

Healthwatch Reading

How the ex-Gurkha community access and experience health and social care services in Reading.



5	About this report	15	Healthwatch Reading's recommendations
6	Background Information	16	How organisations are acting to address the issues
6	Why this engagement project was carried out	18	Formal responses to report
6	What the ex-Gurkha community looks like in Reading	18	Response from NHS England Thames Valley area team
6	How Healthwatch Reading engaged with the ex-Gurkha community	20	Response from Royal Berkshire NHS Foundation Trust
7	Health and social care needs of ex-Gurkhas in Reading	22	Response from NHS South Reading CCG and North West Reading CCG
8	How the ex-Gurkha community experience health and social care	23	Response from Reading Borough Council
8	GP services	26	Project summary
10	Royal Berkshire Hospital	27	Acknowledgements
11	Urgent care services		
12	Community health services: opticians and dentists		
12	Mental health and dementia services		
13	Travelling back to Nepal to use healthcare services		
14	Social care services		

About this report

This report presents findings of an engagement project undertaken by Healthwatch Reading in 2014 with the ex-Gurkha community in Reading, to find out how they access and experience, health and social care services.

The project was commissioned by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England. These areas have experienced a significant rise in the number of ex-Gurkha residents since the UK government granted these former Nepalese soldiers new settlement rights in 2009.

More than 100 ex-Gurkhas, their wives and Nepalese community leaders gave feedback to Healthwatch Reading via focus groups, interviews and a survey.

Overall, this population said they found it difficult to access and use health and social care services, mainly because they do not read or speak English well and are not routinely offered independent, registered translators:

- 85% of the 70 people who completed the survey found it difficult to explain symptoms to doctors or other professionals on their own
- 81% are not routinely offered an independent, registered interpreter for GP or hospital outpatient appointments
- 95% are not offered an interpreter for eye sight tests by opticians
- 89% would like to be offered an interpreter for appointments.

This situation leaves the ex-Gurkha community in the unsatisfactory position of having to rely on friends, family and acquaintances to attend appointments and attempt translation for them. One ex-Gurkha, for example, described having to bring his

landlord along to discuss possible cancer symptoms. In another instance, a Nepalese woman said she had yet to disclose breast and gynaecological problems to her GP, because she was accompanied to the appointment by her son.

Lack of translated written material also caused people to miss appointments and fail to complete courses of medication. One ex-Gurkha had stopped using hearing aids because he could not understand instructions to turn down the loud volume.

Based on experiences collected, Healthwatch Reading recommends commissioners and/or providers of services:

- review how to sustainably provide interpreters to the ex-Gurkha community
- review provision of translated written information, possibly to cover appointment letters, a hospital map, and advice on making complaints
- consider outreach work on ophthalmology, audiology and dental services
- continue funding English classes for the wives of ex-Gurkhas
- raise more awareness among the community of available social care services
- Healthwatch Reading also notes some early successes achieved from this project:
 - NHS guidance on requesting interpreters for patients was re-issued to GPs
 - an optometrist gave a talk to a Nepalese women's group on eye tests
 - the Royal Berkshire Hospital produced a patient advice leaflet in Nepalese.

Background Information

Why this engagement project was carried out

Healthwatch Reading was commissioned to undertake this project by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, which have seen a significant number of ex-Gurkhas move into their areas.

Gurkhas are Nepalese soldiers, highly regarded for their strength and bravery, who have a long history of serving with the British Army. Following a high profile campaign by the actor Joanna Lumley (whose father served as a Gurkha), the UK government in 2009 gave retired Gurkhas the right to settle in the UK.

The local authorities wanted to find out how the ex-Gurkha community access health and social care services and to disseminate these findings across the consortium. Healthwatch Reading's remit also includes engaging with diverse community groups, particularly those whose voices are not often heard.

What the ex-Gurkha community looks like in Reading

There are 2,725 Nepalese people living in Reading, according to the 2011 Census. Nepalese community leaders say this population comprises two distinct groups - migrants of working age, many with professional qualifications - and ex-Gurkhas and their wives.

Most of the ex-Gurkha community are aged 60-75 years, and come from rural areas of Nepal. They are often living in the UK without

the support of adult children, who may live back in Nepal.

Many of the ex-Gurkhas' wives have low levels of Nepalese literacy, which can make it difficult to learn English.

There is a strong Nepalese community network, through the following groups:

- Reading Ex-British Gurkhas
- Reading SSAFA (Soldiers, Sailors and Airman's Families Association)
- Greater Reading Nepalese Community Association
- Forgotten British Gurkha Centre
- Reading Community Learning Centre

How Healthwatch Reading engaged with the ex-Gurkha community

A mix of engagement methods was used during April-August 2014 to obtain views:

- Initial talks with Nepalese community leaders
- Four focus groups - two for women only, and two for men only, attended by 39 people in total, with the assistance of a registered interpreter
- In-depth interviews with eight people facing particular difficulties with health or social care, with the assistance of a registered interpreter
- A paper survey, translated into Nepalese, completed by 70 people, with the assistance of community leaders and registered interpreters.

Health and social care needs of ex-Gurkhas in Reading

Community leaders described how ex-Gurkhas in Reading have a high incidence of long term conditions, including diabetes, hypertension, cardiovascular disease and gout.

Ex-Gurkhas also commonly have hearing problems, due to the noise from discharging weapons during army service, and they may also misuse alcohol.

The ex-Gurkha's wives experience a high rate of uro-gynaecological problems (such as incontinence) due to typically having many pregnancies. They also can experience mental health problems.

In Nepal there is no universal or GP health service as there is in the UK. In Nepal, prescriptions are not normally needed and many medications can be bought over the counter. Private consultations and investigations such as blood tests or scans are relatively affordable, in comparison to costs of private healthcare in the UK, and results of these are given directly to patients.

When ex-Gurkhas and their wives arrive in the UK, they are usually well-informed on arrival of the need to register with a GP. But they find it more difficult to get information about how to access NHS dentists and opticians, and also to understand which services are free or chargeable.

It is common for the ex-Gurkha community to think that doctors and other health care staff can "cure" everything and if they feel dissatisfied with their NHS experience they may choose to travel back to Nepal to seek a second opinion. They may also prefer to be seen only in Nepal for mental health issues,

sensitive issues like gynaecological problems, or to see faith healers.

Many ex-Gurkha families in Reading are on lower incomes. Some live in crowded, sub-let housing and may not be able to afford heating. Living in poor housing can increase the risk of poor health e.g. respiratory problems.

Community leaders are not sure how many people are unidentified carers looking after spouses who are frail or unwell. Community leaders believe there are some frail older widows or widowers who may not receive any kind of social care support.

The Reading Community Learning Centre runs an "English for Health" course for Nepalese-speaking women aimed at helping them access NHS services and giving practical information on preventative and self-help care, such as healthy eating and over-the-counter medications. Nepalese-speaking volunteers also run weekly benefits advice sessions at the charity Communicare, and twice a month there are drop-in sessions jointly run by the British Gurkha Trust and Department for Work and Pensions.

How the ex-Gurkha community experience health and social care

The ex-Gurkha community in Reading gave feedback on the following services:

- GPs
- Royal Berkshire Hospital
- Urgent care services: walk-in centre, 111, out-of-hours GPs
- Community opticians and NHS dentists
- Mental health services
- Social care services

GP services

Main findings:

- 85% of the 70 people in the ex-Gurkha community, who answered the survey, said they found it difficult to fully explain their symptoms to a GP without a registered interpreter assisting them.
- 89% wanted their GP surgery to offer an independent, registered interpreter for a GP appointment, rather than ask them to use a family member, a friend or an acquaintance
- 15% said their GP surgery routinely offered to arrange a registered interpreter
- 5% of respondents knew how to make a complaint about GP services
- 15% were aware how to transfer to another GP surgery in Reading.

People who attended focus groups told Healthwatch Reading they felt anxious and “not listened to” when they were not able to fully describe their symptoms, particularly if they were worried their symptoms might indicate a serious illness like cancer:

“I am worried that the GP doesn’t understand my symptoms because I can’t speak English.”

“I have breast and uterus problems but I have to attend the appointment with my son to interpret, so I have not discussed them to date with the GP.”

“I had to attend A&E due to ongoing abdominal pain because my GP was not listening to me.”

“I feel I am not properly listened to or taken seriously by the GP.”

“I had difficulty getting the GP to refer to a hospital consultant.”

“I am worried whether the GP understands that we miss our families, this can cause depression and may affect our physical health.”

People also described the impact of not being offered a registered interpreter:

“I had to take my landlord to the GP to be my interpreter. The next time the surgery booked an interpreter. There really isn’t enough time to talk to the GP. I feel very rushed. I had some blood tests taken about two months ago but I have not received the results. I can’t phone to get the results as I can’t really understand. I will have to ask my landlord to call for me. I am worried that I have not been referred to the hospital.”

“I made an appointment with the GP to get the results of my thyroid test but I didn’t have an interpreter so I couldn’t understand. I had to rebook an appointment.”

“It is difficult for us to keep asking friends to interpret for us.”

“No-one offers us an interpreter so we have difficulty telling our problems to the GP.”

“We don’t know if we are allowed to ask for an interpreter or how to ask for one, at the GP surgery.”

“I have missed appointments at the GP because I didn’t understand what the receptionist was saying to me.”

“It is difficult to keep asking for an interpreter. People at the surgery don’t seem to know about it.”

“We can find it difficult to understand the different medication we are prescribed in the UK.”

“I have to keep making appointments to see the GP because I don’t understand why my repeat prescription has been changed.”

“If there is a GP that can speak Hindi, some of us can understand, but we cannot speak that language.”

CASE STUDY 1

Mr C went to see his GP complaining of persistent pain.

“I was very worried about the causes of this pain. Was it cancer or an ulcer? The GP ordered some investigations, for example a CT scan. However I had great difficulty understanding the GP when I had the appointments at the surgery to discuss the results of the investigations. I had to use friends and acquaintances from the Nepalese community to interpret for me. I was worried that they are not able to interpret accurately as they may not understand the medical terms. I would prefer to be offered a registered interpreter by the GP surgery.”

Mr C did not feel able to ask the GP practice staff for an interpreter. Healthwatch Reading asked the surgery to record his request for a registered interpreter on his electronic records. The GP surgery agreed to do this.

CASE STUDY 2

Mr R cares for a family friend, Mr L, who has several long term conditions. Mr R was worried that one of Mr L’s regular medications on repeat prescriptions had recently been changed.

“I have been to the GP six times. I am worried that they have stopped medication X and how it will affect Mr L. The GP has not given me an explanation why.”

Healthwatch called Mr L’s surgery and the practice manager investigated, contacted Mr R and offered an appointment to explain the changes.

The community also raised more general concerns about GP services:

“Each time I visit I see a different doctor.”

“We are confused about whether we can request to see a male GP.”

“It can take weeks to see a GP.”

“Some GPs don’t have enough expertise.”

“GPs need more resources.”

CASE STUDY 3

Mr S has diabetes.

“I have not had an eye check for nearly two years.”

Healthwatch Reading called the practice manager, who investigated Mr S’s concerns. It appeared that Mr S had not understood that he had to book the appointment himself. The practice manager offered Mr R an appointment at the surgery to assist him with making the appointment.

Community leaders also said they had made complaints about one GP practice in Reading over how people were treated when first trying to register.

“Rude, unhelpful GP practice reception staff.”

“Discrimination.”

“Poor attitude.”

The ex-Gurkha community also shared some positive experiences of GPs:

“I got a letter to have a smear test. I didn’t understand it but I took it to a GP and it was done with no problems.”

“I was able to understand the GP’s explanation in Hindi that I was experiencing the symptoms of the menopause.”

“The telephone interpreter service at the GP surgery is very useful and important.”

Royal Berkshire Hospital

Main findings:

- 81% of people attending an outpatients appointment had not been offered an independent, registered interpreter
- 60% of people admitted as an inpatient had not been offered a registered interpreter during their hospital stay
- 100% of all people seen at the hospital found it difficult to fully explain symptoms to a doctor because of the lack of an interpreter
- 83% of people did not know how to make a complaint about hospital services.

The ex-Gurkha community was particularly dissatisfied with the ophthalmology (eye health) clinic:

“I had an RBH appointment last year, for eyes. Nurse couldn’t understand me and there was no interpreter there. I had to go home and made another appointment through my friend.”

“I didn’t understand why the consultant at the hospital told me to use eye drops, so I only used them a couple of times.”

“Can hospital appointments for cataracts be given more quickly?”

CASE STUDY 4

Mr T was experiencing severe difficulties with his vision. He was very dissatisfied with the care he was receiving to diagnose and treat these difficulties.

“I have been waiting too long. I have been nearly blind in one eye for two years. My GP didn’t listen to me. A Nepalese nurse who works at the hospital helped me to talk to the GP. The hospital sent me an appointment at the eye clinic but they cancelled it and gave me an appointment six weeks later. My children in Nepal are really worried.”

Healthwatch Reading provided Mr T with advocacy support, by calling the hospital’s PALS team. Mr T was offered an earlier appointment at the eye clinic. However, Mr T decided to bring forward his holiday in Nepal and instead seek treatment with an ophthalmologist in Nepal.

People in focus groups also raised concerns about lack of interpreters at the audiology clinic, where ex-Gurkhas often need to be seen for hearing loss related to their military careers:

“He was given hearing aids but the volume was very high. Couldn’t get it right as he couldn’t understand instructions so he stopped using the hearing aids.”

Difficulties in reading English also had an impact on appointment attendance and understanding results:

“We have to get someone to translate the hospital letters for us.”

“If the letter says hospital, we think it means the Royal Berkshire Hospital. Sometimes it isn’t, so we miss appointments.”

“People miss hospital appointments because the letter is not translated into Nepalese.”

“The GP sent me to the physiotherapist who referred me for an MRI scan at the Royal Berkshire Hospital. I am worried that there won’t be anyone to interpret for me at the scan as my friend is busy. I don’t know how I will get the scan results – who will tell me that?”

“At the hospital my husband had a chest x-ray. They said it was abnormal. When we went home the hospital staff told us to book another chest x-ray. I don’t know how to do this. Who can help with this?”

A variety of other issues were also raised about interpreter services:

“The interpreter...was not aware of the medical terms being used.”

“We don’t need an interpreter for routine appointments like blood tests or x-rays. We need them there for discussions about results.”

“We don’t know if we are allowed to ask for an interpreter or how to ask for one at the hospital.”

Some people said it was easier to get an interpreter at the hospital than their GP:

“It is easier to get an interpreter at the hospital compared to the GP.”

“The hospital arranged an interpreter by phone.”

Feedback about tests results and waiting times reflected a lack of understanding by ex-Gurkhas of how the NHS did things differently to Nepal’s health system:

“Why were the x-ray and scan results sent to GP and not given direct to us?”

“I was seen by the cancer centre but I didn’t receive a copy of any of their letters or scan reports.”

“My wife is very anxious about the delay in having her operation.”

“Can hospital appointments be given more quickly?”

Urgent care services

Main findings:

- All the focus group participants said they were aware of the 999 service
- Only a very small number were aware of the 111 service
- None of the focus group participants were aware of Westcall, the out-of-hours GP service in Reading
- More than three-quarters of those in the focus groups were aware of the Reading NHS Walk-In Centre in Broad Street Mall.
- All focus group participants were aware of the emergency department at the hospital and one in ten said they had used it since moving to the UK.

People who had used 999 said they were very satisfied with the healthcare provided by paramedics.

When Healthwatch Reading explained the 111 concept, women expressed concern that they would not be able to use it because of their difficulties speaking English.

Some of the community were registered at the walk-in centre as patients, but most people who had used the centre had done so if their own GP surgery was closed or they couldn't get an appointment. Some people said they were interested in transferring from their current GP surgery to register as permanent patients at the walk-in centre.

People who had attended the hospital's emergency department had used family members to interpret for them. One participant recalled being told by hospital staff that he should have gone to see his GP – and not the emergency department – about his chronic pain.

Focus group participants expressed concern about what could happen in an emergency situation if there weren't family or friends immediately available to interpret for them.

Community health services: opticians and dentists

Main findings:

- 81% of the ex-Gurkha community surveyed said that they wore glasses
- 26% said they had diabetes
- 36% had not yet had an eye test in Reading
- 88% had difficulty explaining their sight problems
- 95% were not offered a registered interpreter for an eye sight test
- Only 38% had had an NHS dental check-up
- Only 25% had had NHS dental treatment

Like other health services, eye and dental services are difficult for the ex-Gurkha community to access, because of language barriers.

Focus group participants said they experienced particular difficulties using community ophthalmology services (eye sight and eye health checks at opticians). They were also generally confused about the route to eye and dental professionals, and what care was free or chargeable:

"I was worried about my eye sight but I found it difficult to get help because of language difficulties. I went to A&E and they referred me to the eye clinic at the RBH."

"I don't understand how to use their [opticians'] service to get an eye sight test."

"I get confused about whether I have to pay for my eye sight test. Last year I had a free test but this year, Tesco's asked me to pay."

"When visiting the opticians I needed a relative to support and interpret in order to do the eye test and I needed glasses."

"Not always clear where dental services are and when they are open."

"I don't understand what dental treatment is covered by the NHS."

Mental health and dementia services

Main findings:

- 13% of the focus group participants described themselves, their spouse or friend as having mental health difficulties
- 3% of focus group participants had used the NHS Talking Therapy service

- No-one in the focus groups had heard of Mother Tongue, a counselling service in Reading for people from ethnic minority communities
- 5% of focus group participants were aware of the term, 'dementia'

Healthwatch Reading heard conflicting views about mental health needs: Nepalese community leaders and workers described a high level of mental health difficulties, particularly among women. However in the focus groups, women were very reluctant to talk about mental health or stated that it was not an issue:

"Our mental health is fine."

The ex-Gurkhas were more open about discussing mental health difficulties:

"Worries about family members who are living in Nepal cause us stress."

"My wife is very anxious and worried about our disabled daughter in Nepal."

Some people suggested GPs were not supportive of mental health difficulties:

"One lady who is a widow sought mental health help back in Nepal. Her GP [in the UK] was not helpful."

"My friend who had mental health problems wasn't looked after properly by his GP."

Most of the ex-Gurkha population in Reading are aged over 60. However the low awareness of the term 'dementia' suggests they might not be aware of the local diagnostic and support services available for people with dementia.

Travelling back to Nepal to use healthcare services

Main findings:

- 31% of those surveyed have had an eye sight test in Nepal during a trip back, at least once since moving to the UK
- 8% of focus group participants had travelled back to Nepal for treatment of cataracts because they feel waiting times are too long in the UK
- People have also travelled back to Nepal for women's health consultations, a scan or x-ray, or treatment for depression

The differences between the Nepalese health system (where patients have more direct access to specialists, tests and medication) and the NHS (where the GP plays a 'gatekeeping' role to secondary care), can cause the ex-Gurkha community to feel anxious or dissatisfied with NHS care. This often results in people using trips back to Nepal to see family as an opportunity to also access healthcare:

"I am thinking about going back to Nepal for my eye sight. I can just go to the eye hospital in the city and get seen there by a specialist doctor on the same day, if I pay."

"I had liver checks and a scan of my abdomen in Nepal."

"I went back to Nepal to get help with a women's health problem, so I could properly talk to the doctor."

"Often quicker to fly back to Nepal to pay to get treatment than to wait on the NHS."

Social care services

Main findings:

- Most focus group participants were not aware of the term 'carer'
- Some vulnerable adults in the ex-Gurkha community do not appear to be receiving any social care support at all
- Some people are dissatisfied with the service from home care agencies.

During focus group discussions, the ex-Gurkha community seemed unaware of the term 'carer' (a person who provides unpaid support to an unwell relative or friend to help them live their life). When Healthwatch Reading explained the definition of a carer, 13% of the focus group participants said they regarded themselves as carers and they also described other carers that they knew of locally.

Several participants expressed concerns that some ex-Gurkhas who need help are not receiving social care services:

"There is an 84-year-old man. He had violent behaviour. The family are not receiving any help."

"One lady receives no care services other than support from the community and friends."

"There is a widow who lives alone who needs care services but doesn't get any."

Around 10% of the focus group participants and interviewees were users of home care services or had friends who did so. They described some dissatisfaction with the quality of home care services due to cultural and language barriers:

"We don't like to use home care services because they don't speak Nepalese."

"We prefer to care for our family members ourselves as we speak the same language. If it got too much we would ask for help."

"Home care agencies need to be better able to help ex-Gurkhas to have the type of food that they are used to."

"The carers often come late. One carer watches TV, another spends all the time on the phone. I would like to ask if one particular carer can stop coming and maybe change carer's agency. However we have been told that we could lose our carers allowance or pension credits if we complain about a carer or our carer's service."

The ex-Gurkha community made some suggestions about improving access to social care services:

"Want to know more about carers allowance and carers support service."

"Provide information about home care companies who provide Nepalese speaking carers."

"Better distribution of the (translated) booklet about services for carers. Make it more clear and understandable."

Healthwatch Reading's recommendations:

The ex-Gurkha community gave a very clear message during this engagement project that they were prevented from properly accessing health and social care, due to a combination of not understanding or speaking English well, and not being routinely offered independent interpreters. The differences between the UK and Nepalese health systems also led to some dissatisfaction with the NHS.

Healthwatch Reading makes the following recommendations:

1. GP practices in Reading (in partnership with their commissioners), should review how they can sustainably provide interpreters for the ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.
2. Community dentists and opticians (in partnership with their commissioners), should review how they can sustainably provide interpreters for the ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.
3. The Royal Berkshire Hospital, particularly ophthalmology and audiology clinics (in partnership with their commissioners), should review how they can sustainably provide interpreters for ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.
4. Reading's two clinical commissioning groups should consider providing ex-Gurkhas and their wives with an information card that they can show health service staff to indicate that they wish to have an interpreter arranged for their appointment.
5. GP practices in Reading should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information – such as appointment letters – should be translated into clear and simple Nepalese. Consideration should also be given on providing translated information on making a complaint, and how to changing GP practices.
6. The Royal Berkshire Hospital should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information – such as appointment letters, the hospital map, should be translated into clear and simple Nepalese.
7. Community dentists and opticians in Reading should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information – such as appointment letters – should be translated into clear and simple Nepalese.
8. Staff from the Royal Berkshire Hospital's ophthalmology and audiology clinics, should consider undertaking outreach work with the ex-Gurkha community to raise awareness of how to access and use their services and to set expectations on issues such as waiting times.
9. Staff from community eye test and NHS dental services, should consider undertaking outreach work with the ex-Gurkha community to raise awareness of how to access and use their services and to set expectations on issues such as waiting times and any costs.
10. Reading Borough Council should raise awareness among the ex-Gurkha community of free support available to carers and also raise awareness among frontline social care staff of potential unmet needs of vulnerable people within this community and how these might be addressed.
11. Reading's two clinical commissioning groups to continue to support Health English for Health language classes for Nepalese women, and consider developing these classes to include access to mental health and social care services.

How organisations are acting to address the issues

During this engagement project many initiatives were started in a bid to overcome the problems the ex-Gurkha community face. Some of these initiatives were directly as a result of Healthwatch Reading raising issues with services or commissioners, and included:

- The NHS England (NHSE) Thames Valley local area team wrote to all GP practice managers in Reading, reminding them that the NHSE funds on behalf of all practices, an interpretation service via Reading Borough Council, and set out the process for practices to follow to arrange interpreters in advance of appointments, or in emergencies, for patients.
- An optometrist from the NHSE Thames Valley local area team attended a session with the Gurkha Ladies English Project, to talk to the women about NHS optometry services. This included information on how an eye sight test can be done without using the English alphabet.
- The NHSE Thames Valley local area team wrote to community optometry providers (opticians) in Reading to inform them of the feedback from the ex-Gurkha community, about the need for interpreting for eye sight checks and explaining how to arrange interpreting services via Reading Borough Council.
- Royal Berkshire Hospital's PALS (patient advice and liaison team) produced a Nepalese language version of their leaflet for patients and carers.
- The Reading NHS Walk-In Centre said it was planning to hold an information and coffee morning for their Nepalese speaking patients informing them about the NHS.

- Healthwatch Reading itself produced a Nepalese leaflet about its NHS Complaints Advocacy Service.

In addition, Healthwatch Reading attended a regional conference on ex-Gurkha health and wellbeing and heard an example of good practice at Frimley Park Hospital in Surrey, where Nepalese-speaking hospital staff are trained as interpreters and released from their usual hospital jobs as needed, to work as interpreters for ex-Gurkha patients.

During the project, the SSAFA Gurkha Ladies English Project also produced a new booklet, *Your health and wellbeing*, which provides information in a clear and simple style with both English and Nepalese text, and images and photos on all pages. The project teachers have developed a weekly teaching programme using the booklet, to further improve Nepalese women's understanding of the information about healthcare services. The printing costs for the booklet were funded by the Public Health department at Reading Borough Council.

Reading's CCGs told Healthwatch Reading that they had previously raised concerns about the needs of this group of patients and have held a workshop for GPs to raise awareness of the ex-Gurkhas' healthcare needs.

The CCGs added they had agreed to await the outcome of Healthwatch Reading's final project findings to "help us understand the specific areas we need to focus on. Any progression with this needs to be in collaboration with other partners such as Reading Borough Council and Reading Voluntary Action, to ensure a joined-up approach."

While NHS England commissions interpretation services on behalf of GP practices for their patients, translation services for hospital patients are funded differently - in Reading, by the local hospital trust, Royal Berkshire NHS Foundation Trust.

Royal Berkshire Hospital staff told Healthwatch Reading:

"Interpreters are booked for patients identified as needing language support (by either the GP or by the patient or relative/representative).

"For first appointments, this should be notified by the GP. A flag is then put on the patient's electronic patient records (EPR) to alert any future staff booking future appointments, that an interpreter in that language is needed.

"We use Prestige Network interpreters who request preferably at least two weeks' notice. However, they will try and provide face-to-face at shorter notice if available.

"All departments have access to telephonic interpreters (again with Prestige Network) and there are several three-way handsets around the trust for specific telephonic interpreting use.

"Instructions about booking interpreters are available on our Intranet and there are posters and leaflets for staff explaining when and how to book interpreters. Posters encouraging patients to request an interpreter (in 17 languages, including Nepali) if required are also available throughout the trust and posters are also displayed informing patients that they can request written information in different languages or formats if required."

Healthwatch Reading has also identified that it possibly needs to undertake more engagement work with the ex-Gurkha community to discuss in more detail, mental health, dementia, and social care, and their use of community pharmacy services.

Formal responses to report

Response from NHS England Thames Valley area team

GP SERVICES

NHS England currently commission a translation and interpretation service for patients registered with GP practices in West Berkshire (and beyond). Reading Borough Council is the current provider and co-ordinate any request from practices for the service. They provide a wide range of languages including Nepalese and can provide this either face to face or by telephone, whichever is appropriate. Patients requiring this service just need to ask at their surgery and it will be arranged.

NHS England became aware of a problem accessing the service last year which, on investigation, appeared to result from a change in personnel at RBC. The service was quickly clarified and all practices were contacted to remind them of what is available for their patients and how to access the service.

**Project Manager (interim),
General Medical Services**

DENTAL SERVICES

Patients are not registered with dental practices so can attend where they choose. NHS Choices provides useful information about the location of dental practices in relation to people's home address. Facilitation in the use of NHS Choices may be helpful.

NHS Choices also provides information about dental charges and the treatments provided within those charges. Each of the dental practices provides leaflets which describes their services and confirms charging arrangements (which are national in terms of NHS fees).

The Choices website does provide information in a range of other languages, but it does not appear that Nepalese is one of them so this is something that could be taken up at national level as this issue is unlikely only apply to Reading.

If patients need treatment in a hospital, fall into the special care category (such as learning disabilities) or need orthodontic treatment (up to the age of 19) they will be referred by their dental practices.

If patients do not have access to a dentist for continuing care and experience dental pain they can contact NHS 111 who will signpost them to a practice who will be able to provide treatment. NHS 111 will also signpost patients to dental out of hours services.

If service providers are aware that patients will have challenges around communicating in English they can call upon the support of the Reading Interpretation service.

The report appears to highlight issues in terms of trying to navigate around the NHS when language is a key challenge. It would be useful to consider how this is done on a co-ordinated basis so that support is given to the community to understand how to access services and the materials that are available in all the services described, are available in Nepalese (which could include support in using electronic communications).

Contract Manager - Dental

OPTOMETRY SERVICES

Patients are not registered with an optician and can choose which one they wish to attend. NHS Choices provides useful information about the location of opticians near to their home addresses. NHS Choices also provides information about eligibility to NHS Sight tests and the frequency of NHS sight test and eligibility for vouchers to help with the costs of glasses. Each optician provides leaflets which describes their services and confirms charging arrangements (which are national in terms of NHS fees).

If service providers are aware that patients will have challenges around communicating in English they can call upon the support of the Reading Interpretation service. All opticians in the Reading area have been updated on the process for arranging an interpreter from the Reading Interpretation service.

The report appears to highlight issues in terms of trying to navigate around the NHS when language is a key challenge. It would be useful to consider how this is done on a co-ordinated basis so that support is given to the community to understand how to access services and the materials that are available in all the services described, are available in Nepalese (which could include support in using electronic communications). The Eye Health Local Network Chair attended a meeting in June with the ex-Gurkha community leaders to explain access to eye care and eligibility to NHS Eye services in conjunction with Healthwatch Reading as part of an engagement project undertaken by Healthwatch Reading with the ex-Gurkha Community in 2014.

Assistant Contracts Manager, Pharmacy and Optometry

Response from Royal Berkshire NHS Foundation Trust

Dear Healthwatch Reading

Thank you for forwarding the report 'How the ex-Gurkha community access and experience health and social care services in Reading'. I have shared it with the Directors of Nursing and with the relevant departments highlighted within the report. The Royal Berkshire NHS Foundation Trust (RBFT) recognises the social and cultural diversity of the communities we serve and we are committed to providing equal access to our services for all our patients. To this end we employ Prestige Network as our interpreting company and we advertise that interpreters (and translations of any patient leaflets) can be made available to patients in all our outpatient and inpatient areas.

I understand that Kiran has already forwarded you the interpreting poster (which is in English and the top 17 languages requested for interpreting at the RBFT, including Nepalese) and the translation poster (in English and 7 top languages, again including Nepalese). Of course, these rely on the Nepalese community being able to read their own language and if they are already attending the ward or department they can only take this information on board for future visits. As with all new patients we do rely heavily on the referrer indicating that the patient needs language support so unless the GP/dentist/optician flags this up, it means that a Nepalese interpreter may not be booked for first appointments. However, a telephonic interpreter can be used on these occasions if the appointment allows. Our website does have a Nepalese version of our 'Talk to us' leaflet for download www.royalberkshire.nhs.uk/patient-information-leaflets/

[Talk%20to%20us%20Nepalese.htm](#) which outlines how to raise concerns and make a complaint. I am happy for the ex-Gurkha community to make this leaflet available on www.rebga.co.uk/ if you think that would be helpful. There is also a statement in Nepalese on the general information leaflet pages of the website explaining that translations can be made available upon request (via our PALS Department). I have contacted the team responsible for the Electronic Patient Records (EPR) system with regards to your enquiry about appointment letters in different languages. The Assistant Director of Application Support reports that currently the only facility within EPR for any language provision other than English is a flag for the need for an interpreter. There is no facility within the system to identify whether a patient has requested correspondence in a different language nor is there any obvious way of storing multiple versions of any letter in a different language. I am aware however that certain department (such as Audiology) do regularly get appointment letters translated when patients require this but unfortunately this does depend on the individual resources and timescales available within different departments. However, given that the Trust sends out approximately 15,000 new outpatient appointments per month I'm sure you understand that this is an issue that cannot be easily addressed.

It would be impractical to get the 'Find your way' map translated into Nepalese as it is mainly a list of departments and locations and there would be no corresponding translated signage on the hospital site (and there are no plans to introduce multilingual signage). A signage group, led by Philip Holmes, Director of Estates and Facilities is currently looking at introducing some new accessible signage measures such as using colour and icons (which will be tied in to appointment letters) which will be soon available for public consultation. I will ensure the ex-Gurkha

group will be involved when this happens. Is there someone in particular at REBGA who would be a point of contact for this? The Audiology and Ophthalmology Departments have composed their own responses to the recommendations regarding the ex-Gurkha community. These are as follows: Audiology are looking at a possible awareness day - taking the mobile hearing unit to the coffee morning www.rebga.co.uk/coffee-programme/ and offering hearing screening as a one off event. They are also creating a short leaflet outlining the services available and will have this translated into Nepalese with a view to putting it on the Trust website and sending to the Reading ex-Gurkha website. Staff have been reminded in Clinical Governance (27/01/15) of the resources available for people who need interpreters or require leaflets to be translated. All patients who require an interpreter are entitled to have one. Staff have access to the 'Identify your language' sheet to check what language patients require. Staff must offer an interpreter and the patient must sign a waiver if they decline. Interpreting booking guidelines, forms and waivers are all available to download from the Trust Intranet http://nww.intranet.royalberkshire.nhs.uk/clinical_care/patient_relations/interpreting_translation.aspx.

There is some handy information for Audiology staff in the folders on f:drive under language and accessibility. This includes things which we have already had translated into different languages. F:\Language and Accessibility The Phonak Software allows staff to print off basic hearing aid instructions in a number of languages. Staff can also print 'Communication Tips and Strategies' (hearing tactics) and 'Care and Maintenance' but this is quite limited. Translations can also be done via the Trust's interpreting service Prestige Network. Ophthalmology (Eye Clinics & Eye Casualty) have recently hosted a visit from HealthWatch with regards to improving

services for the ex-Gurkha community and I understand the matron and sister for the area are awaiting one further visit and some more detailed recommendations following that visit. The matron confirms that the unit will be happy to participate in any awareness events such as coffee mornings in order to explain the current referral processes and waiting times and thus hopefully better manage patient expectations.

All staff in the unit have been reminded of the processes for booking interpreters and arranging translations when required but again we do rely on the initial referrer letting us know when a patient needs an interpreter for their first hospital appointment. I hope this response addresses some of the concerns raised in the report and reassures the ex-Gurkha community that the Trust is happy to work with them to clarify current care pathways, promote language support and manage service expectations.

Jane Burnett, Patient Information Manager

Response from NHS South Reading CCG and North West Reading CCG

We are responding on behalf of the NHS South Reading CCG and North West Reading CCG in response to the above report which we received on 13th January. This is a very useful report which provides the CCGs with a helpful understanding of the issues and experiences faced by the Nepalese community which is a small but growing population accessing translation and interpretation services in Reading. We welcome the opportunity to work with our local partners and make improvements to our services and we would like to thank you and the Nepalese community for drawing this to our attention. The commissioning and delivery of interpretation and translation services is complex in Reading; NHS England has the responsibility for commissioning translation and interpretation services for primary care and these are provided by Reading Borough Council. Royal Berkshire Foundation Trust provides its own service. We will ensure our response is shared with these partners so that we can work together, where appropriate, in response to the primary care recommendations. We are committed to engaging as widely as possible with the various language groups represented in the population of Reading and recognise the need to provide improved and tailored communications for the Nepalese Community in order to allow them to access NHS healthcare services in the most appropriate way. Our response to the specific recommendations in the report is as follows:

GP practices in Reading (in partnership with their Commissioners), should review how they can sustainably provide interpreters for the ex-Gurkhas and their families who need

assistance explaining their symptoms and needs during consultations.

Issues around the accessibility and effectiveness of interpreters for this community was raised with GPs. GPs were interested to hear about the experiences of the ex-Gurkha community and keen to make improvements. Three GPs indicated they have a significantly higher population of ex-Gurkhas and two suggested that some of their patients might be willing to be trained and act as interpreters on behalf of other members of the community. The two GPs are Dr Nadeem Ahmed from Melrose House Surgery (nadeemahmed2@nhs.net) and Dr Anil Sagar from London Road Surgery (asagar@nhs.net). I will pass these details to Reading Borough Council and NHS England to progress. This could also help to address another issue raised by GPs around the need to have more Nepalese interpreters.

Reading's CCGs should consider providing ex-Gurkhas and their families with an information card that they can show NHS staff to indicate they wish to have an interpreter arranged for their appointment.

The CCGs recognise the benefits of an information card and will discuss with partners via the CCG Patient Engagement Group, of which Healthwatch is a member, an action plan to progress this. Reading GP practices should review the written information that they regularly provide to the ex-Gurkha community to identify whether any of this information - such as appointment letters - should be translated into clear and simple Nepalese.

Consideration should also be given on providing translated information on making a complaint and how to change GP practice.

The CCGs will share the content of this report and our response with our GP practices so that they are aware of the recommendation

to translate letters. GPs have been reminded about the process for booking an interpreter and using the translation services. Practices have also been asked to check with their reception desk staff so they are also clear on the process. GPs will again be reminded that trained interpreters should be offered rather than members of the family fulfilling this role. This topic will also be covered in our next GP newsletter. We think that communications around interpretation and translation may be more effective if directed via the CCG, and we will work with NHS England to arrange for this. Surgeries receive information from a range of sources, including a few from CCGs. The CCGs will consider a standard phrase, via the Patient Engagement Group, directing patients how to arrange translations of CCG produced written information.

Reading's CCGs to continue to support Health English for Health language classes for Nepalese women, and consider developing these classes to include access to mental health and social care services

The CCGs have previously funded these courses through the Partnership Development Fund (PDF) grant, however, no application has been received for 2015/16. We welcome bids from the voluntary sector and should this organisation wish to apply for future funding, it will be considered.

Yours Sincerely

Dr Rod Smith, [formerly] Chair NHS N&W Reading CCG and Dr Ishak Nadeem Chair NHS South Reading CCG

Response from Reading Borough Council

Background

In 2014, Healthwatch Reading was commissioned by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, to explore how the ex-Gurkha community access health and social care services and to disseminate these findings across the consortium.

Gurkhas are Nepalese soldiers who have a long history of serving with the British Army. Following a high profile campaign, in 2009 the UK Government gave retired Gurkhas the right to settle in the UK. The local authorities which commissioned this project have seen a significant number of ex-Gurkhas move into their areas since this time. The 2011 Census indicated that Reading had a Nepalese population of 2,725. This includes migrants of working age, many with professional qualifications, and then ex-Gurkhas and their wives. Most of the ex-Gurkha community are aged 60-75 years, and come from rural areas of Nepal. They are often living in the UK without the support of adult children, who may live back in Nepal.

More than 100 people from the ex-Gurkha community in Reading gave their feedback on accessing health and social care services for this study, including

- GPs
- Royal Berkshire Hospital
- Urgent care services: walk-in centre, 111, out-of-hours GPs
- Community opticians and NHS dentists
- Mental health services
- Social care services

The main findings of the project in relation to social care services were:

- Most focus group participants were not aware of the term 'carer'
- Some vulnerable adults in the ex-Gurkha community do not appear to be receiving any social care support at all
- Some people are dissatisfied with the service from home care agencies.

Healthwatch Reading recommendation to Reading Borough Council

Reading Borough Council should raise awareness among the ex-Gurkha community of free support available to carers and also raise awareness among frontline social care staff of potential unmet needs of vulnerable people within this community and how these might be addressed.

Reading Borough Council response

Reading Borough Council produces a range of information materials about social care both online and in printed copy, as well as commissioning community groups to help people to navigate the care system.

One of the most comprehensive information packs the Council's Adult Social Care service produces is the 'Caring in Reading' guide to local services for anyone who is providing unpaid care to a family member, friend or neighbour. This pack was first translated into Nepalese in 2012 to support Nepalese Health Week, and Adult Social Care staff attended this community event to help raise awareness of social care amongst the Nepalese attendees and take questions. The pack remains available in Nepalese, although recent demand has been more for individual sections than for the pack as a whole.

It is a challenge to find the right words to connect with people providing unpaid care,

and 'carer' does not translate easily into all languages because of different cultural norms. Clearly Healthwatch Reading was able to describe 'carer' to the focus group participants as 13% went on to identify themselves as carers as well as going on to describe other members of their community as carers. This illustrates the importance of face to face contact and discussion in providing effective support to navigate care services, and the Council will use this feedback to inform its future commissioning of information and advice services.

The Council will also be reviewing its products and distribution channels for social care information in 2015, and within this will endeavour to address the focus group participants' comments, i.e.

"Better distribution of the (translated) booklet about services for carers. Make it more clear and understandable."

"Want to know more about carers allowance and carers support service."

The intention is to seek feedback from a number of user/public reference groups to inform this review. In the light of Healthwatch's findings, the Council commits to recruiting an ex Ghurka reference group to take part in this review and provide interpreter support as required.

Reading Borough Council provides the Interpretation and Translation service referred to in the Healthwatch report, which primary healthcare partners can also access. The Council will aim to improve awareness of this service through its partnership working, including the quarterly Adult Social Care partner newsletter, *Care Junction*.

We note the comment made within the focus groups that people wanted the Council to:

"Provide information about home care companies who provide Nepalese speaking carers."

As part of bidding to join the new Homecare Framework (HCF), providers were asked to demonstrate they could provide high quality home care services in Reading in line with the needs of Reading's diverse communities. This including ensuring providers have a suitable workforce with a wide range of skills, understanding and communication skills in order to offer appropriate support to individuals with difference preferences and needs. The Council worked with Healthwatch Reading and a user panel in setting the questions for this bidding process and then scoring answers.

Providers who were successful in their bid to join the Framework demonstrated that they recruited within local communities based on local demographics and individual needs such as language and cultural background. At least 3 of the providers on the new HCF have informed commissioners that they have carers who can speak Nepalese. The Council will compile a language audit of all agencies on the HCF and to make this available to individuals upon request and (in the longer term) monitor the ethnicity of individuals needing care and feedback any specific requirements to providers via the Home Care Forum.

Promoting wellbeing and preventing people's support needs from worsening is a cornerstone of Adult Social Care's approach, and our Public Health colleagues play a key part in this. The Public Health service within Reading Borough Council can provide several health and wellbeing leaflets in Nepalese via Solutions 4 Health. There is also a trained smoking cessation / Eat4Health Advisor who can communicate in Nepalese and she is targeting the ex Ghurka community. Public Health has also worked with the Clinical Commissioning Groups in Reading to co-fund

a new general healthcare booklet, *Your health and wellbeing*, which provides information in a clear and simple style including English and Nepalese text but also clear images so that the booklet can be used by people with relatively low levels of literacy.

We are grateful to Healthwatch Reading for this in-depth study and look forward to working with them in future to improve our understanding of and reach into the ex Ghurka community.

Melanie O'Rourke, Interim Head of Adult Social Care, Reading Borough Council

Project summary

More than 100 people in the ex-Gurkha community in Reading have described their difficulty in accessing health and social care services, because they cannot speak or understand English well and are not routinely offered interpreters. This leaves them needing to use friends, family and acquaintances as interpreters, which in turn can prevent them from discussing particularly intimate or private symptoms with health professionals, or fully understanding treatment options or medication instructions. Some action has been taken to start to address some of these issues, however Healthwatch Reading urges commissioners and providers to consider and act on all its recommendations to fully meet the needs of this group.

Acknowledgements

Healthwatch Reading thanks all the ex-Gurkhas, their wives, and the Nepalese community leaders and workers who contributed to this project. In particular, Healthwatch Reading thanks the Reading Community Learning Centre, the Gurkha Ladies English Project and the Forgotten British Gurkha Centre, which kindly hosted focus groups, community meetings and interviews.



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