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<tr><td>Committee

Health Scrutiny Panel</td><td>Date

19th April 2011</td><td>Classification

Unrestricted</td><td>Report No.</td><td>Agenda Item No.</td></tr>
<tr><td colspan="2">Report of:

The Tower Hamlets New Residents and Refugee Forum

Originating Officer:

Vaughan Jones, Vice Chair</td><td colspan="3">Title:

Addressing the issues of accessing healthcare faced by new migrants in Tower Hamlets

Ward(s) affected:

All</td></tr>
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1. Summary

1.1 The Tower Hamlets New Residents and Refugee Forum held a seminar exploring access to healthcare services for new residents and refugee. This report puts forward the detailed findings of the seminar.

2. Recommendations

2.1 The Health Scrutiny Panel is asked to discuss and contribute to the suggestions for addressing the barriers identified.

Tower Hamlets New Residents and Refugee Forum

Addressing the issues of Accessing Healthcare faced by New Migrants in Tower Hamlets: Minutes from seminar held on 3rd December 2009

Background

Major barriers in accessing healthcare exist for new residents and refugees who are often the most vulnerable members of our community. Some people do not know how to access NHS services. Others lack information in their own language and are unable to understand how the NHS works or how to register with a GP. Similarly, some are not clear about their rights to NHS treatment whilst some NHS staff are unclear about eligibility or entitlements to healthcare. Some GP surgeries, unaware of the discretion they are entitled to use have turned away new community members on the basis of immigration status incorrectly. If people are barred access to GPs, they will be left with no other choice than to seek care at A&E centres (Médecins du Monde UK Annual Report 2007).

This seminar was coordinated to provide the space for a wide range of stakeholders from public and third sector organisations, and new migrants in Tower Hamlets to come together to explore the barriers in accessing healthcare faced by new migrants in the borough. The objectives of the event were to:

- better understand the healthcare experiences of new migrants living in the Tower Hamlets;
- hear from local organisations about the healthcare support provided to new migrants in the borough and the issues that they encounter;
- and finally, to explore how agencies can work together to better facilitate access to healthcare and other health needs of migrants in Tower Hamlets.

Core issues from buzz groups

1. The ability of new communities to access secondary healthcare
2. Who are new communities? A need for information sharing
3. Communication barriers – particularly amongst older residents
4. Lack of knowledge and understanding with regards to cultural issues
5. Tower Hamlets has a long history of migration; we need confidence in our ability to deal with new communities

Keynote Speakers

Jaberr Butt – Race Equality Foundation (REF)

REF established to (1) document and understand discrimination; (2) develop interventions that will overcome barriers and promote equality and; (3) disseminate information through training.

Stereotypes continue to prevail and BME communities continue to be perceived in a particular light. Ethnicity has both risk and protective factors, for example older people from BME communities have a stronger state of mental well being, and kin relationships constitute a protective hub for community members. At a community level, research shows that if poor young males are more likely to be murdered if they live in a high crime area which should therefore be considered as a health factor/risk. Risk factors exist for those escaping war but health access can be improved if community members have access to education.

Evidence suggests that there are significant improvements but racism persists. Infant mortality continues to be present as an issue for the Pakistani and Caribbean community. Appropriate and accessible healthcare can and do transform healthcare experiences and improved services for BME communities translates into an improved service for all underlining the false misconception that BME communities are unfairly given too much attention in the tailoring of services.

Evidence must drive the tailoring of services – such an approach has seen improvements in smoking cessation amongst Bangladeshi men and a reduction in Prostate Cancer for Caribbean men. Such an evidence based approach can lead to effective engagement; address access issues and; help to develop appropriate services.

Angie Heathfield and Mary Morgan – Tower Hamlets PCT

2007 saw a plethora of research become available which helped develop Tower Hamlet's access strategy. This research highlighted the issues of (1) citizenship training, (2) health literacy, (3) quality interpreting and (4) flexible appointments. This research also indicated that A&E services are inappropriately accessed due to dissatisfaction with GPs and the assumption that the service at A&E will be more thorough. The issue of convenience was also raised as a reason why people inappropriately access A&E care.

In response to this research a number of TH PCT initiatives have begun, including a Multilanguage guide on how to access healthcare, a partnership with London Muslim Centre through the faith and health project, training for front line staff and investment in an interpreting service.

A policy for registration has also been drafted which provides clarity for registration, with particular reference to the issue of what documentation is needed. Within this policy is the outline for registration to be available everyday as opposed to particular days of the week, with guidance for appointments not to be held back whilst patients have not yet had their medical check. This guidance advises GPs that services should be made available to ordinary residents which includes refugees and asylum seekers, where refusal can only be made on suitable grounds. This policy also outlines the discretion GPs have to treat visitors if GPs are satisfied that the visitor lives in local area.

Amanda Troughton and Penny Louch – Health E1

Health E1 is a PCT managed nurse led health practice for street homeless and hostel dwellers – an excluded group which includes those without addresses or identification. The service was set up to address the inappropriate use of A&E. Health E1 operates a walk in clinic and has a resident mental health nurse; unheard of in primary care. The aim of the surgery is to provide healthcare for those who cannot access mainstream healthcare without a fixed address. Health E1 has interpreters to help overcome language barriers and has won several awards for reducing health inequalities.

Patients present with a number of health concerns though there is a high prevalence of severe depression and post-traumatic stress disorder amongst refugees and asylum seekers. Often, patients also present with other issues such as housing or welfare advice. Therefore Health E1 has built a good relationship with other services such as the Dellow Centre, Whitechapel Mission, CRISIS and Praxis. Many of the patients are not entitled to secondary care or benefits which means that although they may be issued with a prescription they still do not have the means to pay for the prescription. Health E1 have taken on clients who have been to other practices and been turned away, highlighting that this is a practise which still exists.

Wayne Farah – MdM/Newham PCT

Medecins du Monde (MdM) is an advocacy service for vulnerable communities including new and established migrant communities. MdM records the issues faced by vulnerable communities to further their advocacy work, and have highlighted the top five barriers to accessing healthcare which include (1) administrative difficulties, (2) knowledge of systems, (3) language barriers which leads to further problems in diagnosing and proscribing, (4) fear of reporting to the UKBA who have recently shown to have been writing to GPs/PCT requesting information on their patients, and (5) refusing to provide care.

The fact that MdM is needed to provide a service like Project: London highlights the shortcomings of the NHS. Patients should only be turned away from GPs for 2 reasons; (1) the patient lives outside the GP catchment area and (2) the registration list is closed. There are high risks in people not being able to access healthcare, highlighted by the rise in measles due to people not accessing injections. A further risk lies in people accessing healthcare elsewhere. Apart from being unlawful (please see attached slides), refusing people healthcare is also uneconomic with the cost of a GP representing a quarter of the cost of A&E and also impeding national targets of seeing 4 patients an hour.

Workshop Feedback

1. Key issues for new community members in accessing healthcare for the borough

Language

Language barriers were consistently raised as a key issue. This issue was raised not simply in relation to the lack of English as a first language but also staff understanding of the language being used. This issue is compounded by high level of illiteracy within some communities (this issue was raised with reference to the traveller community). Both factors lead to lack of confidence to navigate system. Currently there are not appropriate systems in place between new communities and healthcare translators/interpreters

Knowledge and confidence in Systems

Knowledge about services was raised with reference to both new communities and GP and NHS staff. The issue of new communities not having an understanding of systems was raised e.g. what needs paying for; what is free; and location. This in turn led to the problem of new communities being unable to navigate the system, with a need to help people understand the system identified. This problem is exacerbated by the overwhelming number of services that are out there; confusion exists over which one to access, particularly as the appropriate service keeps, or is seen to keep, constantly changing.

Service providers also have a lack of knowledge of what they are obligated to provide. NHS staff do not have an understanding of policies or entitlement to services, particularly in relation to community members with no recourse to public funds, leading to assumptions with regards to access. A further lack of information also existed specifically with regard to new communities which were seen as creating additional obstacles in the access of services. Questions posed included 'who are new communities and have we registered them?' This lack of information led to misconceptions; younger generation minority staff not necessarily having the language skills they are presumed to have (e.g. Bengali, Sylheti). The broad definition of 'new community' was problematic in that established or fringe communities might not being recognised as a migrant community yet still have needs.

Other issues raised include:

- Lack of confidence in accessing services (not confidential) - Fear of being reported to UKBA
- Trust in the system still does not exist – some Spanish speaking migrants calling original countries
- People with learning disabilities – health trainers not having an understanding of the issues and communication breakdown

Cultural Awareness

The lack of cultural awareness was raised as an area of concern. This may be due to NHS/PCT/GP's staff not having the appropriate training or understanding of different culture/faiths/traditions in order to respond to new communities appropriately. A need was raised for appropriate cultural sensitivity in health services, including sensitivity in relation to religion and faith of service users.

Further, a need for particular training for staff working with communities likely to present with certain conditions was identified, such as PTSD.

Structural Barriers

Current systems in place were also discussed as posing difficulties for new communities to access health services. These included the:

- Barrier of geographical commissioning of services; doesn't fit these transient communities e.g. accessing mental health services across areas – barrier to integration of services
- Screening on arrival for new migrants and information and referrals into other programmes can lead to stigma regarding new communities and particular
- Lack of flexibility of appointments including time you call to make an appointment
- There was recognition that policy does exist but barriers persist, such as GPs continuing to ask for unnecessary documentation;
- 'Connecting for health' requires certain information for surgery to get paid
- Health professionals not signposting properly to GPs
- Systems that block people being registered i.e. computer database for registering patients

Other issues raised include:

- New communities may lack access to social networks that enable insular communities to access health services and health care
- New communities may face a lack of freedom. This was raised in reference to migrant groups who are controlled by third parties, such as within the informal employment sector. GP registration is not a high priority for these groups or those that employ them.

Despite the above issues raised it was felt necessary to understand the different pressures health services are under and the priorities on services placed upon them.

2. Methods to ensure discrimination does not happen in practice/surgery/workplace

Training and culture shift

The emphasis on training within health services was raised by a number of participants. It was felt there was a need to develop a 'culture shift' towards a non judgemental approach which has a

strong ethos of equalities and diversity. This needed to be reflected in the robustness of PCT commissioning, and could be made possible through the health networks. A change from the top must be combined with increased customer care training of front line staff. Standards at reception must be reinforced with a zero tolerance to discrimination, including tackling discrimination internal within communities' e.g. Bangladeshi discrimination against Bangladeshi.

In summary:

- GP training and education provided by PCT and/or voluntary sector e.g. MdM training; good training must be compulsory for all front line staff especially reception staff around entitlement and discrimination, equality, cultural awareness. This could be made a requirement through commissioning contracts e.g. access LES. PCT could provide obligatory training for all practice managers across the Borough – example of Newham training for receptionists was cited.
- We shouldn't have to depend on sympathetic doctors or other staff – how can we use sympathetic doctors to set standards
- Competency and training of all staff should be made available at all levels (also in relation to different cultures/faiths/traditions)
- Importance of engaging cultural/faith groups and in particular community leaders from within those groups

Other solutions

- People need more information of entitlement – being able to challenge knockbacks
- A 'statement of fact', using different mediums (leaflets, posters, DVDs) in each GP surgery and other service providers, about entitlement to healthcare services, translated into different languages for staff and patients.
- Good communication/information to patients about their rights and where they should be accessing healthcare (e.g. registering with a GP, not continually using walk in service)
- Focus on health advocacy and legal advocacy not just interpreting. Need system to get advocacy for treatment and advice about payments if patients can't afford it, as well as for issues about follow up and secondary care
- One clear guidance across all agencies and voluntary sector
- Specialist service for new communities
- PCT needs to have 1 point of contact when issues are being raised by advocates of new migrants

3. Tower Hamlets current local response and adequacy

This section received the least feedback which despite short time considerations seems telling in itself. One participant felt that there was no equity across Boroughs and different communities though this was not elaborated upon.

4. Methods to allow agencies to better work together to meet the healthcare needs of migrants in Tower Hamlets

A number of suggestions were made including:

- Better information sharing across Borough and pan-London for patients and service workers, including central points of information e.g. information about community groups, refugee centres, services, entitlements – possibility of web based resources which is easily accessible and available in different languages

- Partnerships between NHS and community organisations – closer working in areas such as needs assessment; Tower Hamlets needs to build better relationship with agencies such as MdM
- Look at what is successful in other Boroughs regarding these population groups and their access to services e.g. Newham has incredibly diverse populations groups – how do they do it?
- Joint information sharing between Newham and Tower Hamlets
- Free ESOL training for migrants
- One stop shop for migrants with no recourse to public funds
- Co-ordination of services – integrated care services
- Boroughs health line service could refer to other agencies – better joining up of help line
- Being able to provide better information to patients on service provision – waiting times etc.

5. Key issues to take forward and closing remarks

- Need for a specialist service
- PCT needs to have 1 point of contact when issues are being raised by advocates of new migrants
- Interpreting can improve confidence and quality of a service
- Need for understanding of changing systems –both staff and communities
- Lack of confidence to challenge practice – need to empower service users
- Mission statement – reminder of entitlement
- Need for audio materials and not just written (see Newham)
- Incorrect signposting
- Education of GPs by PCT – PCT blame GPs and vice versa. Need for training to change culture – administration desk not prepared to deal with complex issues patients present with. Training should start at what people really think to uncover prejudices and challenge misconceptions and then be moved towards what they should be thinking. Training must be enforced with a zero tolerance policy of discrimination
- IT failure
- Surveys which register patient satisfaction do not reach hard to reach communities
- Health hotline should have information on NRPF
- Children's Centres can play bigger role in disseminating information
- Recognition of Tower Hamlets as place where new communities settle