



NHS Long Term Plan

Focus Group: Aapna Services

April 2019

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NHS Long Term Plan Local Engagement Focus Group - Aapna Services

Background to research

Following the proposal of the NHS Long-term Plan (LTP), the Healthwatch network were funded by NHS England and NHS Improvement to engage with communities across the country to establish how the LTP should be implemented locally. Engagement involved gathering views through the NHS Long Term Plan surveys and focus groups and this information has since been shared with local NHS to help develop plans appropriate for the area.

Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) held focus groups in line with their agreed priority demographic areas for 2019-2020:

- BAME (Black, Asian and Minority Ethnic)
- Older people
- Young People

Within Middlesbrough, we concentrated on the BAME community and carried out two separate focus groups. The BAME community of Teesside has been described as 'heterogeneous', meaning it is so diverse that a 'one size fits all' approach to promoting health and social care would be unsuitable. Engagement activities with BAME community groups are therefore important in order to identify the diverse range of experiences and issues within the health and social care system.

Previous research has also highlighted long-term conditions such as diabetes to be prominent in BAME populations due to dietary and lifestyle factors. Despite this common trend, it can be argued that there is a lack of resource providing culturally specific dietary information (NHS Health Research Authority, 2016). We considered this trend when carrying out our focus group activities; those with long-term conditions are likely to have more experience of engaging with healthcare services through diagnosis and treatment.

Aapna Focus Group

Our first focus group was held at Aapna Services in Middlesbrough, a registered charity working closely with people from ethnic minority backgrounds who are socially excluded on the grounds of their ethnicity, religion, belief or creed. They provide a local network group that encourages and enables the people to participate more effectively with the wider community, promoting social inclusion.

We accessed Aapna's multicultural day service, which provides support to women from BAME communities who have been identified as having a long-term mental health problem, a long-term illness or have become housebound or isolated. Any adult who provides caring support for a relative or friend can also access this group.

There were approximately 30 women in attendance, and the proficiency of spoken English amongst the women varied greatly. Those who were more proficient were able to assist us in translating for those who had very little understanding.

The topic of the focus group focused on experiences of health and care, as specified by Healthwatch England, and made reference to the Integrated Care System (ICS) priority of *prevention and effective management of ill health*.

Focus Group Format

The format for the focus group followed the requirements for NHS compilation of information, gathering experiences at three different stages of the healthcare process:

- Assessment, diagnosis and treatment
- Provision of ongoing care and support
- Prevention and/or early intervention

Under each of the above areas we then explored:

- What works well
- What could be improved
- Solutions (or ideas for improvement)

Main findings

Access, assessment, diagnosis and treatment

- Access to primary care services was one of the main issues raised by the participants, with many expressing difficulties and frustration in obtaining a GP appointment. These difficulties are often compounded by language barriers and therefore an alternative method to constantly telephoning the surgery to make an appointment would be preferable.
- For those people whose first language isn't English, digital and online solutions could improve access to health and care services. The text system for appointment reminders had been highlighted by numerous women in the group as being useful. The development of an app as a way to share health and social care information could be used to access care in different languages would also be of great use to this community.
- Improved access to health professionals was considered to be particularly important to reduce the likelihood of conditions worsening.
- Many of the women expressed a view that health professionals should take a more holistic approach to treatment; they wanted to be offered alternative treatments rather than to just be prescribed medication. This was particularly resonant in those women who were older; they wanted to be listened to and treated as a person rather than simply in relation to age.
- It was also suggested that health professionals could be more aware of cultural differences and provide increased support for the management of long-term conditions such as diabetes, in a culturally appropriate way.

Provision of ongoing care and support treatment

- For those living with a long-term condition or multiple conditions, seeing consistent and dedicated health professionals was considered important in order to build a rapport and to ensure the management of ongoing conditions.
- With regard to transport and age-related mobility, local service provisions with access to dedicated professionals made accessing care and treatment easier for this BAME community.
- As language barriers often reduce the opportunity for BAME communities to give feedback on services, the use of technology may allow for more patient experiences to be shared, leading to improvements in services for the BAME population.

Prevention and/or early intervention

- Many conditions experienced by the group could be prevented or treated more effectively by individuals having a greater knowledge on how to stay healthy. More culturally appropriate information delivered by health professionals on how lifestyle and diet can have an impact on certain conditions could lead to better self-regulation from patients.
- A greater understanding and use of social prescribing among health professionals; knowing where to signpost patients in order to combat factors negatively affecting health and wellbeing. e.g. social groups, exercise classes, healthy living (social prescribing).
- An increased use of digital solutions to raise awareness among BAME populations of certain conditions and how to prevent them.

Summary of findings

- Long term conditions such as diabetes were prominent among the women. Therefore, the management of repeat appointments by primary care services were a prime concern. Seeing consistent professionals was also considered to be important.
- Health professionals need to take a holistic approach to the individual, with a greater uptake of social prescribing and a greater cultural awareness; signposting to the relevant support groups and sharing health information that is culturally appropriate in regard to diet, lifestyle and cultural norms should take place.
- Difficulties with spoken English acted as a barrier across all stages of healthcare; whether accessing an appointment, giving feedback on treatment or obtaining appropriate healthcare information. An increased use of digital solutions would therefore be beneficial for BAME communities, such as a one-stop-shop healthcare phone app, accessible in different languages, which would share health information, offer a method of booking appointments and also a way of giving feedback.
- The participants' engagement with Aapna services highlighted that community support was one of the major influences on health and wellbeing and reduced the likelihood of being isolated.

Next Steps

The NHS Long Term Plan consultation has provided us with valuable information that can inform our local priorities. The next steps for us in line with the key findings include:

- Working with GP Practices to improve access for those with long-term conditions and ensure consistency of treatment.
- Encouraging self-management of long-term conditions with BAME communities, e.g. exercise and diet for diabetes conflicting with cultural norms.
- Examining digital solutions to combat language barriers.

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