Improving the ability of Black, Asian and Ethnic Individuals to access and obtain support from Health and Social Care Services

healthwatch
Hounslow

Engagement Report
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Disclaimer

The information presented within this report covers some of the challenges experienced by Black, Asian and minority ethnic (BAME) individuals regarding access to health and social care services. It is important to note that generalisations cannot be drawn from this small sample size. These findings simply provide a snapshot of experiences and key insights from residents and professionals. This report shall be used to guide future in-depth research.

Acknowledgements

Healthwatch Hounslow would like to thank all the residents who took the time to speak to us about their experiences. We would also like to thank the community organisation, Ilays for helping us facilitate two focus groups as well as Age UK Hounslow for offering their assistance in reaching out to their service users.

Executive Summary

During October and November 2021, Healthwatch Hounslow conducted outreach work by speaking to residents to understand their experience of accessing health and social services during the pandemic. The aim of this work was to further understand BAME health inequalities in the borough of Hounslow, following the publication of 'Beyond the data: understanding the impact of COVID-19 on BAME groups' by Public Health England.

Healthwatch Hounslow spoke to residents through working in collaboration with the community organisation Ilays, Age UK Hounslow, visiting GP surgeries and local libraries.

In total, 50 people shared their views and experiences. A range of experiences were captured, and many mentioned they had experienced difficulties in 'booking appointments' and 'accessing digital services' during the pandemic. Many also expressed a preference for 'face-to-face GP appointments' instead of online consultations. In addition to this, 'language barriers' were cited frequently as an issue, as well as a 'lack of access to translation services.'

Overall, the views and experiences expressed by residents provide evidence that there is a lack of trust in health and social care services; many mentioned that increasing the number of representatives of BAME individuals in the health and social care sector, would help alleviate health inequality in the borough. Further insights into health inequality were provided during discussions with community organisations and their members in which they expressed that they do not feel comfortable discussing issues pertaining to mental health and that many are hesitant in reaching out for support due to being fearful of Social Services. They fear this would affect the family dynamic due to fear of children being 'taken away'.

Moreover, community organisations provided insight into cultural factors and key issues experienced by mothers and families during the pandemic and the pre-pandemic landscape. There was also discussion around lack of access to community centres for young people and families, which had impacted their health and wellbeing during the pandemic.

The findings of this report have led to a series of recommendations made by Healthwatch Hounslow. These include improving access to information in community languages such as Somali in areas such as mental health, diabetes, and family planning. To further alleviate health inequality in the borough we recommend increasing the number and range of BAME representatives in health and social care, improving access to translators, supporting residents by offering educational training sessions to improve employability prospects in the sector, as well as ensuring spaces and activities are made available for BAME community groups, if funding allows.

Introduction

Health inequalities are the preventable, unfair, and unjust differences in health status between groups, populations, or individuals. These inequalities arise from the unequal distribution of social, environmental, and economic conditions within societies.[1] For example, high levels of deprivation, low income, high levels of unemployment and poor housing result in poorer health, reduced quality of life and early death. Furthermore, such inequalities present challenges for members of the community to access treatment when they experience poor health.

We know that the pandemic has shone a light on pre-existing inequalities experienced by Black, Asian and minority ethnic (BAME) individuals and are aware that these underlying inequalities have made the impacts of the pandemic far worse for BAME individuals than their White counterparts.[2]

However, alongside looking into the root causes of health inequality, it is now important to explore ways in which we can alleviate such inequalities to improve the health and wellbeing of BAME community groups. The evidence clearly shows that instead of telling people what to do, the best approach is to first ask what they need and secondly what support people need in achieving those aims. [3]

This piece of qualitative research offers a snapshot of some of the experiences of BAME individuals in the London Borough of Hounslow and provides an insight into what support individuals need to improve their health and wellbeing.

It is essential to note that the term 'BAME' can be a barrier, because it can cover a wide range of ethnicities, which do not neatly fit under this umbrella definition. The experiences of one community group are not representative of other community groups or individuals. In this report, however, 'BAME' predominantly refers to 'Other' Black and South Asian communities.

We acknowledge that while this report focussed on 'BAME' community groups, some of the issues raised will likely also concern some people from other ethnic backgrounds, including White, particularly those living in poverty. However, this report is focussed on the challenges of those who have experienced systematic and institutional racism and inequalities.

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[1] https://www.england.nhs.uk/about/equality/equality-hub/resources/
[2] https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities
[3] https://www.bma.org.uk/news-and-opinion/the-tools-to-reduce-health-inequalities

Aims and Objectives

Digital exclusion, social isolation, and a lack of access to information about health and social care have been highlighted as issues that are perpetuating disparities in health and well-being.

Healthwatch Hounslow aims to identify potential ways of alleviating these issues. Through engaging with Hounslow's BAME communities and the voluntary organisations that support them, this project will determine what people believe to be the most effective ways of mitigating these issues.

1. Identify the most effective methods for alleviating language barriers for individuals trying to access healthcare and information who do not speak proficient English.

2. Identify the barriers to alleviating social isolation within BAME communities (particularly older individuals) and identify the most effective methods for reducing social isolation.

3. Identify the most effective methods for alleviating digital exclusion within BAME communities

4. Identify other suitable pathways for the dissemination of healthcare information and access to healthcare, outside of the 'virtual by default' approach.

5. Understand the ways in which community centres can facilitate the practical changes required

6. Collate these methods into a solution-based framework to help address the needs of individuals in BAME communities who are 'excluded' or 'isolated' from healthcare and support.

Methodology

From 1st October 2021 to 30th November 2021, Healthwatch Hounslow conducted outreach work predominately in the district of Feltham. This small-scale project involved speaking to 50 individuals. Healthwatch Hounslow achieved this via face-to-face engagement in line with government guidelines and social distancing measures that were in place at the time.

Choice of Method

Healthwatch Hounslow provided individuals alternative options to take part in this project, such as face-to-face interviews and focus groups. Utilising qualitative methods provides individuals a means to openly discuss their experiences in depth. It allows Healthwatch Hounslow to provide a rich data profile by capturing the experiences and the voices of the local community.

Limitations of Method

Qualitative research is not statically representative, as findings cannot be used to represent the views of the broader population in the borough of Hounslow. Furthermore, with the diverse range of people from different ethnic backgrounds in Hounslow, not all BAME communities will have been reached - who may have had differing experiences from those interviewed.

Finally, the nature of the interviews in terms of location and acquisition were with those with some degree of connectedness with their communities and does not necessarily represent those suffering from more acute social-isolation.

Promotions

The main method of promotion was utilising our social media platforms and contacting community organisations/centres.

Healthwatch Hounslow Online and Offline Platforms:

- Website
- Instagram
- Twitter
- Contacting Community Organisations via email and telephone to promote project, e.g., Ilays and Age UK Hounslow
- Stalls at local library in Feltham, handing out leaflets

Challenges

The current landscape presented challenges in engaging with the local community due to social distancing measures, as only a limited number of individuals were allowed in community centres. In addition to this, some community centres had remained closed despite measures easing.

Crucially, community organisations were inundated with requests for support during the pandemic, as many service users were in dire need of welfare support. Thus, given the current circumstances, it was difficult to engage with community organisations and their members/service users at a level we initially set out to.

Research Questions

We asked the following open-ended questions around specific areas that respondents felt particularly affected by.

Access to Information
1) During the pandemic, have you felt like you have been able to access the information that you needed (COVID and non-COVID related information)?
2) What do you believe are the main areas in which information distribution can be improved?

Digital Access to Services

3) During the pandemic, how has the reliance on digital care played a role (supported or impeded) in your health and wellbeing?
4) From your experiences what can be improved about digital access to care?

General Access to Services

5) During the pandemic, how did you find general access to care and support (health literacy, different languages, face-to-face appointments, medicine, food deliveries, befriending, etc)?
6) With the issues spoken about, how do you feel they can be addressed and by whom?

Mental Wellbeing and Social Isolation

7) Tell us about the most challenging aspects of life during the pandemic that impacted your mental wellbeing?
8) In future, how do you feel we could work toward alleviating these issues?

Trust in Health and Social Care

9) We know that there is a lack of trust around health and social care services, tell us more about how this shaped your experience of the pandemic
10) What are the first steps that you feel need to be taken in order to start to instil trust in services

Findings: Focus Group (1)

Healthwatch Hounslow conducted two focus groups in collaboration with the community organisation, Ilays.

Ilays offers a range of services to support members of the BAME community, particularly the East African Community. They work towards increasing awareness around health and wellbeing, offer support to refugees settling into the UK and support the education of new immigrants amongst a range of other services.

Many participants had difficulty expressing their views and concerns, therefore staff members at Ilays translated on behalf of their service users.

Method of Engagement: Two focus groups in collaboration with Ilays

Date: 19/10/21, 3/11/21

Time: 11AM-12PM, 11:45AM-12:45PM

Location: 38 Bensington Court, New Road, Bedfont, Feltham, Middlesex, TW14 8HX

Focus group 1: 5 participants

Focus group 2: 10 participants

Total Number of participants: 15

Focus group (1)

2 Professionals: Offer a general insight into the experiences of their service users

3 Service users present

Total: 5

Thematic Analysis

Category	Insight	Key Themes
Digital Access to Services	• Lack of digital skills, particularly affecting elderly service users • Negative experience with online consultation due to incorrect diagnosis	**Lack of digital skills** **Online consultations**
General Access to Services	• Difficulty booking GP appointment over the phone • Difficulty receiving medical notes and concerns around errors in medical records which causes delays in completing Universal Credit application forms.	**Booking appointments** **GP Medical notes** **Errors in GP medical records**
Mental Health and Well-being	• Lack of mental health awareness. • Mental Health is not discussed among men due to stigma.	**Lack of Mental health awareness/support**
Trust in Health and Social care	• Lack of trust in Social Services due to fear around the negative impacts on family/home life.	**Mistrustful of Social Services**

What Participants told us	Increase mental health awareness among BAME communities to improve wellbeing and encourage BAME individuals to reach out for support. The need for GPs to update and check the accuracy of medical records to ensure medical notes can be provided to eligible patients. Increase availability of face-to-face GP appointments for vulnerable individuals who lack digital skills and have language barriers. More representatives needed from the East African/Somali community in health and social care to increase the level of trust.

Detailed Discussion

It is important to note that generalisations cannot be drawn from this small sample size. The findings below simply provide us with a snapshot of experiences and key insights from professionals and service users. We intend to use these findings to guide future in-depth research.

Booking Appointments and Language barriers

Whilst engaging with the professionals and service users at the centre, the three service users we spoke to mentioned that they generally do not experience many problems with their GP. Their main concerns were booking appointments during the pandemic and mentioned they had difficulty expressing their concerns to their GP due to language barriers.

"They said they do not have a lot of problems with the GP, it is just more difficult now to book an appointment during the pandemic and explain their problems over the phone." Professional on behalf of Service Users, Feltham.

The two professionals we spoke to provided us with an insight into some of the challenges experienced by service users. They mentioned that many service users find it difficult to book appointments over the phone as there is a queuing system in place. They mentioned calling early in the morning at 8am, only later to be told that there are no appointments available and to try again tomorrow. They further explained that many service users experience problems with insomnia and depression which makes it difficult for them to wake up early to book appointments. Therefore, they are unable to book appointments at their earliest convenience and receive the support that they need.

Furthermore, the professionals elaborated on mental health and mentioned that although a high number of their service users are women, many men prefer not to speak about problems pertaining to mental health due to the stigma attached. In addition, they mentioned if they were to reach out to their GP about their mental health, Social Services could get involved and they fear that this would affect the family dynamic, adding strain to their home life. However, the stigma of mental health or social services involvement might not necessarily exclusively reflect mistrust in services – other individual and environmental factors such as pride, fear of losing social status and desires to be independent may also be contributing factors.

This indicates that there is a need for an increase in engagement with mental health support amongst BAME communities and alternative services should be made available by taking into consideration varying cultural differences and beliefs. This will allow BAME Individuals to openly discuss their concerns in a non-threatening setting. This also suggests that alongside language barriers, a fundamental concern is a lack of trust in health and social care services.

One of the ways in which trust can be instilled is through increasing the range and number of representatives from BAME backgrounds in the health and social care sector to allow service users to openly discuss concerns in different community languages, as highlighted by one of the professionals below.

"We tell people who come to us to go see their GP, but many feel uncomfortable and would prefer to take a second opinion from a doctor they feel comfortable with, someone who is more representative of their community as they can communicate in the same language." Professional, Feltham

Online Consultations and Face-to-face appointments

Professionals also noted to difficulties experienced with online consultations, as service users, particularly the elderly, lack digital skills.

In addition to this, service users and professionals expressed there is a need for more face-to-face appointments due to service users experiencing difficulties clearly expressing concerns over the phone and the inability of healthcare professionals to offer the correct diagnosis through online consultations.

"We had a lady who came into see us who experienced swelling in her fingers, which looked really bad. We told her to make an appointment with her GP, she mentioned she had a video consultation and the GP said it was nothing to worry about and prescribed her some medication. It got to the point it was really affecting her, so we had to call the ambulance for her. She was in so much pain. This is why video consultations don't always work." Professional, Feltham

This example highlights the importance of communication skills and adequate safety-netting[4] between doctor and service user if online consultations are taking place.

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[4] Safety netting involves ensuring that systems are in place to provide safe monitoring and follow-up, as well as the specific advice given to individual patients by the clinician.

Structural inequality

Structural inequalities have also played a significant role in widening health inequalities.   The pandemic has worsened the financial situation of many BAME individuals, who are more likely to be employed on zero-hour contracts. Many have lost out on income or were placed on furlough. BAME individuals, on average, suffered a significantly worse drop in wages in comparison to their White counterparts.[5]

Ilays offers support to individuals with Universal Credit applications, as some individuals may not be able to work due to illness or mental health problems. They mentioned that many service users experience difficulties completing forms to apply for Universal Credit due to language barriers and low literacy levels.

Medical evidence is sent across to the Department for Work and Pensions to assess whether individuals are eligible for Universal Credit or other benefits. Professionals at Ilays explained that many service users expressed that their GPs are refusing to provide medical notes. Moreover, professionals alluded to errors in medical records and concerns around information validity. This may discourage BAME individuals to reach out for support and may further impact the level of trust in health and social care services.

To summarise, language barriers, GP's desisting from providing notes and errors in medical records creates a triple barrier for BAME individuals to receive adequate support from GP services and other services to help them in their day to day lives. This has an impact on their wellbeing and quality of life.

> *"Our clients have issues with completing Universal Credit application forms as their GPs are refusing to provide medical notes. Many of them do not know how to speak or read English, many people get really stressed and panic and need us to assist them."* Professional, Feltham

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[5] https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/384/38403.htm

Findings: Focus Group (2)

Focus group (2)

2 Professionals translate on behalf of services users and offer suggestions on what their service users need that may help address health inequality.

8 Service Users

Total: 10

Thematic Analysis

Category	Insight	Themes
Access to information	• Lack of clear information around diabetes, obesity, blood pressure, family planning, FGM	**Lack of clear information available**
Digital Access to Services	• Lack of digital skills • Difficult for elderly to make appointments online • Incorrect diagnosis online consultation • Difficulty expressing concerns over the phone.	**Lack of digital skills** **Language barriers** **Preference for face-to-face appointments**

General Access to Services	• Difficulty booking appointment • Long waiting times • Lack of access to translator- told to find own translator • Being passed around and told to seek support from Emergency services. • Prefer face-to-face appointments • GP not taking into consideration of individual's needs and circumstances such as low income and the not being able to afford healthy meals.	**Negative experience booking appointments** **Lack of access to GP translator** **Lack of communication from GP** **Preference for face-to-face appointment**
Mental Health and Well-being	• Lack of information available regarding mental health and well-being. • Difficult time for residents due to issues with finances and housing.	**Lack of information on Mental health awareness/support**
Trust in Health and Social care	• Negative experience at first point of contact.	**Poor Customer Service**

What participants told us	• A need for representatives from the Somali community in health and social care. • More information is required in relation to mental health, blood pressure, diabetes, family planning, FGM in Somali. • Increase availability of face-to-face appointments • High need for translation/interpretation services • Empathetic approach from healthcare professionals needed • Increase training and employability prospects for individuals to work in health and social care which will increase the level of representation and may increase level of trust.

Detailed Discussion

The second focus group we conducted was also in collaboration with the community organisation, Ilays. We spoke to a group of 10 participants. Eight, were attending an English as a second language class and two professionals were also present.

Booking Appointments

This group expressed concerns around 'booking appointments' and a 'lack of appointment availability'. For example, participants mentioned that they call their GP at early hours, however, they are unable to get through to someone. In some instances, if they can get through to their GP, many have been advised to seek support from Emergency Services. They further expressed that when they do contact Emergency Services, they are redirected to seek support from their GP once again.

"They said, it is just backwards and forward, contacting their GP and emergency services during the pandemic."

Language barriers and face-to-face appointments

The group also mentioned that they would prefer face-to-face appointments as they have trouble articulating concerns over the phone. It was interesting to note that one participant expressed that they feel ashamed that they cannot speak English fluently, therefore hesitates to contact their GP. They further added that translators would be useful for them to clearly communicate their concerns.

"I sometimes feel ashamed, that I don't speak English well, translators would help me communicate."

GP Translation Services

'Lack of access to translators' was also one theme that emerged from this focus group. Nearly all participants voiced difficulties with obtaining a translator at their GP and many were told to find their own translators.

The case below demonstrates this alongside other themes.

CASE STUDY

Healthwatch Hounslow spoke to an elderly man who lives alone and does not know how to speak English, thus struggles to express himself over the phone when contacting his GP. He has been experiencing heart problems for a long period of time.

During the pandemic, his GP advised him to get an online consultation, however, lacks digital skills, therefore is unable to access digital services without support. He mentioned that he would benefit from a face-to-face appointment. However, his GP has been unable to offer this option and has asked him to find his own translator, without considering that he is socially isolated and has a lack of social contacts.

He has been waiting for over a month to receive medication and support. There have been delays and a lack of communication from his GP.

Key concerns:

- Social isolation
- Digital exclusion
- Language barriers
- Lack of access to translator
- Lack of communication causing delays

Many participants expressed they had a negative experience at their GP due to poor customer service. This may influence the level of trust in health and social care due to negative experiences with staff at the first point of contact.

"They said that the receptionists can be rude to them because they don't know how to speak English well." Professional, Feltham

Lack of Information

In this focus group there was discussion around a lack of information available in health areas other than COVID-19.

Participants mentioned that there is a lack of information available in Somali in relation to health areas such as mental health, obesity, diabetes, blood pressure, family planning and Female genital mutilation (FGM).

"They said they would like to know more about family planning and receive advice around this and contraception." Professional, Feltham

The group also briefly discussed that they would like to receive information around FGM, as they knew friends and family who were impacted by FGM[6]. They wanted further information in relation to the complications of childbirth and C-sections.

Although, the group did not directly raise issues in relation to literacy levels, two participants alluded to difficulties in understanding health information. A lack of understanding may be affecting individuals' ability to prevent their health problems from deteriorating as they may partially understand complex terminology.

"I did not receive a lot of information around diabetes, no one explained this to me and now I am borderline diabetic." Service User, Feltham

In addition to this, one participant explained that due to their financial situation and living conditions, it makes it difficult to afford a healthy lifestyle. Another participant voiced their concerns around difficulties losing weight, however, received no advice or information from their GP. They were simply told to lose weight as this would help with their diabetes.

"She lives on low income and mentioned that she can't afford a healthy diet, but GP's do not understand this." Service User, Feltham

"My GP told me that I have to lose weight as this will help with my diabetes, but they just say lose weight, they don't tell me how to, received no advice about exercising." Service User, Feltham

This indicates that healthcare professionals need to consider differing socio-economic backgrounds, language barriers and literacy levels to provide clear health related information, preferably in different community languages. In effect, this would help patients make the correct decisions regarding their health and wellbeing matters. It also highlights the importance of needing good health promotion outside of primary care. Information regarding diet and exercise should be available across

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[6] This is particularly important in the Somali community as the rate of FGM in Somalia has been reported as high as 91%.

the board in order to help prevent service users from
presenting too late once they are suffering from the complications of poor lifestyle choices.

One participant expressed that they would like to able to support people with their mental health but due to language barriers and lack of education she is unable to do so. In addition to this, the community organisation mentioned it would be beneficial for their service users to learn how to use blood pressure monitors and understand readings.

From this discussion, we find that participants in this group are keen to work in the health and social care sector. Assisting community organisations by facilitating training sessions for their members would allow individuals to learn and develop skills necessary to work in the sector, in effect this would increase the level of trust in health and social care.

Findings: Age UK Hounslow

Healthwatch Hounslow conducted semi-structured interviews with service users and professionals in the borough of Hounslow. This was via drop-in sessions at Age UK, and in Feltham library, the Heart of Hounslow health centre, and Feltham health centre.

Method of Engagement: Drop-in session- Age UK Hounslow
Date: 15/11/21
Time: 10:30AM- 3PM
Location: Feltham
Total Number of participants: 17

Category	Insight
Digital Access to Services	• Difficult for the elderly to make online appointments • Incorrect diagnosis through online consultation • Difficulty expressing concerns over the phone • Limited time to express concerns
General Access to Services	• Difficulty booking appointment • Preference for face-to-face appointments • Lack of access to nutritious meals

Mental Health and Well-being	• Many individuals mentioned they felt isolated and alone. • Lack of activities throughout the pandemic
Trust in Health and Social care	• Negative attitudes of healthcare professionals • Need for more representation in health and social care

Detailed Discussion

Digital exclusion, social isolation and its impact on mental health, lack of user information, and distrust in healthcare professionals were common themes; significant because these issues are likely perpetuating disparities in health and social care for members of these communities.

In the Age UK drop-in sessions, issues regarding digital access to GP services was raised by a number of participants. This included both difficulty using computers to make appointments, and with online consultations. It was apparent that there are some members of the community who would much rather have face-to-face appointments with their GP rather than via online technologies or over the phone.

"I am part of the West London Ghanaian Association and I know a lot of people who have technology phobias and prefer to see someone face-to-face".

A contributing factor, noted by one service user, was that they found it more difficult to explain themselves when not face-to-face with their GP because their

"English is not that good". This may therefore be an important consideration when providing access to healthcare in these communities. A large proportion of people interviewed also noted that not just digital access, but even general access to services was a big issue. This included booking GP appointments, obtaining their prescriptions in a timely manner, and to other services such as podiatry.

"The most difficult thing for me is booking appointments, there aren't any available, I call at 8am sharp and still can't seem to get an appointment, there is such a long queue."

References were also made to lack of access to healthcare information, with, for example, a patient citing insufficient information from their GP (other than regarding covid vaccinations) and another stating that in order to keep informed

they had to watch the news and share covid
information with each other. One professional in Feltham noted that it would be helpful to have "a shared directory of information where residents can find out where to get support when they need it". Access to information in users' primary language may also be an issue, and for service users who do not understand the language used by their healthcare professional(s) this may be detrimental to their experience of services.

"I would feel more comfortable having a GP that speaks Gujarati, the GP I have at the moment speaks Punjabi, I don't really understand what he says as well".

It is possible that good healthcare outcomes are being stifled by language barriers. Any shared directory of information would therefore need to take preferred languages of community members into account.

There was also a sense among some interviewees of distrust in healthcare professionals themselves, with a couple citing condescending attitudes by their GPs.

"I just feel that the GP's don't bother explaining things to you properly, they just assume you won't understand."

One of the ways in which trust can be instilled is through increasing the range and number of representatives from BAME backgrounds in the health and social care sector to allow service users to openly discuss concerns in different community languages.

Finally, both service users and professionals noted the impact of the pandemic on mental health and well-being. Individuals noted feeling lonely and being stuck at home; a befriending service professional said that they could hear the distress in people's voices during the pandemic. Therefore, a focus on provision of mental health support (in relevant languages) might be appropriate.

"I attended a course on diabetes recommended by my nurse. It was an online course for 5 weeks and I was shocked to hear in the 4th week that someone asked If diabetes is contagious and whether her daughter could catch it!"

One service user expressed that the course she attended was not tailored for those who have very limited prior knowledge. Clear and easy to understand Information should be made accessible at Hospitals to allow patients to make better decisions in regard to their health and wellbeing.

Findings: Interviews (GP and Library)

Method of Engagement: Unstructured interviews
Feltham library: 4
Heart of Hounslow Health centre: 9
Feltham health centre: 4
Total: 17

Interviews were conducted with participants in Feltham library, the Heart of Hounslow health centre, and Feltham health centre, with discussions centred around residents' concerns relating to their GP surgeries and associated services. Similar to the Age UK participants, general access to services was raised as an issue, particularly GP appointment availability. This ranged from NHS patients being told that they are less of a priority than private patients (when trying to book an appointment during an evening phone call), to individuals having to walk to their surgery to obtain an appointment because of difficulties securing appointments over the phone.

"My main problem is that it is difficult to make an appointment at the GP as there are no appointments available." Service user, Feltham.

Even when there is appointment availability, if these are predominantly over the phone then this again appears to be a concern as some patients feel unable to communicate their concerns effectively compared to during an in-person appointment.

"It is so difficult to see a doctor face-to-face, I need to talk to the GP face-to-face so I can explain things clearly." Service user, Feltham.

Digital exclusion was also cited again, with participants saying that they find online services difficult to use, and the online appointment booking facility confusing. Accessibility of online services may also be an issue, with not all service users in the borough having access to the internet.

"It is sometimes difficult for me to make an appointment; I have no internet." Service user, Feltham.

Finally, broader issues were also highlighted during these interviews, not only is access to healthcare a problem but also other fundamental necessities.

"I knew people who were struggling with food, the local authority needs to support these people, if someone is alone and struggling, they need to be given support."
Patient, Central Hounslow

CASE STUDY

Healthwatch Hounslow spoke to an elderly woman in a GP waiting area. She had experienced swelling in her ankles which had worsened during the pandemic. She mentioned that the receptionist at her GP told her that were no appointments left and that her swollen ankles are a side effect of high blood pressure. Another receptionist provided her with the number for Push Doctor, she mentioned that she received no information on what services Push Doctor offer.

She was later advised to seek support from Emergency Services and eventually received an appointment and had an ultrasound, but there was no communication from the hospital after the ultrasound.

"I was told to go to A&E because I have a blood clot, when I went to A&E they told me that they couldn't do a scan as appointments were fully booked. I finally got an ultrasound done and they didn't inform me anything, I received no medication."

She tried to contact her GP again, after many attempts she managed to receive an appointment. She mentioned that she would prefer to see her regular GP as she feels more comfortable to speak to them.

"I called the GP again at 8am and couldn't get an appointment, I finally have an appointment and I am waiting to see my GP, hopefully they can tell me what it is or at least advise me what to do."

Conversation with a South Asian Community Organisation

Healthwatch Hounslow spoke to a South Asian Community organisation who expressed the views of their members.

Whilst speaking to the representative, they indicated that many women, in particular single mothers, experienced issues with their wellbeing during the pandemic due to difficulties with childcare responsibilities and home schooling. In addition to this, women could not complete simple activities such as shopping, as they could not leave their children home alone without support.

They also raised concerns that many experienced difficulties with housing and accommodation. They mentioned that they could not get through to the local authority to help them with their housing and welfare concerns. This was having an impact on their wellbeing and many women expressed that they felt suicidal as they found it challenging to cope.

Perceived lack of support from the local authority had also impacted their level of trust in health and social care services. The representative explained that many members initially would prefer to seek support from community organisations rather than expressing concerns about mental health to their GP due to a low level of trust.

In addition to this, many BAME individuals and families experienced issues with food shortages which was having an impact on their day to day lives.

They also mentioned that young people in the area have been committing suicide during the pandemic and mothers have also been going to them for support due to suicidal ideation.

"Women have been saying that they want to commit suicide during the pandemic because they couldn't cope." Anonymous Professional.

Conversation with a Somali Community Organisation

As part of this engagement project, Healthwatch Hounslow spoke to a Somali Community organisation who represented the views of their members.

Our discussion was based on key challenges experienced by the Somali community and why this may have an impact on the level of trust in health and social care services.

Special Education Needs and learning difficulties

Many families are unaware of the support they can receive to help their children with special educational needs and learning difficulties. They feel that the local authority is not helping them receive the support they need. This has an impact on families, particularly mothers as they struggle to cope on a day-to-day basis. In addition to this, their local mosques require support in accommodating the needs of those with learning difficulties.

However, they also mentioned that many families do not want their children with special educational needs, to feel isolated and 'singled out', this leads to families denying that their children need support. They further explained that there is a tendency for families to delay seeking support due to not wanting to 'label' their children.

Supporting Families from the BAME Community

The representatives explained that many members of the community require welfare and childcare support and due to cuts in childcare services, many women are struggling to cope. As a result of the pandemic and due to restrictive measures, families did not have access to services such as community centres and community libraries which has had an impact on their mental health and wellbeing.

"There is a large Somali community in Hounslow, and many are living below the poverty line, they need a lot of support". Anonymous professional

It was also discussed that first-generation immigrants that fled Somalia have a difficult time assimilating due to language and cultural barriers. They further explained that this has an impact on their children because they feel their parents are not able to provide them with the right support. They mentioned that because of this, many young BAME individuals misuse drugs and require support with their mental health. They feel there is a need for spaces and services for young people such as youth centres, mentoring services and female sport facilities, which will help improve mental health and wellbeing in the BAME community.

In addition to this, it is difficult for children and young people to translate on behalf of their parents to help them access a variety of services, due to limited knowledge, they are unable to clearly explain what support their parents need.

Language Barriers

It was discussed that language barriers make it difficult
for individuals to seek support, because of this, many feel socially excluded and this affects the level of trust in the health and social care. They further elaborated on this and provided an example of a woman at a pharmacy, who was waiting for a long period of time. She did not speak English, so was waiting for someone she could ask to help translate for her because her children were in school. After a long time waiting, she found someone from the public to support her. It was discussed that there is a need for more representatives from the Somali community in health and social care to help service users with their concerns, this would particularly help the elderly BAME community who have language barriers.

Cultural Factors

It was discussed that there are many lone parent families that were struggling and need a place in which they can socialise. This has been very difficult for many women in the Somali community during the pandemic and this was also a concern pre-pandemic. They discussed that there are a lack of activities and spaces for women who would prefer women only spaces and activities due to cultural and religious beliefs. Women have expressed that they would like to take part in activities that would benefit their health and wellbeing, such as Zumba and swimming. However, there seems to be a lack of spaces and activities that accommodate their needs.

Furthermore, they discussed that many members of the Somali community prefer to meet in groups and would prefer to attend activities together. They are more comfortable and receptive to take part in activities if they are around 'familiar faces.' They further discussed that there were low vaccine uptake levels in the Somali community; uptake levels increased when leaflets were handed out in local Mosques. Once religious leaders were vaccinated, many people were receptive to also receive the COVID-19 Vaccine. This suggests that health and social care services should collaboratively work alongside religious institutions to encourage BAME individuals to reach out for support and access health and social care services, this may also improve the level of trust.

"We are nomads, we like to socialise and gather together, you may see us in large groups because we enjoy socialising." Anonymous professional

The representatives also explained that many people from the Somali community may have health problems such as diabetes, high blood pressure as well as mental health concerns. However, they explained that they will only choose to discuss these concerns at a later stage. As a result of this discussion, we find that there is a need for an improving the level of awareness around such health problems. They explained that the easiest way to raise awareness is through word of mouth, rather than providing information through leafleting, as many people share information with each other through socialising in groups.

Recommendations

The recommendations below are based on what BAME residents and professionals discussed with Healthwatch Hounslow.

1. Improve access to Information in a range of community languages

Information should be made accessible in a range of community languages in health areas such as mental health, diabetes, blood pressure, healthy living, family planning and FGM e.g., Somali. We are aware that in many languages there is no word for 'mental health'. This linguistic inclusive approach will allow BAME residents to make effective decisions regarding their health and wellbeing. Community organisations can work in collaboration with health and social care services to improve access to this information.

2. Increase BAME representation in health and social care

To instil trust in health and social care, there needs to be an increase in the number and range of representatives from BAME backgrounds in health and social care. This will allow BAME residents to openly discuss concerns and BAME health professionals would be able to offer advice whilst utilising a culturally sensitive approach.

3. Ensure easy access to Translation/interpretation services at GP's

As we are aware that language barriers are an issue that are perpetuating disparities in health and well-being. Easy access to translators will allow BAME residents to clearly express concerns to their GP's, rather than relying on children to translate on their behalf. Moreover, this will allow BAME residents to make effective decisions regarding their health and wellbeing.

4. Ensure vulnerable individuals have an option to receive Face-to-face GP appointments

From our discussions with residents, many have expressed a preference for face-to-face appointments, especially those who lack digital skills and have language barriers.

5. GPs to update and check the accuracy of medical records

From our discussion with a community organisation, many members have experienced problems receiving medical notes; this has a direct impact on their

day-to day lives due to the inability to receive
welfare support such as Universal credit and other benefits. Medical records should be updated and checked for accuracy to ensure medical notes are provided to eligible patients.

6. **Ensure healthcare staff and professionals undertake cultural competency training**

From our interviews with residents, many expressed concerns about the attitudes of health care professionals and receptionists. Training should be provided to all health and social care professionals to ensure that patients have a positive experience at the first point of contact, this will prove beneficial to increase the level of trust in health and social care.

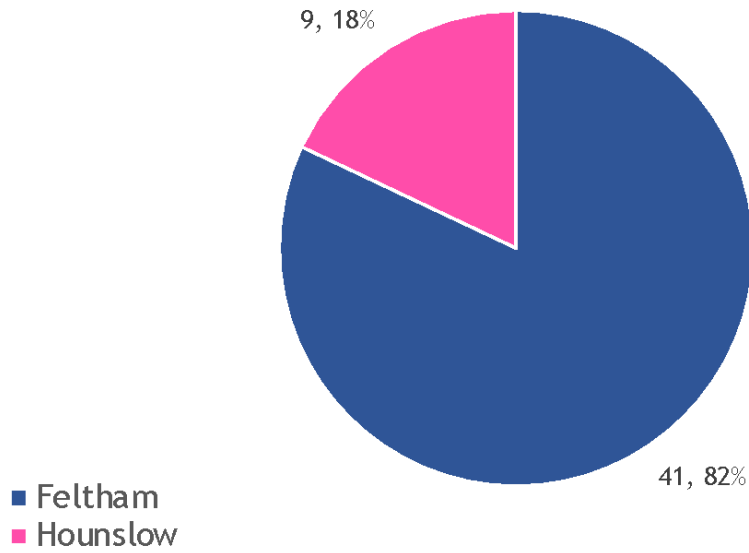7. **Training and Employability in Health and Social Care**

As the pandemic has worsened the financial situation of many BAME individuals, the local authority should assist community organisations in facilitating training sessions to increase employability prospects for BAME residents in health and social care, if funding allows. This will prove beneficial to increase the level of representation and increase the level of trust in health and social care.

8. **Improve access to spaces and facilities**

If funding allows, the local authority should assist BAME residents in Hounslow by providing spaces for groups such as young people and families to access facilities to improve health and wellbeing. Community organisations discussed providing young people with a space to support mental health needs and a space for women to interact and take part in activities.

Monitoring information

Location

Feltham 41, 82%
Hounslow 9, 18%

- Feltham
- Hounslow

Ethnic Background

Asian: Indian 13, 39%
Asian: Pakistani 3, 9%
Black: African 2, 6%
Black: Other 15, 46%

- Asian: Indian
- Asian: Pakistani
- Black: African
- Black: Other