

NHS POST-COVID TEMPERATURE CHECK

FOCUS GROUP OF SIS LINGUISTS

SIS held a focus group of 12 linguists on Friday 10th June 2022. Linguists speaking Arabic, Bengali, Cantonese, Farsi, French, Hindi, Hungarian, Mandarin, Pashto, Polish, Portuguese, Slovak, Spanish, and Urdu participated. They have a collective wealth of experience having attended approximately 900 interpreting sessions between them since the end of the Omicron lockdown in January 2022

The focus group looked at two key areas and we have drawn together the themes and trends represented by their comments and insights.

What has the impact of the pandemic been on your community's health and wellbeing?

Mental Health

All participants mentioned an increase in mental health concerns especially anxiety, stress, frustration and depression but also more severe "crisis" such as suicide attempts.

Reasons for this increase were cited as;

- The uncertainty of the situation throughout the pandemic
- Fear of getting covid
- Fear of going out, which still persists for many Service Users
- Isolation and lack of socialisation
- Living in close quarters with family members with no privacy or respite
- Unable to spend time outside or do hobbies
- Inability to access support for other practical and social needs such as financial support, physical health appointments and treatment
- Illness and death of loved ones

Some of these factors were more acutely felt in ethnically diverse communities because of language and cultural barriers

- Social isolation and loneliness can often be a part of the migrant experience because friends and family live so far away. Financial insecurity can exacerbate the issue making it challenging to access digital technology to remain in contact and, even though travel is now possible, it is expensive. The language barrier can make it very difficult to connect with people in the community that might help alleviate isolation e.g. neighbours, shopkeepers etc.
- Appropriate cultural practices at the death of a relative or community member, which often involve getting together socially for a number of days after a death, weren't possible and people had to mourn alone. This added feelings of guilt to grief. There were a greater number of deaths from covid in ethnically diverse communities, which exacerbated feelings of helplessness.

Whilst most of the initial causes of poor mental health have now subsided, the impact and repercussions of living with these issues have not gone away and people are still suffering the effects and in many cases continuing to decline.

Linguists reported an increase in appointments they attend with Wellbeing Services but expressed disappointment that many of these were still being conducted by phone or video rather than Face to Face which would be preferable. It seemed that B&H Wellbeing Service was slower to return Face to Face than their equivalents in East and West Sussex such as "Time to Talk".

They also reported cases where Service Users have been unable to secure suitable treatment for their mental health concerns. Poor advice have been given by GPs and no onward referrals made e.g. a patient expressing suicidal thoughts to their GP was told to take their medication and "just don't do it" when they felt suicidal.

Where onward referrals had been made, there were long waiting times to be seen and assessed. Linguists expressed particular concern for the mental health of young people for which there seemed to be even less services available than for adults.

Access to Primary Care

There were frequent examples given of SIS Service Users not being able to access primary care during the pandemic and the repercussions of this on their physical health e.g.

- a service user who relied on OTC painkillers for acute, debilitating pain for nearly 2 years because they couldn't get an appointment with the GP and now has mental health issues
- a diabetic patient who moved to Brighton (from Horsham) just before the pandemic and was unable to register with a GP. With no friend or family to help they had no medication for a year resulting in severe leg ulcers
- a service user who hadn't accessed a GP for 2 years because they couldn't understand the telephone triage service and relied on internet searches for health advice

A big frustration was the duration of a GP appointment being so short and restricted to only one issue particularly if the patient has waited months to get an appointment.

Concerns were raised that the appointment systems are still impenetrable for people with language needs who continue to struggle making appointments;

- long complicated telephone switchboard messages,
- web based booking systems all in English,
- a triage system delivered by non-medical staff which is both intrusive and undertaken without interpreting support

There were also reported problems with NHS dentists. They weren't seeing patients during the pandemic and when patients tried to make appointments afterwards, they were told they had been "de-registered". The patients have been unable to re-register or find an alternative NHS practice, only private care options remain.

Telephone consultations and interpreting

Many patients are finding telephone consultations inadequate in terms of both the medical service received and interpreting difficulties.

Patients have reported challenges hearing the interpreter, having a poor language match and missing non-verbal communication cues in body language and facial expression. There have also been expressions of concern about confidentiality over the phone with comments that it is harder to trust the interpreter if they can't be seen and disappointment expressed in being provided an interpreter from a national provider rather than having the familiar local interpreter on the phone even if face to face isn't possible.

There is also an impression of a lot of inefficiencies with telephone consultation and interpreting e.g.

- waiting several months for an appointment only for Language Line, which isn't booked in advance but called as and when needed, to not have an interpreter available and the patient's appointment being postponed for further months.
- practitioners insisting on a telephone consultation, even though face to face was requested, and then not attending the appointment, leaving patients and interpreters waiting in the call for long periods of time.
- patients being given a long telephone appointment "window" e.g. "you'll be called between 9 and 12" that can be inconvenient to arrange around work, childcare etc. leading to missed calls. The missed calls aren't replaced so patients have to start the process again and are marked as having 'not-attended' an appointment. There was one example of social services being called unnecessarily because a telephone appointment for a child was missed.
- even when a face to face appointment is requested, because the patient has realised their health issue will require a physical examination, they have only been offered a telephone appointment. The telephone appointment only lasts long enough for the GP to confirm the patient needs to be seen in person and a new appointment needs to be made. Patients feel their opinion isn't listened to and their judgement disregarded.

Domestic Issues

Interpreters reported several incidents of family breakdown and domestic violence as a result of being "locked down" together. Social Services have had to get involved.

Long waiting lists

Any health care that wasn't covid related or an emergency seems to have been side-lined and postponed during the pandemic leading to a lack of care and attention for patients who are placed on really long waiting lists. Hospitals seem unable to give an indication of when people will be offered appointments and people with language needs find it challenging to follow up and ask for an update which is anxiety inducing.

Digital Divide

There is a very big spectrum of Digital Inclusion within our Service User group based on finances, skills and motivations. There is a drive for more services to be based on-line which has led to some people being marginalised and services being inaccessible.

An example was given where the Physiotherapist's poor digital skills led to a consultation being cancelled because they couldn't use the technology platform needed for the appointment.

What should the future priorities be for the NHS locally?

The recommended priorities from focus group reflected the issues as highlighted in answer to the question above.

Improved Primary Care Provision

More appointments available at GP surgeries so that people can genuinely be seen when they want/need to be. This will help with physical health conditions, release space at A&E for urgent care (which aren't emergencies) and also alleviate patient stress and anxiety caused by long waiting times.

Longer duration GP appointments available for multiple issues to be discussed and to facilitate the use of an interpreter. Booking a double appointment for people with language needs used to be standard but this isn't always happening now.

Face to Face appointments more frequently offered or provided on request.

Competent and confident response to patients presenting with mental health concerns. These patients need to be shown respect, care and attention. Being able to talk to an expert straight away in surgery could be a useful strategy in preventing escalation.

More service available in a primary care setting to help reduce the long waiting lists for specialist services e.g. positive experiences of "in-house" physios were given. Linguists were unaware of the ARRs roles that are now rolling out in GP practices but they welcomed this development.

Getting staff to return to working from the practice premises rather than from home. Working from home is still the reason given for inefficient services and long waiting lists.

Improved Communication for People with Language Needs

GP reception staff could have additional training to simplify their systems and make it easier for people with limited English to call and make appointments.

This could also benefit the general population who may not like the intrusive questions asked by non-medical staff when making an appointment.

Specialist services should make use of translated appointment letters and information to support patients to understand what is being offered. One linguist told a story of a patient who had needed to be referred to the Wellbeing Service multiple times because they hadn't understood the letter received which stated "If we don't hear from you, we'll remove you from the list".

Improve the options for urgent and emergency care

The waiting times to be seen in A&E are incredibly long which can result in conditions worsening for some patients whilst for others, A&E probably isn't quite the right place to be treated. The long waiting times can put people off going for help.

RSCH A&E is serving a huge geographical area and a large population. It would be better to have more local urgent care centres which are well promoted and known in the community. Information should include the limits to care given in different settings. Local services are more effective because people can travel easily.

GPs shouldn't tell patients "to go to A&E if they are worried" over weekends unless that is really the most appropriate action. They should direct them more strategically and specifically to the right urgent care provider.