

Patient Experience Report:



Residents of South Asian heritage in Old Trafford

August 2014 - March 2015

Updated February 2016



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Executive Summary

All local Healthwatch have a duty to engage with residents whose voices often go unheard in health & social care service design and delivery, including individuals from black and minority ethnic (BME) groups.

Trafford's BME population is around 26,000 people, (just under 12% of the total population), with the largest BME group (2.4% of Trafford's total population) being residents who identify themselves as being of Pakistani origin (Trafford Joint Strategic Needs Assessment (JSNA), 2012-2015). A number of health inequalities highlighted in Trafford's JSNA, 2012-2015 and a report by the Black Health Agency (2013) ¹ have been identified for these residents resulting in poorer life chances -

“It is extremely worrying that disparities in health of Black and other minority groups are still evident, and with some health conditions that difference is explicit and has been the case for some time. A challenge remains for newly established bodies, responsible for commissioning health services, such as CCGs and NHS England to ensure that the needs of Black and other minority communities are reflected in their commissioning plans and outcomes to ensure parity in access, treatment and outcomes.”

- BHA, State of Health Black and Other Minority Groups. 2013



In recognition of these inequalities, over 2014 - 2015, Healthwatch Trafford engagement with residents of South Asian heritage took place through visits to two local community groups:

- 🌸 a drop-in service (for all local residents of South Asian heritage) provided by LMCP Care Link in Old Trafford, (3 visits over August 2014 to March 2015);²
- 🌸 a Trafford Muslim Association group (for females over 50 years of age) in Old Trafford (1 visit in March 2015). ³

¹ Black Health Authority (BHA) is a local organisation based in Old Trafford

² LMCP Care Link is a local charity supporting older South Asian persons and their carers in Trafford and Manchester.

³ The Trafford Muslim Association is a provider of day care support and recreational activities for Muslims over the age of 50 years of age.



A total of **60 residents** from both groups were engaged and a number of patient experiences recorded. Analysis of these patient experiences allowed Healthwatch Trafford to identify several issues distinctive to local residents of South Asian heritage including:

● **Cultural barriers in hospital and GP services**

- Lack of cultural awareness within GP and hospital services. One example given was lack of recognition of the Islamic principle that a person must be buried as quickly as possible after death.
- Lack of cultural diversity amongst GP practice staff
- Female residents, (over the age of 50 years), in Old Trafford registered at the same GP Practice found access to a female GP with shared cultural heritage and language and an understanding of their needs and belief systems difficult. ⁴

● **Language barriers for female residents (over 50 years of age) resulting in delays to accessing GP practice appointments**

- Several female residents reported waiting times of 3 - 4 weeks for appointments with the only female GP at their practice who speaks their language. This suggests that qualified language translators are not used or offered during medical appointments at this GP Practice.
- Automated telephone messages in English at GP Surgeries create access difficulties for patients for whom English is not their main language / don't speak English well.

Draft NHS England guidance for Primary Care services states:

- 🌸 “Patients must be able to access primary care services in a way that ensures that their language or communication difficulties do not impede them receiving the same quality of healthcare as those who do not face such barriers”

NHS England, draft Interpreting and Translation Services - Quality Standards Version 1.12 for events (2015)

● **Possible lack of awareness & knowledge amongst residents of patient rights to translation services**

- This may result in potential failures of primary care services to provide equitable provision that is responsive to the needs of all patients


⁴ 3 women accessing the Trafford Muslim Association group (whose first languages are Urdu or Gujarati) were registered with the same GP Surgery in Old Trafford.

Equality of access to health services is advocated by documents including:

- 🌸 The NHS Constitution
- 🌸 Equality Act 2010
- 🌸 Health and Social Care Act 2012
- 🌸 Human Rights Act (1998)
- 🌸 European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- 🌸 United Nations Convention of the Rights of the Child (1989)
- 🌸 United Nations Convention on the Rights of Persons with Disabilities 2005
- 🌸 Data Protection Act 2003

Healthwatch Trafford Recommendations

- 🌿 GP Practices to review the extent to which their existing Patient Participation Group (PPG) membership is representative of the diverse population served. Working with local organisations (such as LMCP Care Link and Trafford Muslim Association) to identify and remove barriers to accessing PPGs for individuals from BME groups will help ensure all voices are heard.
- 🌿 GP Practices and hospitals to review their current patient or service user administration and record systems, platforms, processes and documentation and, if necessary, update, change or replace those systems so that they conform to the draft Quality Standards for Interpreting and Translating Service in Primary Care (NHS England, 2015).
- 🌿 GP Practices and hospitals to record details of individuals' need for foreign language interpretation or translation alongside recording of information and communication support needs in line with the Accessible Information Standards (2015). (The Accessible Information Standards excludes provision of foreign language interpretation and translation, and this is therefore optional under law).
- 🌿 GP Practices and hospitals to ensure all surgery staff complete mandatory cultural awareness training, delivered where possible by local BME organisations who have good understanding of local cultures and the barriers which may prevent people from accessing services.
- 🌿 Trafford CCG to support GP Practices to produce and promote accessible patient information (in hard copy and electronically available on surgery website) using appropriate languages and formats regarding services. In particular, information on patient rights to language translator services should be available in community venues as well as health services.

- 
- Availability of online appointment bookings through GP Practice websites and the online booking process should be promoted to patients to increase awareness. It must be accessible in a range of different languages including Gujarati and Urdu.
 - Improvements made in response to these recommendations should be communicated by hospital and GP services to local residents.

February 2016 update

Healthwatch Trafford shared this report with members representing a range of local organisations at a Trafford BME Service Improvement Partnership (BME SIP) meeting in July 2015. It was agreed that there was potential for the issues identified in the report to be incorporated into the BME SIP action plan 2015 - 2016. This is ongoing.

Engagement with more diverse BME groups was also encouraged, and with support from Trafford Carers, 2 visits to a local organisation supporting African Caribbean residents enabled Healthwatch to listen to 25 people of African Caribbean heritage. However, no specific issues around their access to health and social care services were identified as a result of this face to face engagement.





Introduction

Healthwatch Trafford is a local consumer champion in health and social care. Statutory activities include:

- Providing advice and information re health & social care services
- Taking people's experiences to decision-makers to influence positive change
- Involving people in decision making about local services
- Involving people in monitoring health and social care services

Aims

Drop-ins with local residents of South Asian heritage were carried out with the following aims:

- to listen to and record the experiences and views of ethnic minority Trafford residents re all local NHS health and social care services;
- to encourage people to report experiences of health & social care to us in the future (via website, telephone or in person at our drop ins);
- to raise the profile of HWT;
- to signpost people to relevant health /social care services.

Desired Outcomes



- to obtain and collate qualitative patient experience data regarding a range of health / social care services;
- to identify where local services are working well and where improvements can be made;
- to work with service providers, to encourage positive change to service design and delivery where possible;
- to share and promote examples of good practice locally, regionally and nationally.

Background Information

The Equality Act 2010 imposes a general equality duty on public authorities and other bodies to eliminate discrimination, reduce socio-economic inequalities and advance equality of opportunity for people with 'protected characteristics', including race and age.

The Health and Social Care Act 2012 places responsibilities on national and local agencies to tackle race inequality in access, treatment and outcomes of BME patients when carrying out their functions.

The Human Rights Act also imposes 'positive obligations' on public bodies to take proactive steps to secure people's human rights, including ensuring that patients are



not neglected in hospital and have food, water and necessary medical treatment and managing the care of individuals with mental health illness.

New guidance from NHS England - Interpreting and Translation Services - Quality Standards, (currently in draft form) applies to GP Surgeries & Dentists but provides best practice guidance for all healthcare services. It states:

- 🌸 Patients must be able to access primary care services in a way that ensures that their language or communication difficulties do not impede them receiving the same quality of healthcare as those who do not face such barriers
- 🌸 Staff within primary care providers should be aware of how to book interpreters and book them where appropriate
- 🌸 Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access
- 🌸 Patients can expect a personalised approach to their language, communication and access requirement recognising that “one size does not fit all”
- 🌸 High ethical standards, a duty of confidentiality and safeguarding responsibilities are mandatory in primary care and this duty extends to interpreters
- 🌸 Patients and clinicians should be able to express their satisfaction with the interpreting service (and/or the primary care service) in their preferred language or communication method
- 🌸 Patients and healthcare professionals should have access to appropriately communicated documents which will enable and support their health / care
- 🌸 The interpreting service should be subject to proactive monitoring for quality assurance and to support continuous improvement to ensure it remains high quality and relevant to local needs

The local picture

Ethnicity data from Trafford Joint Strategic Needs Assessment (JSNA) 2012-2016, records Trafford's BME population at slightly under 12%: around 26,000 people. The largest minority group being people who identify themselves as being of Pakistani origin, making up 2.4 % of the total population.

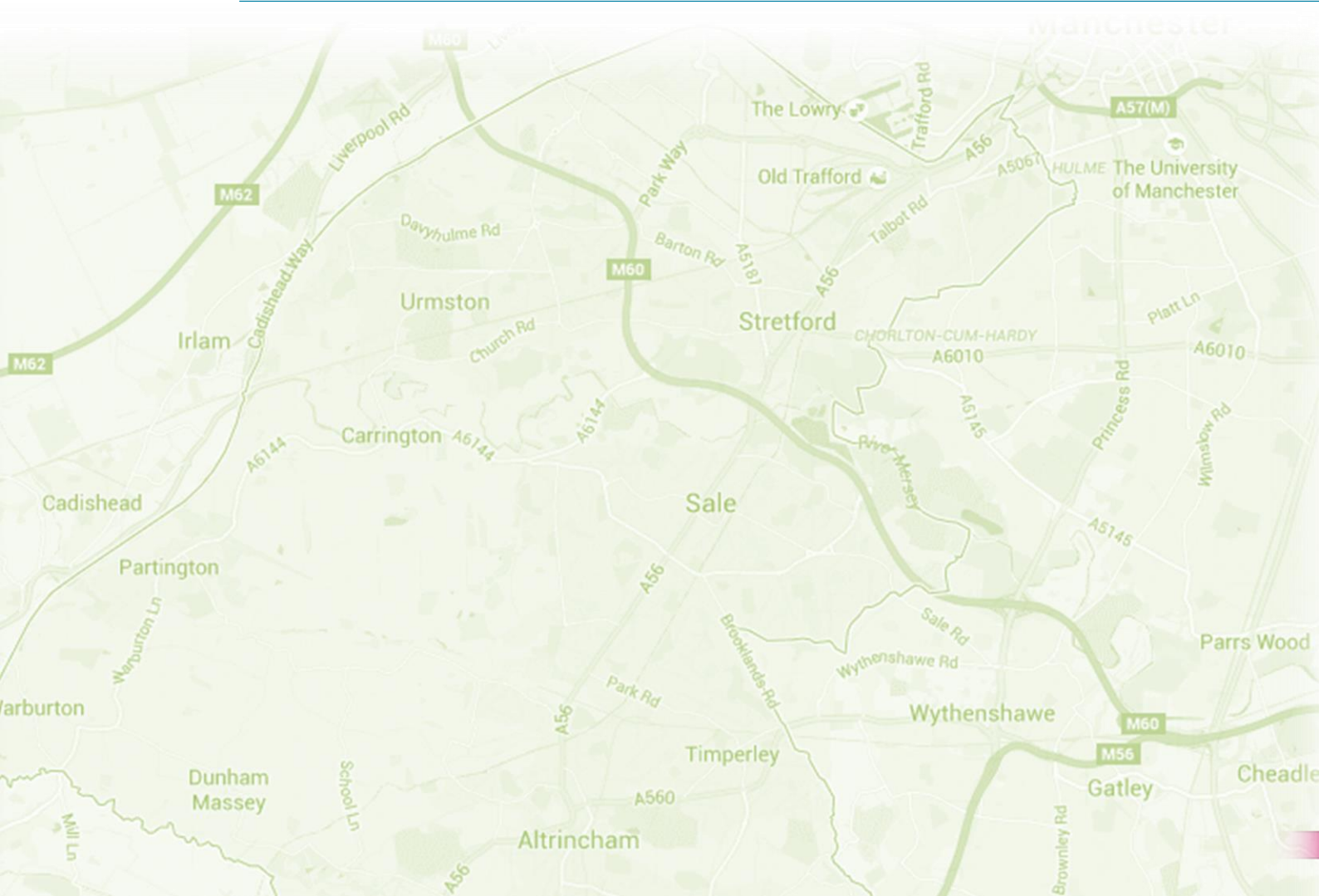
Persistent health inequalities relating to South Asian people outlined in the JSNA 2012-2016 include an increased likelihood of:

- developing Coronary Heart Disease at a younger age and highest rates of myocardia infarction (South Asian men)
- high blood pressure
- heart attack (younger South Asian men)
- development of various diseases, including cancer

(Trafford JSNA 2012-2016 and BHA, State of Health Black and Other Minority Groups. 2013)

Trafford JSNA 2012 - 2016 states the need for

“...robust, up to date advice and information for patients, service users and communities...accessible services for people and groups regarded as hard to reach and for men”



Healthwatch Trafford visits to LMCP Care Link drop-in and Trafford Muslim Association women's group

The LMCP Care Link drop-ins are attended by local community members of South Asian heritage, ranging in age from young people aged 18 years to elderly residents. LMCP Care Link are the primary facilitators during the session and regularly invite other organisations to speak to attendees about their service provision. LMCP Care Link staff provided translation for Healthwatch during the visits

Quantitative data

Engagement took place with 44 people at the LMCP Care Link drop-ins. 2 of these were young people, aged 18 years and 42 attendees were over the age of 50 years.

Engagement with the Trafford Muslim Association women's group was carried out with 16 women attending, (over the age of 50 years).

Negative patient feedback regarding Hospitals

The following feedback regarding hospitals was recorded by Healthwatch (the number in brackets reflects the number of people commenting on the particular issue):

- 🌸 CMFT hospital staff have a lack of respect / understanding for different cultures (1)

“I've had some very good experiences at Manchester Royal Infirmary and Trafford General Hospital for my diabetes. The clinical side is good. But, I find that my culture isn't always taken into account; there's not enough respect for people from different cultures at either hospital.”

- 🌸 Cultural awareness lacking in general (2)
 - Hospitals need to understand the burial process for Muslims where burial must be done as soon as possible
 - The process of requiring a post mortem examination if the deceased has not seen a GP within 14 days of their death needs to change to allow for cultural sensitivity
- 🌸 There is a lack of care for elderly patients at a CMFT hospital, including buzzers going unanswered by medical staff (4)
- 🌸 Delays in treatment and diagnosis at 2 CMFT hospitals (1)

- 🌱 CMFT hospital waiting times are too long (2)
- 🌱 UHSM hospital cancelled appointment 3 times and 4th appointment was missed, now has to go back to GP and begin process again
- 🌱 Phlebotomy home visit made but second request for home visit was denied. PALS signposted patient to Pennine Care manager to make a complaint. The manager *“just defended his staff. They need to listen to patient experience.”* Phlebotomy clinic in Sale was contacted and the problem was acknowledged and an apology received. *“We went from pillar to post on this.”*

Positive patient feedback regarding hospitals

- 🌱 CMFT PALS (2):
 - “They are very good. Straight away they go through the process, acknowledge and listen.”
 - “When we rang PALS to ask them what was happening they straight away sped up the process.”
 - “The Medical Assessment Centre at Trafford General is excellent.”

Negative patient feedback regarding GP Surgeries

- 🌱 The GP answer machine message is in English (3)
- 🌱 Would like Language Line for their GP Surgery (4)

Negative patient feedback regarding North Trafford Group GP Surgeries

- 🌱 GP Surgery waiting times too long (up to 2 weeks) to get an appointment (4)
North Trafford Group Practice Surgery, Seymour Grove
- 🌱 Home visits from GPs for elderly and end of life care are being denied (2)
North Trafford Group Practice Surgery, Seymour Grove
- 🌱 GP admin and reception staff poor attitudes (1)
North Trafford Group Practice Surgery, Seymour Grove
- 🌱 GP didn’t make referral to hospital and delays in treatment resulted (1)
North Trafford Group Practice Surgery, Seymour Grove
- 🌱 No consistency in GPs and they don’t seem to have up to date records (1)



North Trafford Group Practice Surgery, Seymour Grove

🌸 *“you feel the appointment is being hurried”*
North Trafford Group Practice Surgery, Seymour Grove

🌸 *“GP didn’t make a referral for my son”*
North Trafford Group Practice, Gorse Hill

Positive praise for North Trafford Group GP Surgeries

“Staff intentions are honourable” (Seymour Grove surgery)

“Staff are good when they have a mind to listen” (Seymour Grove surgery)

“Receptionists listen and aren’t judgemental.” (Chester Road surgery)

“The doctors are good and have listened when I’ve complained.” (Chester Road surgery)

Other services

🌸 A befriending service for the elderly is needed

🌸 Incomplete delivery from a local pharmacy (1)

🌸 Arriva Patient Transport didn’t turn up (1)

Healthwatch Trafford visit to Trafford Muslim Association (women's group)

Negative patient feedback regarding Ayres Road GP Surgery

🌸 *"It's very common for Ayres Road GP Surgery to give prescriptions to someone else. It happened to me a couple of years ago & also happened to my mum"*

🌸 *"there are so many problems at Ayres Road that I changed surgeries. They never contacted me with results."*

🌸 Post scan the surgery didn't contact patient with the results (1)

Only one female GP speaking their language, preference expressed:

🌸 3 women said they like to have a female GP. Only one at Ayres Rd - Dr Kaur. You can wait up to 3-4 weeks to get an appointment to see her. Language barrier with the other Doctors and she is the only female at the surgery.

Patient feedback regarding North Trafford Group Practice, Seymour Grove

🌸 *"You have to wait a week for an appointment. The GP wanted me to pay for my medication which I only use occasionally or have it free every month (I can't use it every month). So I have it free every month; this seems like a waste."*

Outcomes

As a result of this engagement, the following outcomes were achieved:

🌸 5 residents were signposted to local services (including Blu Ski, Independent Complaints Advocacy, PALS, and Pharmacy Manager)

🌸 3 residents received responses from services regarding their patient experiences after Healthwatch Trafford published them on the national Patient Opinion website

🌸 Joint planning is underway between Healthwatch Trafford and Healthwatch Manchester to undertake an Enter & View visit at the CMFT hospital where concerns were raised regarding care of the elderly on particular wards



Next steps

Healthwatch Trafford is committed to maintaining the positive working relationships established with local residents with South Asian heritage through LMCP Care Link and the Trafford Muslim Association and will continue to visit these groups.

This report was shared and discussed as an agenda item at the July 2015 Trafford BME Service Improvement Partnership (BME SIP) meeting. It was recommended that:

- 🌸 Healthwatch Trafford visit other BME support / social groups and carry out similar engagement activities;
- 🌸 the findings of this report are adapted into the BME SIP action plan 2015-2016 and taken forward

Healthwatch Trafford will take the recommendations made above by BME SIP members forward over 2015 - 2016, continuing to work with the BME SIP with the long term aim of supporting local healthcare services to be effective and fair for all Trafford residents.

References

Black Health Authority, State of Health Black and Other Minority Groups, BHA Contribution to the Development of a Joint Strategic Needs Assessment. May 2013

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