

“Our top three priorities”

By refugees and asylum seekers in Reading and the charity that supports them



“Our top three priorities” Report summary

Refugees and asylum seekers would like:

1. Better access to interpreters
2. Accessible information about what they can expect in and from healthcare services
3. Healthcare staff who make sure people understand things, like their diagnosis and what will happen next with their care

Reading Refugee Support Group called for:

1. Removal of barriers to healthcare e.g. lack of interpreters and information

One person said a hospital wanted to charge him £240 for a blood test, even though he had papers connected to his asylum application showing he did not need to pay for NHS services. He went back to his GP, who did the blood test instead.



2. Quicker, better and culturally sensitive support for mental health issues
3. Acknowledgement of the extra stress faced by people who act as carers for family members

This report is based on local listening visits carried out in April 2018. It is one of a series of short reports that Healthwatch Reading is producing in partnership with local charities, to ensure that the views and needs of people and communities who are ‘seldom heard’, are available to the NHS locally, and Reading Borough Council, to inform planning, funding and quality improvements to services.

Why have we produced this report?

The Quality Statements produced by Healthwatch England for measuring the impact and effectiveness of local Healthwatch include:

Community Voice and Influence - enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services;

Making a difference locally - by identifying where services need to be improved by collecting experiences of local people.

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them. (Healthwatch England)

Healthwatch Reading is therefore working with other local charities on a series of short 'top three issues' reports to ensure that the views and needs of people and communities who are least often heard are available to the NHS locally and to Reading Borough Council, to inform both commissioning and quality improvements of services.

How did we produce this report?

Our first listening meeting was with a manager from Reading Refugee Support Group (RRSG), at the Reading International Solidary Centre (RISC).

Our second listening meeting was with nine men who are refugees or asylum seekers, at a RRSG forum meeting held after the regular drop-in meeting at RISC on 9th April, 2018.

Part 1: What we heard from Reading Refugee Support Group

People who are refugees or asylum seekers are some of the most vulnerable people in society, and they and their families and carers can often have difficulty in communicating their needs and experiences in health and care services.

These three themes emerged when we listened to Reading Refugee Support Group (RRSG) staff talking with us about the experiences of their clients. We heard that refugees and asylum seekers in Reading experience:

- 1. Difficulties in getting access to health.** Barriers including language, interpreter availability, quality and suitability of information resources, and cultural issues of expectation and understanding
- 2. Lack of enough support for mental health** - not getting timely, appropriate and culturally sensitive treatment for mental health problems
- 3. Additional stress for people who act as carers for family members** - these pressures can affect their health.

RRSG helps people from many different countries of origin, including people from Syria, Sudan, Afghanistan and Pakistan. Most are fleeing persecution and violence in their own countries. The charity provides caseworker support across an array of issues from asylum and protection to liaising with the Home Office to follow up on applications. They also provide a drop-in service giving advice.

For most people, coming to a new country is a daunting experience - but imagine if you cannot speak the language or everything about the place where you have sought refuge is alien to you. It's not like being on holiday.

We heard that many RRSG clients have seen devastation and violence in their home country. Others have been trafficked to work in poor conditions the UK, which leaves them in a very vulnerable state.

Accessing healthcare is a priority for all of these people as some will suffer from post traumatic stress disorder (PTSD) or other mental illness or physical illness too, often chronic conditions (Syrian refugees living in Reading may have been granted refugee status because of healthcare needs that make them especially vulnerable).

We heard that many men are young and quite fit when they migrate, even if they come from difficult circumstances.

In many cultures, mental illness is not talked about and is not acknowledged.



So the health and social care needs of all these people are diverse, and individual.

Navigating the health system is difficult for many as they come across language barriers; asylum seekers (in contrast to refugees) fear deportation; both groups typically do not know how or where to access healthcare.

We heard that it can take several visits to a GP for a patient and GP to overcome cultural barriers - for the patient to explain what a problem is and to then understand treatment options.

Organising and following through referrals to hospital can be particularly difficult.

Many refugees and asylum seekers, often with their own health problems, are carers for family members and this is an added stress that can affect their health.

Many come from countries where understanding of health and illness, and

Simply understanding what to expect, and what is 'usual' in the UK healthcare system, can be a difficulty.

of what to expect from the health and social care system, is very different from this country - for example, medicines may be prescribed more frequently and for a greater range of conditions, or it may be usual to see a doctor where in the UK a different healthcare professional would be the norm.

Part 2: What we heard from people who are refugees or asylum seekers

We asked people to tell us what it is like when they visit a GP or a hospital, and what it is like if they have responsibility for caring for someone else who they support in accessing services. Are doctors, nurses and others kind, and clear in what they say? Is an interpreter always available? What is done well? What could be better?

During our discussion with people, informal interpreting support was provided by RRSB staff and by people in the RRSB forum, as agreed in advance and following their advice about what would work best for this group.

Here is what we heard about various services:

Dental services

'I was sent to the hospital...with a dental problem - by my dentist. I had to wait two weeks for an appointment [there] and was not offered antibiotics. Pain in my tooth over five days. I was told, 'No appointments - not an emergency'.



“I waited for one hour [for help]. I was in a very bad situation. I did not understand why this happened this way.”

I went to [another hospital] and was given painkillers.’ This man reported that both 111 and a pharmacist had given advice but not advised how he could access pain relief, despite him being in acute pain.

Hospital services

- + One person reported going to hospital two to three months ago with a fever, because he was very ill. He waited a few hours and when seen by the doctor, was offered antibiotics and painkillers.

The doctor said he would return with the prescription in two to three minutes but did not return and after one hour the client left with a paper prescription brought to him by a nurse, but with no tablets. He later used tablets he already had at home.

He said: ‘I waited for one hour - I was in a very bad situation. I did not understand why this happened this way.’ He said it amounted to ‘humanitarian abuse.’

We heard that he did not know whether he could simply have bought the medicines himself without a prescription, and that he wants to do the proper thing, so needs better information.

- + One person had a first hospital assessment about his health some months ago and asked for an interpreter but he was not provided with one. When he asked the staff ‘to explain’ things a nurse gave him a leaflet but it was not in English he could understand, and he needed an interpreter. Eventually some medical tests showed that he did not need an operation. Staff explained this to him, and he felt good - he did not want the operation.
- + One person said that a phone interpreter provided for him was not the same nationality as him, and this was difficult. He also said, ‘All doctors say something different’ so he never knew what was happening or why.

When one person asked staff to explain things, the nurse ‘was rude’ and ‘frowned’ and gave him a leaflet in English he could not understand.

A local interpreter that he had brought along with him was not allowed to be with him during his appointment. During his appointment he was also not asked about medication prescribed by his GP.

- + One person with a back problem reported regularly attending the hospital and his GP surgery. He said that there was usually no interpreter available on the phone or in person - he was told to bring one and usually brought a local contact. He explained that on a visit to A&E about an urgent matter he was not told what was wrong with him, even when he left and went home.
- + Another person told us that when he went to the phlebotomy clinic at the Royal Berkshire Hospital, staff wanted to charge him £240 for a blood test although he had the papers connected to his asylum application to show that he did not need to pay. RRSR advised him that he did not need to pay. He went back to his GP who did the blood test at the surgery instead.

GP surgeries

One person reported an unsatisfactory sequence of appointments to diagnose a health problem. A GP recommended to him that he drink lots of water for four to five days, but his problem did not settle so he called the surgery again. He was sent to have his blood pressure checked and have a blood test. The blood test was repeated several times after that. The GP said everything was normal but he is still in pain. The client wants to know for sure what is wrong with his health.

One person told us that finding which online information is correct, is confusing - RRSR staff have to explain to their clients which are the best sites for information and advice.

The Healthwatch Reading session with the Reading Refugee Support Group



The top three issues from the discussion were:

1. Difficulty in accessing interpreting services when needed
2. Needing better and more accessible information, including what to expect in and from healthcare services
3. A need for healthcare professionals to make sure that people understand what is happening - what the diagnosis is, what to do next or what will happen next.

Healthwatch Reading finds it concerning that the NHS tried to charge somebody for a service when they had papers to show they were entitled to free care.

Conclusion

In both listening sessions it was clear that ensuring that services are inclusive and individual - recognising the person's particular needs, including language needs and the fact that they simply might not know about the UK healthcare system - is important.

We noted some reticence in the group in discussing health with us initially. The 90-minute session began with establishing ground rules of confidentiality, anonymity and respect for privacy (we were not asking about details of any health condition), however it was apparent that building trust and understanding takes some time and care.

Themes from this report, and our recommendations spanning the whole series of reports in this project, will be included in a final report in due course.

Government guidance states that GP surgeries are not required to request proof of identity or immigration status from people wishing to register as new patients.

Extra information about migrants

A migrant is anyone who seeks to move overseas. A refugee does so in conditions where they have been forced from their homeland. An asylum seeker is someone who says he or she is a refugee, but whose claim has not yet been definitively evaluated.

If you have refugee status, humanitarian protection, discretionary leave or indefinite leave to remain, you have broadly the same rights and entitlements as other UK residents and citizens. You can work, use health services and apply for housing and welfare benefits.

Asylum seekers cannot claim mainstream benefits. Those who are destitute may be eligible for accommodation and financial support in the form of vouchers from the UK Border Agency.

Some asylum seekers, and those who have been refused asylum, are not entitled to any support and may become destitute and homeless.

Government guidance states:

- + refugees and asylum seekers are entitled to free GP and primary care services; GP surgeries are not required to request proof of identity or immigration status from people wanting to register as new patients
- + people granted refugee status, or who are awaiting asylum decisions, are exempt from any charges for secondary care.

See: <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>

Healthwatch Reading thanks Reading Refugee Support Group clients and staff for giving their time to share their views. Healthwatch Reading is an independent charity with some statutory powers. We can take your feedback in confidence, help you make complaints, and refer serious concerns to other agencies.



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