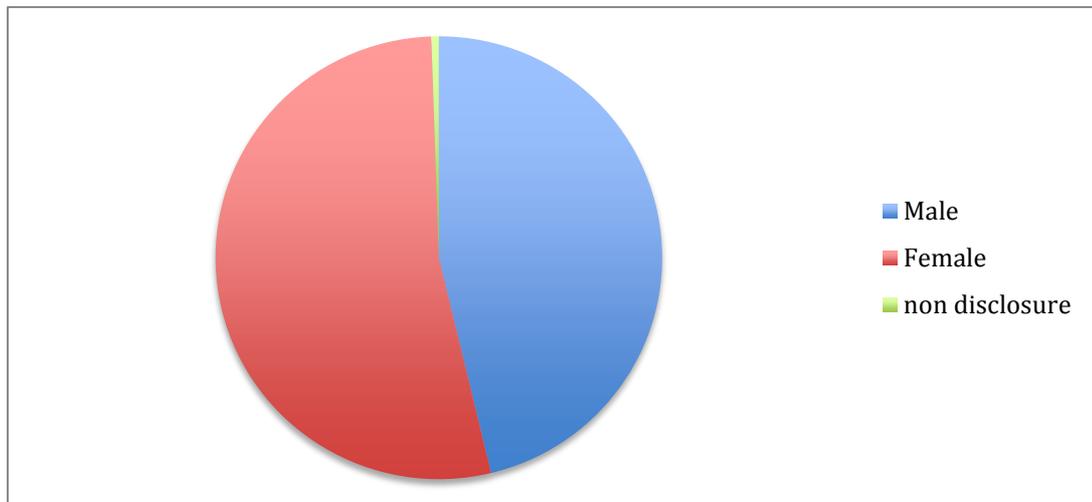
1. Lack of understanding of the UK health system, processes and rules.
2. A lack of trust between some communities and the health system in general, linked to feelings that people are judged and assumptions made about their entitlement to UK health services.
3. The complexity of language barriers are often underestimated and have impacts that are much wider than a need for interpreters, including difficulties in registering with a GP surgery, empowering patients to feel involved in their care and building trusting relationships.

Section A Demographics

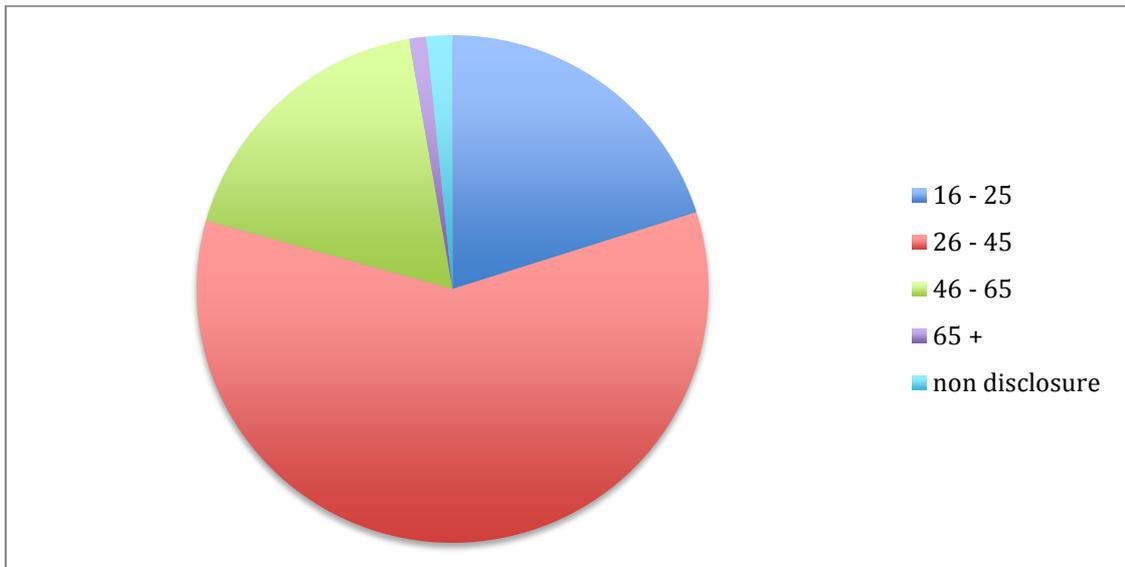
Visual breakdown of Community by Nationality



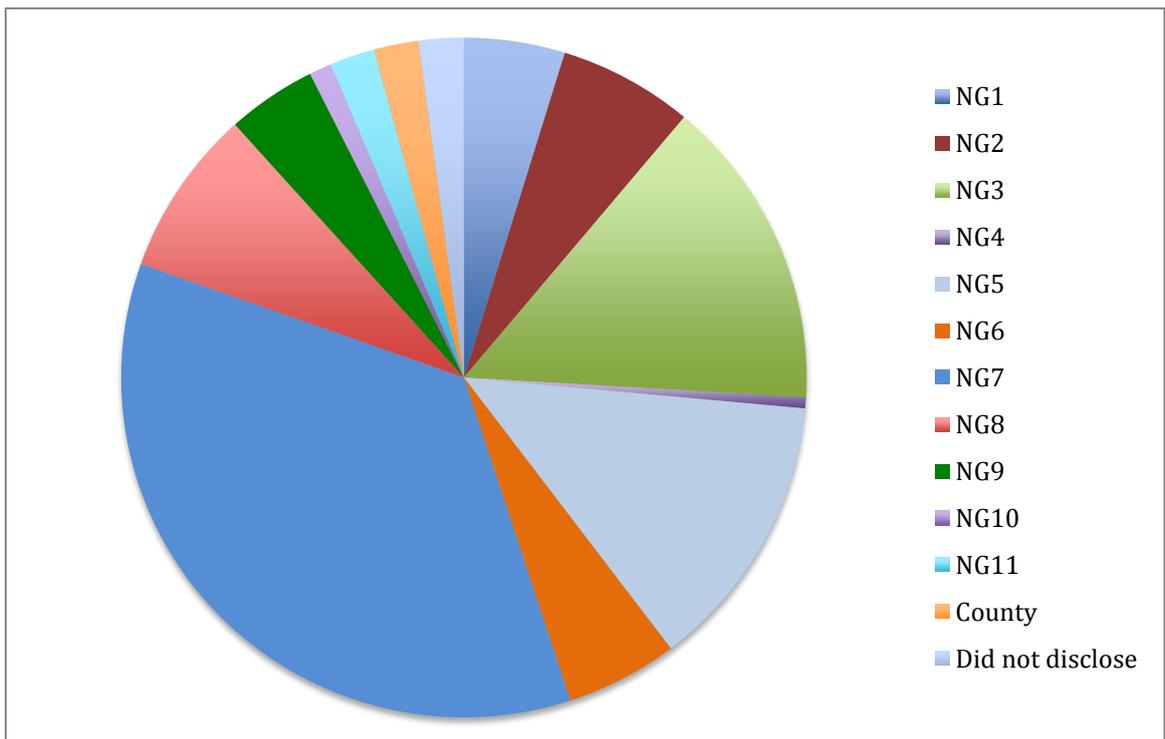
Visual breakdown of Community by Gender



Visual breakdown of Community by Age



Visual breakdown of Community by Postcode



Are you and your family registered with a GP in Nottingham?

176 people answered that they are registered with a GP in the City.
7 people surveyed are not registered with a GP in Nottingham.

Have you used the NHS and healthcare systems in England?

In response to this question, 179 have used the NHS and healthcare systems in England. The answers included were: GP, A & E and Urgent Care Service and specialist services, for example, Maternity and Physiotherapy.

Did you find accessing health care in the UK very different from your country of origin?

All the respondents to this question answered that, YES, they did find accessing healthcare very different from their country of origin. Some people were unable to answer the question about the differences in accessing the health care system in the UK and country of origin as they either arrived to the UK when they were teenagers or had lived in the UK for such a long period of time that it is difficult to compare.

These reasons included both positive and negative differences,

Positives

- Health service is provided at the point of need, therefore private health insurance is not required unlike in the country of origin.
- The cost of medication is more affordable due to flat fee charging for prescription medication.
- Having a family GP is appreciated.
- Maternity Care is largely considered to be much better in the UK.

Negatives

- It is difficult to both make an appointment to see the GP, often having to wait over a week for one. This was further exacerbated and much more difficult if the person worked shifts or was employed on a Zero hours contract in the Gig economy.
- Waiting times are very long for all appointments.
- Appointment times were too short to fully explain symptoms or explore problems.
- Repeat appointments and visits to the GP are required to be taken seriously for a problem.
- Paracetamol is dispensed for the majority of illness, this was concerning to those surveyed.
- It is difficult to have a referral made to see a Specialist Consultant (e.g. Dermatology, Paediatrics, Gynaecology, etc.)
- There are no self-referrals available to see specialists.
- Test results are not shared with the patients.
- Concerns about seeing a Nurse rather than a Doctor. there is some confusion about roles and responsibilities in comparison to services provided in countries of origin.
- Anxiety regarding cultural questions asked by health care professionals, this leads to people feeling judged.

Several Polish community members stated that they continued to use the health system privately in Poland in addition to using health services in the UK/ in Nottingham.

“I don’t believe that GP can actually help with my health problems. I go to Polish doctors when I am in Poland, unless it’s urgent, but that’s not happening often.”

Section B Difficulties in accessing the UK health system

The second part of the health engagement survey was focused on difficulties in accessing health services in the UK.

What stops you from accessing health care services?

“I only go the doctor if I really need to, I don’t feel confident. I feel judged especially by the reception staff for not knowing the language.”

The vast majority of respondents cited barriers that prevented them accessing care and services that they are requiring and entitled to.

Language barriers

“I don’t think I present my problem properly and then it is not treated seriously.”

112 people surveyed said that they did experience language being an issue for them when accessing services. However, some people preferred not to give this as an answer feeling that they should learn English and didn’t want to be perceived as patients who demand to have an interpreter available at all times.

When looked at with additional responses to other questions, this issue became a more significant one with much wider implications and impacts for services and patients.

These were identified by people as:

- Finding it difficult to register with a GP Surgery because their language or literacy level made this difficult.
- Feeling judged because their English was poor.
- Feeling judged because they had to ask for a question to be repeated or said more simply or slower.
- Feeling judged because they have an accent.
- Making appointments where an interpreter was required took more time and was problematic when an urgent consultation was required.
- GP Surgeries were unwilling or reluctant to utilise Interpretation services.
- Healthcare professionals talked to the interpreter rather than the patient.
- Appointment times were not long enough to communicate properly or meaningfully with the health care professional.
- Literature and leaflets in English are often not accessible or uses language that is not understood.
- Translated literature is often badly translated, confusing and/ or out of date.

Not sure how to talk to medical staff so we understand each other.

The responses to this question were mixed and ranged from neutral to negative in tone.

People mentioned feeling:

- Surgery Receptionists were being rude / judgemental / unfriendly
- The NHS doctors focused on symptoms of the sickness rather than prevention.
- A lack of confidence in saying how they were feeling or to describe their symptoms
- Unable to ask questions
- Not taken seriously
- Not listened to
- That health professionals were dismissive

However, people took this opportunity to make some suggestions that would improve understanding between healthcare professionals and themselves.

These suggestions included:

- Drawing and diagrams that people can point to.
- Language toolkits.
- Using simple sentences.
- Dual language leaflets.
- GP doctors to be more empathetic.
- Cultural awareness training.

I don't feel involved in decisions made about my care

“GP assumes that I don't understand/know anything and therefore just present me with a prescription.”

Many people indicated that they felt disengaged from or felt a lack of control in, their own health care.

This was indicated by responses that divided into the following themes.

1. Language

- Not feeling fully understood / listened to or not taken seriously by the GP or nurse.
- Problems with interpreters e.g. the length of time to make an appointment makes people feel unvalued, feeling ignored by the health care professional when the conversation is with the interpreter, a lack of trust in the interpreted conversation.
- Not having the linguistic ability or confidence to ask questions about test results, diagnosis, referral or treatments.
- One person identified that their difficulty was not necessarily language but their deafness that they were struggling to convey to the GP. Assumptions were being made and this acted as a barrier to any form of meaningful communication. This was a great frustration and disappointment to the individual.

2. Lack of understanding of the health system, how different conditions and problems are prioritised or the process for prescribing medicines.
 - Not understanding the referral process or the amount of time this takes.
 - Not understanding the different roles that different healthcare professionals have. This was a recurrent theme especially regarding nurses at GP Practices and Health visitors in post-natal care.
 - Use of emergency and urgent care services.
 - A number of people from Poland and the Czech Republic indicated that they preferred to travel back to their country of origin for tests and treatment because of the delay in referral and access to treatments. The reasons given were a lack of trust in the process.

3. Entitlement to Healthcare Services
 - Anxiety about being charged for care and services.
 - Uncertainty about entitlement for the patient.
 - Being asked for evidence to prove entitlement especially at GP registration.

The findings around the issue of people's perceived entitlement to health services in the UK demonstrates that there is a lack of trust between many community members and the local health services, with people often feeling they are being judged and that assumptions are made about their actual entitlement to access health services in the UK. A low level of trust between communities and local services can have negative impact on people's willingness to access help when they need it.

I don't know where to go or what support is available for me

“Who I can talk to regarding appointments with specialists?”

It was evidenced by the responses to the survey that there is mixed knowledge about what support is available to them.

There appears to be little signposting carried out via health professionals for self care or self help or direction towards support groups.

The few people that did identify some knowledge were searching proactively utilising the following: local libraries, community organisations and community centres, the Internet and pharmacies.

The data indicates that these people tend to have better English language skills, have been resident in the city for longer periods of time and are residing in areas of the city with more community diversity and infrastructure.

Are you aware of other health services out of GPs and hospital?

It was evidenced by the responses to this question that there is generally scant awareness of other health services beyond GPs or hospitals.

This response fell into 4 distinct groups:

1. Those who left the question unanswered.
2. Those who answered that they had no knowledge of other/ additional services.
3. Those who had heard of Private Healthcare and Social Care but had little knowledge about them.
4. Those who had knowledge of and used a service

Section C Accessing information about the health care system in the UK

Where do you find/get information about the health care system now?

One of the aims of the CCG in commissioning this survey is to learn about people's preferences in obtaining information about Health care and services. The majority of people interviewed gathered information about the health care system from the Internet, GP and Health Professional, Community Organisations, friends/family, work/ school/ college, social media.

Where would you like to get/receive the information?

People would like to get/receive the information from the majority answered GP or Healthcare Professional, Internet, local Libraries Community Centre and community organisations, college/school and by visits and community events.

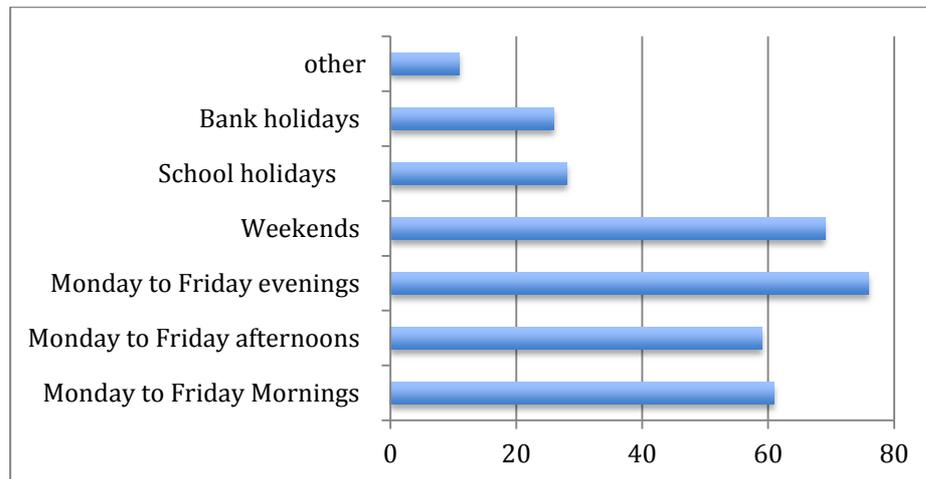
How would you like to get information about the care system?

The responses were very much in favour of face-to-face contact and human generated communication, and also establishing a sense of place by visiting a venue or event.

Section D Availability

When is convenient for you to attend health appointments and activities or look for information?

This question was enthusiastically answered by all interviewed. The findings are as follows:



* Other include the following responses

- Depending on my working hours/ shift work.
- 24 hrs.
- When one of my children is available to interpret.

However, this question failed to explore the booking system to make appointments.

There were comments about being unable to afford the telephone call and sitting and waiting until you can be seen as inconvenient.

People who identified themselves as being shift workers or on Zero-hours contracts in the gig economy were especially disadvantaged and penalised by both the booking system and the appointment times.

Section E Is there anything else you wish to share with us or let us know?

Responses to this question are varied and some reveal frustrations and anxiety about the care being received, responses included:

- I had an unpleasant experience with a reception staff that discourages me to arrange a visit. I would prefer online booking system, not available at my GP.
- Once you manage to see the specialist (it took me several months before my doctor decided to make a referral to cardiologist), the service is brilliant and professional. The hospital staff are excellent.
- Time taken for referral is too long.
- I would like to have an access to my medical / tests results, just like in Poland, where always I get a copy of tests results. In England the results are being sent to GP and I don't have access to see them.
- Well most of the time when I see my GP I feel I waste my time. They not try to help to find out what is the main problem that could cause the illnesses. They mainly give Paracetamol for everything to reduce pain/symptoms. Also to get appointment in hospital can be ages.
- Paracetamol does not solve every kind of sickness, and without be seen by a doctor I can't get medicine.

Wider Findings

In commissioning this work, the CCG wished to better understand how community organisations and groups and individuals from New and Emerging Communities are currently engaging with health professionals.

The communities responded, mostly by saying that they have little engagement with health professionals or staff. Community groups are most likely to engage in the activities delivered by their leaders rather than directly with the wider community.

People felt a lack confidence in dealing with professionals when their English is not fluent, or that they also don't feel as though they are treated with common courtesy if they have an interpreter as medical staff make greater eye contact with the interpreter.

Feelings of marginalisation and a lack of trust among some communities with healthcare professionals and the system as a whole were identified. The vast majority of contact with the health service was through GP practices, therefore, this is the most important area to focus on in to improve understanding of the communities engaged and to build greater knowledge of, and trust in the health system.

The work of the CCGs cultural competence development plan should raise awareness among CCG staff and GPs about the needs of different communities by ensuring that the following issues are considered:

- Appropriate, timely and sensitive use of Interpreters

- Leaflets and information available in community languages
- Awareness of Gender sensitivity
- Greater empathy from healthcare professionals.
- That all medical professionals do not to use jargon
- Considering the difficulty people who work in the gig economy have in booking and keeping appointments.

The CCG has an interest in developing the capacity and capability within these identified and other new and emerging communities.

The volunteers recruited and trained to deliver this engagement programme could be utilised as community champions, continuing to engage with their communities on behalf of the CCG.

Recommendations

Based on the data gathered it can be evidenced that the service provided varies and that people from new and emerging communities feel unengaged and disconnected from the health services, creating the perception that they receive a different level of care from other members of the community.

To address this, the following points should be considered:

- Create a simple visual guide or systems map to illustrate how the NHS works.
- Use language that resonates with people. The use of jargon and technical terms are a barrier to communicating with individuals especially those whose first language is not English.
- Commit to continued innovation, efficiency and investment in technology and IT.
- Increasing the collaboration and partnership working between GPs, specialist health services and social care, third sector agencies and the community.
- Deliver cultural awareness and engagement training for key staff. (Especially GP Receptionists and Health professionals that visit people in their homes.)
- Develop a greater cultural understanding between medical staff, patients.
- Encourage a culture of transparency and openness. Ask medical professionals to explain the process or why a question is being asked, what their role is etc. This will empower individuals to have agency and feel engaged in their healthcare.
- Have a commitment to include patients and the public in the work of the CCG and to empower communities to shape and contribute to their own care.
- Find out what matters most to the community and use this to frame every communication and be responsive.
- Be committed to meaningful community engagement and nurture relationships.
- Invest in key Community Organisations and TRUST that they will deliver for their communities.
- Work with Communities and Community Leaders to deliver events.
- Develop both the capacity and capability within new and emerging communities as identified by Community Champions.
- Attend community events to learn from them about engagement and their communities.
- Pay attention to who attends but be more attentive to who does not attend – explore this.

- Develop the Community Champion model as the liaison between all stakeholders so that they can continue to engage with the CCG, other statutory agencies and local organisations.
- Provide training and development for the Community Champions to build their personal knowledge and capacity.