Insights from BAME Communities in Central West London

Healthwatch Central West London

in partnership with the BME Health Forum

Research conducted with BAME Community Groups in Central West London in Autumn/Winter 2019

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BME healthforum

We are Healthwatch Central West London (HWCWL),

an independent organisation for people who use health and social care services.

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services.

We deliver the statutory Healthwatch provision for Kensington & Chelsea and Westminster, and we previously delivered this work for Hammersmith & Fulham. Our research and local engagement puts local people's views at the centre of decision making about health and social care.

We make this happen by:

- Helping to improve the quality of local health by sharing what people need from their care with those who commission, run, and make decisions about NHS and social care services.
- Listening to what people like about services and what could be improved.
- Monitoring how changes in the healthcare system affect local people.

This report provides insights into how primary care services are meeting the needs of their Black, Asian and Minority Ethnic (BAME) patients, as well as some of the challenges that still need to be addressed.

It highlights some of the principal health concerns for BAME communities, and offers personal and creative ideas for how health outcomes could be improved in the boroughs of Westminster, Kensington & Chelsea, and Hammersmith & Fulham.

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HWCWL works within some of the most diverse boroughs in England.

It is important to us that we hear from everyone in our communities, especially those who are under-represented in conversations about health and social care.

Residents born abroad

Westminster and Kensington & Chelsea are both home to the highest proportion of people born abroad (53% and 54%) in the country. In Hammersmith & Fulham the percentage is 46%.

In Westminster and Kensington & Chelsea, 32% and 28% of these residents arrived in the last five years. *

Homes with English as a second language

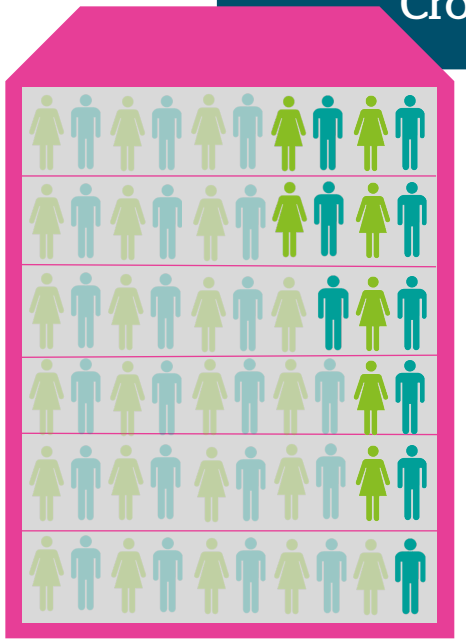
72% of households in H&F contain people aged 16 and over who all speak English as a main language.

Over 20% of K&C residents do not have English as their first language.

22% of households in Westminster have no people who speak English as a first language.

The three boroughs have large North African, Middle Eastern, South American and South Asian populations. French, Arabic and Spanish are the most widely spoken languages, after English.**

Crowded housing



- Black African (40%)
- Bangladeshi (36%)
- Pakistani (32%)
- Chinese (25%)
- Mixed (28%)
- White British (12%)

Londoners from all BAME backgrounds are statistically more likely to live in overcrowded housing than White British Londoners***

*Office of National Statistics (ONS), 2011
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***Runnymede Trust (2016) Ethnic Inequalities in London Capital For All

Who we spoke to for this study

We reached some of the groups interviewed for this project by partnering with the **BME Health Forum**, a charity made up of a network of voluntary and community organisations that serve BAME communities in Westminster, Kensington & Chelsea and Hammersmith & Fulham. The BME Health Forum connected us with the organisations and facilitated the focus groups. You can learn more about their work, and how to contact them, on page 14 of this report.

We spoke to two groups that worked with particular nationalities: The Iranian Association (in Hammersmith & Fulham) and the Marylebone Bangladesh Society (Westminster).

We spoke to two groups that worked with migrants, from different nationalities: People Arise Now (Hammersmith & Fulham) and Migrants Organise (Kensington & Chelsea).

We spoke to two groups that worked with particular demographics within BAME communities: the Eritrean Over-50s Group, who meet at The Pepper Pot Day Centre (Kensington & Chelsea) and the Middle Eastern Women and Society Organisation (or MEWSo) (Westminster).

We spoke to 73 people for this study. The most represented nationalities are Eritrean (19), Iranian (10) and Bangladeshi (10). Other participants in this study were Sudanese, Palestinian, Jamaican, Kurdish, Malaysian, Somali, Ugandan and from the Seychelles.

Interpreters attended three of the sessions. Two groups were attended by people of different nationalities, and English was the common language, so no interpreter was required.

Experiences of Primary Care

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We asked the six groups to tell us about their access to and experiences of primary care. We wanted to know what worked well and what could be improved.

Booking appointments

All six groups mentioned difficulties with booking their GP appointments, particularly those made online or over the phone.

Waiting times

All of the groups said that the waiting times for appointments were too long.

Five of the six groups had negative experiences with waiting to see a GP.

Length of appointments

Half of the groups (three) felt that GP appointments are too short, and that they are limited by only being able to raise one issue per appointment.

Language Barriers

Online and phone booking systems were considered particularly difficult for people who are not fluent in English, as were the relatively short appointments, which impact those who need longer to explain their problems.

Interactions with staff

Every group said staff interactions affected their quality of care.

Patients cited concerns about privacy when discussing the purpose of their visit with reception staff and with a pharmacist.

Gathering patient perspectives

Generally, the groups responded positively to being consulted on improving NHS services.

They felt that they had a great deal to contribute to focus groups.

How do people get an appointment with their GP?

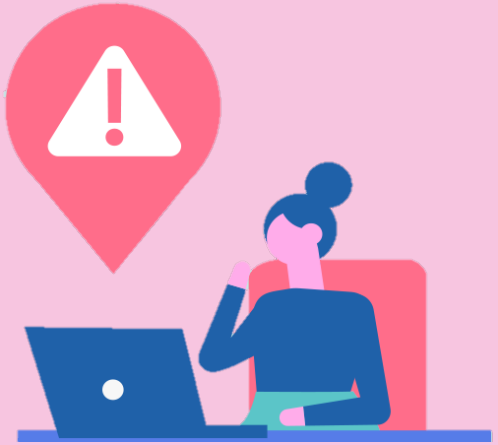
18 people responded to this question. Online and phone booking services were less popular options for booking an appointment than walk-in services, or queueing at the practice on the day of the appointment.

55% (10) of the 18 respondents chose to queue up at their GP surgery on the day, find a walk-in centre or attend A&E.

28% (5) of 18 respondents to this question sought help over the phone, either calling their GP (17%) or NHS 111 (11%)

11% book appointments online, and **6%** use the Babylon GP app.

For patients who are not fluent English speakers, **language is a barrier to using some of the booking systems.**



Booking GP appointments online was considered useful by those who were able to use it.

However, **four different groups** mentioned having had difficulties with using at least one aspect of the online booking system.

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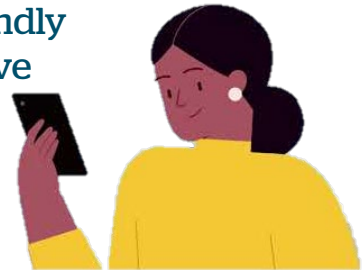
What could help?

Video calls

were suggested as a more user-friendly alternative to phone calls.



Texting patients

4 of the six groups said that the existing system of texting appointment reminders to patients works well.

Improved interpreter access

Some participants suggested that an interpreter should automatically be booked for every GP or hospital appointment when the patient log shows that person needs one.

Being seen, feeling heard.

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Every group mentioned overcoming obstacles to see a doctor, and additional challenges in being able to discuss all of their health concerns within a limited time slot.

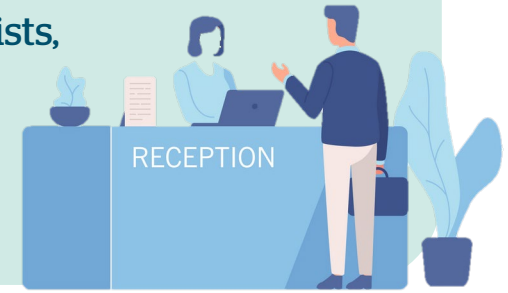
Interactions with staff

How patients felt about their GP, local pharmacist and frontline staff was considered to be significant: **all six groups had both positive and negative experiences to share.**

Most of the criticisms of frontline NHS staff were linked to the patient's ability to see their own GP on a consistent basis.

Those who were happiest with the staff often saw the same GP regularly.

Those who did not, and who felt they had to explain themselves to reception staff, or who were referred to pharmacists, had more negative views of primary care staff's behaviour and their relationships with patients.



Privacy concerns

Two groups said that staff interactions with patients was the first area of primary care that needed improvement.

Some disliked the receptionist's role in triaging emergency appointments, calling it "inappropriate." The groups cited privacy as a reason for this discomfort, as they are expected to discuss their condition at the reception desk. They disliked being referred to pharmacists for similar reasons.

What could help?

+ Changes to the triage procedure.
+ Improved privacy measures, and communication to patients about the ways in which their privacy will be protected.
+ Improved coordination between the GP and pharmacy: if the pharmacist referred to does not have the medicine in stock, the patient should be able to go to a different pharmacist.

Being seen, feeling heard.

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Time with your GP

Half of the groups (three) felt that more time should be allowed for GP appointments, and that patients should be allowed to raise more than one issue per appointment.

What else could be improved?

Some groups said that multiple members of the same household, with the same symptoms, should be able to see a doctor on the same day as one another.

Some patients felt that there was a double standard: they said that it was unfair that they were expected to wait up to an hour for their appointment but if they were themselves 10 minutes late, they were sent home and told to re-book.

How do short appointments impact BAME patients?

1. Patients who are not fluent English speakers need time to explain their issue.
2. These same patients may not feel comfortable discussing their health concerns over the phone, and may wait longer for an appointment as a result.

3. This might mean they have multiple issues that they wish to address in one appointment.
4. If a patient does not speak English confidently, then they are entitled to an interpreter. However, some groups described having had interpreters arrive late, which affected the length of time that they were able to spend speaking to their GP.

The links between language barriers and length of appointments has come up in previous HWCWL reports. You can read more in our *Knowing Which Way to Turn* report (2019), which spoke to parents of young children attending urgent care centres.

Barriers to health and wellbeing for BAME communities

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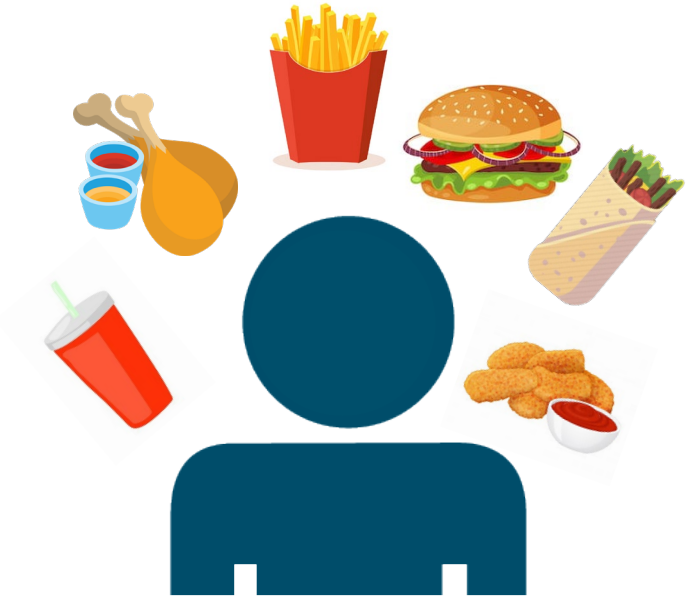
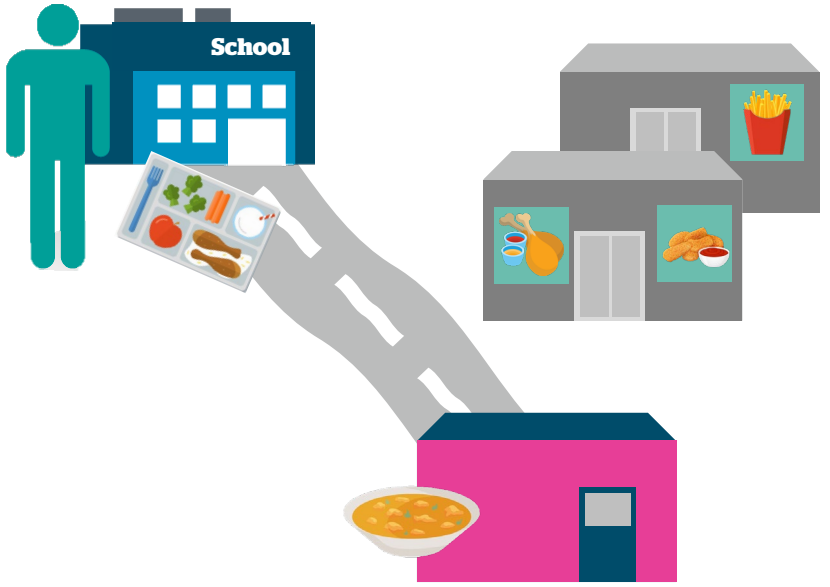
We asked the six groups to tell us how they thought the health and wellbeing of children, adults and elders in their communities could be improved. The top response was nutrition: every group said that more opportunities to eat healthily would improve the health of children, adults, and older adults.



All six groups considered children to be at risk of an unhealthy diet, saying that **they need more opportunities to eat nutritious food.**



The groups cited the availability of cheap fast food options in low income areas, unappetising school dinners and high-calorie cooking, traditional to some cultures, as challenges to establishing healthy eating habits.

In the Child Health discussion, **five out of six groups (83%)** said that it is important for parents to be educated about how to prepare nutritious meals, and said that they would like to attend a course or class on this.

Priced out of participating

The cost of activities is a barrier to people of all ages getting physical exercise.

Free activities for children, adults and older people were suggested by every group.

4 of the 6 groups mentioned that costs were preventing older people from joining physical activity groups in their communities.

"Elders need to go to the gym but paying for it is difficult: should be free"

Mental health issues for adults were finance-based: participants said that **lack of work opportunities** and **access to universal credit or disability benefits** are serious contributors to poor mental health.

Meeting mental wellbeing needs for young people

The group participants who mentioned youth mental health and wellbeing were concerned about cultural stigmatisation of mental health issues.

"[In our community] when children have a mental health issue we don't want to talk about it – so problems can stay hidden and unresolved"

6 groups were concerned about the amount of time young people spent on video games instead of on exercise, and **suggested offering low cost activity options.**

Tackling isolation among older people

The concern for older people was isolation and loneliness.

Community-based activities with an educational angle, were suggested as routes to addressing this issue.

Physical Health

"Lack of exercise affects not just our physical health but our mental health as well"

2 groups linked physical and mental health.

One group said they worried taking up exercise would result in their being considered too well to qualify for their disability benefits .

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Cultural considerations

Adapting activities to be inclusive spaces for women and for non-English speakers were suggested as improvements to adult and older adult health.

Three groups mentioned the need for more women-friendly activities

They suggested offering women's only swimming classes or including a childcare element to adult activities.

Two groups said that offering activities in different languages would enable more older adults to get involved in local activities.

One group made unfavourable comparisons between the opportunities for children to be physically active in the UK and their own childhoods abroad.

"Here in England you can't just leave them to play outside."

More low cost activities and open space were suggested improvements.

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Filling in the gaps

At the end of each session, HWCWL provided additional information and guidance for the group's participants. There were some ways of participating and improving care that the group attendees were not aware of.

Finding the right GP for you

One of the participants was not aware that a patient could change to a different GP practice if theirs did not feel right for them.

The HWCWL team pointed out that this was an option for her, and provided additional information on how to raise a complaint.

The power of the PPG: helping your local practice meet patient needs

Participants suggested they liked having a 'focus group like this one', as they learnt a great deal and received useful information about GP services.

HWCWL raised Patient Participation Groups (PPGs) as a route that some participants might be interested in. They could continue to use their voices to influence the delivery of their primary care by joining a PPG. Only one participant had attended a PPG meeting before.

Making requests

We also heard some important cultural concerns that we advised ought to be raised with the participants' general practice.

One such concern was that women were often not comfortable with using a male interpreter. We advised these participants on how to raise this issue with their GPs, and agreed to raise this in our ongoing work at the North West London level.

Issues with access to online booking were also raised, to which we responded with the same advice.

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Our outreach has helped to shape our priorities for 2020-21.

We carried out these discussions in September 2019. The insights we gained from speaking to the diverse groups have informed our research, reporting and local engagement objectives for the coming months.

Small Grants for under-represented groups

In January 2020, Healthwatch Central West London launched its first ever Small Grants Project.

£500 was awarded to five groups in April this year, with the funds contributing to local engagement (focus groups and surveys) with people who are under-represented in health and social care discussions.

Two of the grant recipients are groups which provide services for BAME communities.

COVID-19 in our communities

In March 2020, much of our project work shifted to meet the growing demand for research and engagement in response to the COVID-19 pandemic.

We provided additional funding to the Small Grant recipients to carry out COVID-19-focused research.

We also created our survey, *Your Experience Matters*, and shared it throughout our communities, to learn about how local residents are being affected by the virus.

Engagement with BAME health concerns

We are committed to maintaining our relationships with the groups who worked on this outreach. We are also continuing to respond to the disproportionate impact of COVID-19 on BAME communities.

We will share our findings from Central West London to inform and influence the decision making of North West London healthcare providers and local authorities.

As part of the national network of Healthwatch providers, our work is shared with Healthwatch England.

Contact us

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If you would like to contact HWCWL about this report, or about our other research and local engagement in Westminster and Kensington & Chelsea, you can get in touch with us here:

Write:
5.22 Grand Union Studios,
332 Ladbroke Grove,
W10 5AD

Phone:
020 89687049

Email:
info@healthwatchcentralwestlondon.org

Tweet:
@HealthwatchCWL

Message:
Facebook.com/HWCWL

BME Health Forum

The BME Health Forum improves the quality of health and social care services for patients from deprived backgrounds living primarily in Westminster, Kensington & Chelsea and Hammersmith & Fulham. It does this by empowering its communities to influence local health care provision.

If you would like to contact the BME Health Forum, you can:

Write:
Church Street Neighbourhood Centre,
Cherwell House,
Penfold Street,
NW8 8PT

Email:
nafsika.thalassis@bmehf.org.uk

Phone:
07958 479 217

Tweet:
@BMEHealthForum

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