

Engagement about the Health and Social Care Needs and Experiences of Black and Minority Communities on behalf of Healthwatch Worcestershire

Final Report from the year to 31st March 2015

Background

Healthwatch Worcestershire (HWW) is mandated to champion the voice of consumers of health and social care services in order to influence their design and delivery.

HWW’s engagement plan has a medium term objective to provide a voice for people in Worcestershire regarding their needs and experiences of health and social care services, particularly hard to reach groups. Engagement with Black, Asian and Minority Ethnic (BAME) communities has been contracted out in 2014/15 to Age UK Herefordshire and Worcestershire (H&W) as a specialist service provider in view of its skills, understanding and experience of working with this group.

Aim of the report

This report summarises Age UK H&W’s engagement with BAME Communities across Worcestershire to find out about their current experiences and issues with health and social care services and seek to encourage BAME engagement with Healthwatch.

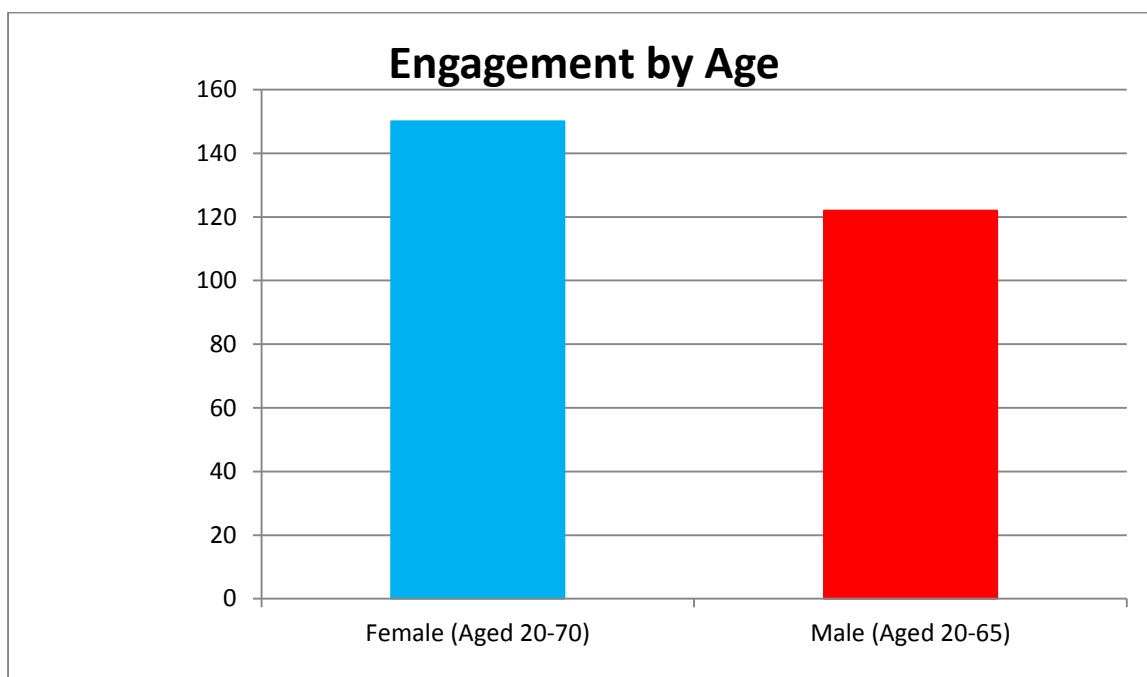
Methodology

Age UK H&W contacted over 517 individuals and ran 10 awareness sessions across Worcestershire during the period between August 2014 and March 2015.

Summary of groups and individuals engaged with:-

Date	Ethnicity	County	Individuals
17-03-2015	Migrant Workers	Top Barn Worcester	43
10-03-2015	Gypsy Roma Traveller GRT	Malvern	7
03-03-2015	Gypsy Roma GRT	Pershore	5
04-02-2105	Gypsy Roma GRT	Pershore / Evesham	14
05-02-2015	Pilipino Association	Worcester	15
20-02-2015	Mixed Asian Men	Ghousia Mosque Worcs	12
21-02-2015	Gypsy Roma GRT	Stourport-on-Severn	08
23-02-2015	Mixed Asian Ladies Group	Worcester	13

30-01-2014	Gypsy Roma GRT	Wyre Forest	08
11-12-2014	South Asian	Worcester	12
09-12-2014	Bangladeshi	Kidderminster	13
02-12-2014	South Asian	Redditch	22
25-11-2014	Gypsy Roma GRT	Stourport	09
07-10-2014	Gypsy Roma GRT	Worcester	07
18-09-2014	Chinese	Powick Worcester	79
01-09-2014	Caribbean	Worcester	09
		Total People we have engaged with	276



Findings

Age UK H&W has collated the feedback from its research, outreach and one to one conversations with individuals, awareness sessions with groups /events, telephone conversations and email correspondence and this is summarised in some general and specific findings below.

General feedback

- The majority of the people we engaged with across Worcestershire said they had not heard of Healthwatch Worcestershire before.
- Through our engagement mechanisms seventeen people were interested in sharing their details with HWW so they could receive further information about its work.
- Some community groups generally feel let down about health and social care services and have limited faith in them.

- Some members expressed appreciation to Age UK Herefordshire & Worcestershire for continuing to support BAME groups, along with individual staff in post.

Age UK H&W can confirm a general view from BAME communities that they feel privileged and very fortunate to have the NHS service in place. However there is always room for improvement and having an independent champion, like HWW, to support BAME communities strengthen their voice to help improve services and look into areas of concern raised through peoples experience of the sector, was supported and appreciated. People gave their time and actively took part in the awareness engagement sessions. The engagement identified the following issues about health and social care services and more specifically the engagement groups felt the following:

Engagement with Black Asian Minority Ethnic Groups including Migrant Workers and the Gypsy Roma Traveller (GRT) communities across Worcestershire.

Health Services

- Following an engagement session with ladies from South Asian back ground and based in the Worcester area, a concern was expressed about the difficulty of getting a same day appointment to see a doctor of choice; there seems to be a minimum waiting period of 3 weeks or more. Some ladies specifically felt seeing the same doctor helps to build their own relationship and they feel confident to discuss their health concerns having put all their trust in their doctor. They felt the doctor-patient relationship is very important.
- Some people from South Asian communities in Worcestershire experienced difficulty in making appointments over the phone and when visiting the surgery in person have been told to go online. However the difficulty they faced was that they are not computer literate and have to depend on family or friends to help them make an appointment.
- They also expressed concern about the time it takes to get through to the GP surgery by phone. Gone are the days when phone calls were attended promptly. There is a voice recording and this can last up to a minute or more and the patient may be paying for this, depending on their network contract.
- An outreach session with the Gypsy Roma Traveler (GRT) living out in the country side highlighted concerns about that the waiting time for a return call by a health professional /receptionist is a long time. A couple of families do not have a landline and must depend on husbands or the extended family's mobile. The young women felt staff receiving the call should understand the situation when it was explained to them and try and return the call within the suggested time. Talking to a professional helps to ease the levels of anxiety and can be very reassuring and comforting.
- At a separate session, with male members from a South Asian back ground, concern was expressed over the waiting period to see a doctor at a few surgeries in the Worcester area. They have other work related commitments and therefore book appointments accordingly; patients have arrived 5/10

minutes before and have experienced a waiting period of 30 minutes in the waiting area before their name appears on the screen.

- During two separate sessions with the South Asian and Caribbean communities and outreach to GRT sites in Worcester the participants felt uncomfortable with the response from the receptionist while trying to book an appointment. They were asked personal questions about why they wanted to see the doctor. The groups felt it was unnecessary and were not happy sharing personal information with front line staff, whom they felt could be judgmental.
- Some ladies from South Asian and South East Asia, who came to live in the UK in the 50's and late 70's through marriage, speak very little English and may have had no formal education or may be educated to high school level in their native language. They depend heavily on family members, including children, to make appointments and assist them to the practice/ hospital appointments. This may cause delays in getting a diagnosis and have a knock on effect to their health and treatment due to communication barriers, e.g. Antibiotics may be prescribed but the full course is not completed. Some people have experienced late diagnoses despite visiting the doctor several times with the same symptoms.
- A lady from a South Asian background in the Redditch area expressed her concerns about her husband's mental health. Repeated visits to GP took place but it took a very serious incident before action was taken. She felt let down and very isolated. She did not feel able to make a formal complaint.
- Most people from these groups across Worcestershire have transport issues and have been given a hospital appointment in another area and they have to depend on family or public transport. However there is no consideration to the client's mobility and the timings of public transport. (E.g. only an hourly bus service). Patients have had to change two buses to reach their scheduled appointment. In some areas bus services have stopped dropping patients at the hospital entrance. Out of hours appointment may be given at an odd timing but there is no public transport available after 5:30pm in the patient's area
- A member from the South Asian Community in the Redditch area shared their experience and stays in hospital away from home; they were told by the doctor in their native language not to moan and be grateful for receiving free health treatment because if they were in their native country, the individual would have got nothing. There was also a misdiagnosis. For over 40 years and despite several visits to consultants about the condition they did not seem to be heard or understood and eventually the patient has been informed about their condition but unfortunately it has worsened over the years. The patient did not feel able to make a formal complaint.
- In some South Asian, South East Asian and GRT communities gender plays an important part. One young person was scheduled for an operation at a hospital in Worcestershire but on arrival discovered that the surgeon was a man; she walked out as she was unhappy to undergo the surgery. She did not feel able to make a complaint.
- A similar experience was shared by a young man from South Asia, who speaks very good English His wife was pregnant and he had recently moved from the London area to Worcester. They attended regular prenatal sessions and the couple specifically requested a female doctor before and at the time

of the birth and this was put on the notes. To their surprise on the actual day the couple was greeted by a male doctor. The husband stated while in London, a bigger city, they never had a problem with this request for previous births. They were informed that due to shortage of female doctors they would have to have a male instead. The husband was taken back and he took all the necessary information on the complaints procedure and said he was confident to make the complaint himself.

- Some South Asian male members in the Worcester area, and followers of the Islamic faith, touched on autopsy and stated that at present a trial autopsy is being carried out in the form of an MRI scan when someone dies. They felt this is a better option as it is more dignified and respectful to the deceased and the family. They would like this procedure to continue.
- In the Wyre Forest Area ladies from South Asian backgrounds are finding it difficult to register with a local dentist; they have to travel to Stourport or Worcester to see a dentist. For some of these families transport is a problem, especially older women who are unable to travel on public transport and on their own. Language is also an issue.
- During an outreach session with the Gypsy Roma Traveler community in Worcester, a lady did not have a good experience with their local dentists. This experience has now left them psychologically distressed and too fearful to return.
- Migrant workers on temporary contracts reported that they do not feel the need to register with a GP. However, if they fell ill they would approach their local pharmacy or their employer would assist with accessing any treatment they needed. Migrant workers working on more permanent contract may choose to get support from their local employers and feel confident to approach their local GP and register. Some workers commented that if they had a diagnosis they would travel to Birmingham and Coventry for private treatment to access a GP / consultant who could speak their native language and understand the culture.

Social Care Services

At present, whilst there are community groups accessing social care the numbers doing so do not seem to reflect the wider population; more work may be needed in this area to identify more people accessing social care and to seek their experiences of the social care sector. This could be through one to one home visits and outreach. Some BAME community groups have so far managed to cling on to their culture and continue to rely on support from the extended family. However there is a very slight change visible now in such groups, due to family dynamics, such as children growing up and moving away from home. With time we would expect to see more change and an increase in referrals to social care services from Black Asian Minority Ethnic communities. The handful of families engaged on the topic raised the following concerns:

- A couple of families from a South Asian background in the Redditch area felt language is an issue – it is mainly couples with no offspring or close relations living within the area to support them who struggle. They get professionals visiting who are aware of the language barrier and will then post information in English and expect a reply from the client.

- These couples suggested that there needs to be some mechanism to recruit and encourage young people from minority ethnic groups to get involved and apply for jobs within the social care sector.
- The group felt Staff providing the care are unaware of their culture and family dynamics. An experience shared by a lady in the Redditch area stated that whilst her husband was terminally ill and unable to speak, he would communicate his dissatisfaction with his care through body language. After the care worker would leave she would have to give him a proper body bath as opposed to a sponge wash. They did not feel able to make a formal complaint.
- A handful of people expressed their concerns about home appointments with care workers as they are not prompt and had experienced delays of up to half an hour. They total time spent can be not more than 10/15 minutes. There is no conversation due to language difficulties and the couple receiving the care could not ask them questions.
- A South Asian gentleman in Redditch area stated the care workers did not record the fall his mother had during their presence. This resulted in the family terminating the care package being provided and applying for direct payments so they could have choice and control.
- There are high expectations from families who may be in receipt of a care package and have very little understanding of how the system works and what to expect.
- A South Asian family from Worcester was told that it was the responsibility of the female member of the family to deal with personal care and not expect the nurse to attend to her needs. An assumption was made that that female member was the carer and that the client was in receipt of attendance allowance so that they should buy her care or the lady of the house should do the job. The professional assumed that South Asian communities look after their loved ones, with very little understanding about the family dynamics. They did not feel able to make a formal complaint.

The following outcomes have been achieved from the BAME Engagement Service:

- Greater awareness amongst BAME communities of the role of HWW within the county
- Better understanding by HWW of the needs of BAME communities regarding their experience of health and social care services
- A strengthened voice for local BAME communities regarding the design and delivery of health and social care services
- Some influence by BAME communities over the design and delivery of local health and social care services

As a part of the service Age UK H&W was asked to help HWW to recruit people from BAME communities to join:

Healthwatch engagement mechanism	Target	Outcome
A group who are registered to receive information from time to time about Healthwatch	15	17
The numbers of people reporting their experiences of health and social care services to Healthwatch	15	25
The numbers of organisations joining the Reference and Engagement Group	5	1
The number of people wishing to volunteer with Healthwatch by completing an application form	2	0

In order to maintain this initial engagement and support for BAME communities, Healthwatch Worcestershire will need to look into the issues raised by the community and feedback on the outcomes; BAME groups will expect to see and experience the change first before they commit to further involvement. Community groups tend to be of the opinion that this engagement is another tick box exercise and that it will also disappear with time due to funding. People would like to see and notice change taking place having voiced their experiences and concerns. It is only then we may see further interest and continued support from these members. If HWW is unable to deliver, the community would see these engagement sessions as a mechanism that is not beneficial to them. Communities will drift away and trying to rebuild broken trust will take a long time, thus impacting on other services seeking to engage with BAME communities.

Interest in volunteering with HWW

Some members of the BAME communities are happy to receive information from HWW. However there has been no interest at all in becoming a volunteer. People have commented on their family dynamics and the commitment required and feel they do not have the time.

Complaints about health and social care services

During the engagement individuals and in groups session's people were asked the following

Are they aware of the complaints procedure?

Have they ever made a complaint?

What has prevented them from making a complaint?

- Most of the groups concerned have not made a formal complaint. They felt there has never been a need to do so. However a few may have wished to do so but did not know how to complain and to whom. Some felt they did not want to complain because they did not want to be stigmatized. There was more appreciation.
- For some people language is a barrier along with peoples' immigration status can be a barrier to making a complaint.
- A few people are confident to make a complaint.

Conclusion

From these engagement discussions with different community members a range of issues, concerns and experiences have been highlighted and fed back to Healthwatch. It is hoped that these, along with the training session for HWW, will enable the organisation to have a greater understanding of the needs of BAME, including Migrant workers and GRT, communities in Worcestershire and increase their ability to provide a voice for them.

Age UK Herefordshire and Worcestershire has also benefited from working with the HWW team and hopes that this shared experience will continue to benefit both organisations in the future.