## Grassroots Event Feedback Form

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<th>Borough:</th>
<th>Kingston</th>
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<td>Organisation:</td>
<td>Refugee Action Kingston</td>
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**Type of meeting, audience and how many attended:**
Health Fare - Refugees and asylum seekers.
Approx. 30 people attended
A mixture of male and female, but mostly a female audience ranging from between 25 to 60 years old (approx).
Attendees were a mixture of Syrian and Farsi speaking asylum seekers and a number of people from the Korean community in Kingston/New Malden.
We spoke to around 23 people – the majority of which we spoke to via a translator.

**Date of meeting/conversation:**
Monday 27th June 2016 – 1000-1200

**Question:**
Tell us about your experience of accessing healthcare services?
What works well and what could be better/what problems have you had?

**Response(s):**
the same themes were raised consistently – access to primary care/GPs and also interpretation services.

**Access to GP appointments**
Sometimes difficult to get an appointment at short notice. One participant noted that she was asked lots and lots of medical questions about her child by the receptionist on the phone before being given an appointment for her child who had a high fever. This delay added to her anxiety. She felt as though her son had to be ‘at death’s door’ before they saw him. Eventually got an appointment. However, she did say that after this initial bad experience subsequent experiences were better and it was easier to get an appointment.

Another participant noted that there are too many people registered with GPs/they are too busy and so she is often offered a telephone call with her GP when she would prefer face to face instead – especially when one of her children is poorly as she does not think a doctor can know what is wrong with her child if he doesn’t see her face to face.

**Primary care/community services**
Overall, access is pretty good with the exception of one participant who said that the local Kingston wellbeing service is good but there are long waits to access the community mental health team.

**Access to translation services**
Mixed experiences. Hospitals are better than GP surgeries at providing translation services but more often than not they are accessed on an informal basis - either by asking a family
member who speaks English to translate or sometimes approaching a fellow patient/stranger who speaks English and Arabic (for example) and can translate for them. There are obvious difficulties with confidentiality too. Lack of interpretation services has resulted in delayed or cancelled appointments for a few of our participants. Some GPs though offer excellent interpretation services by wither arranging one in advance or sometimes the doctors can speak Farsi etc. because they themselves are from Iraq etc.

Language is the main barrier to accessing health services, but their experiences with GPs has been mainly positive. They did not experience problems with getting appointments or translators being available. With Kingston Hospital two people had less positive experiences, having to rely on friends or family to translate and this may not always be appropriate.

One example of a lady who had a successful GP appt with a translator who was referred to St Georges. When she went to that appt there was no translator available so it couldn’t go ahead, and she had to wait a further 3 months for a new appt.

A couple of people mentioned that they had struggled to get timely appts with dentists as there were no translators available.

**Information and communication**
Problems with health workers not explaining referral process properly – people having to wait a few weeks for test results and not told why, making them feel anxious and frustrated. Lack of clarity around how to access hospital specialists.

**Length of waiting time**
Some participants felt that they had to wait too long for test results – ie. 3 weeks for blood test results. Unsure as to why so long, which made her anxious.

**Question:** What could be improved?

**Response (s):**

Syrian community - overall, participants were happy with the quality of care they received from doctors/nurses etc, they felt that interpretation services needed to be improved and access to/greater availability of GP appointments.

Korean community - overall the general impression of their experience accessing health services was positive, with the overriding message being language is the main barrier.

**Question:** What issues are frequently raised by service users?

**Response (s):**

Service users don’t know where to go when they have health needs. It is not clear whether they should go to primary care, a walk-in-centre or A&E
SWLCC will raise this with HLP & ask them to produce multi-lingual card that explain service designation & the types of conditions that should be dealt with by the different services

Refugees and asylum seekers are processed through the arrival centre in Croydon, but are not registered with a GP and a baseline health assessment is not completed & therefore underlying issues escalate and existing conditions exacerbate.

Action – SWLCC will raise this with HLP & ask them to discuss with policy colleagues & facilitate a cross department discussion leading to resolution of these issues

Clinicians often don’t realise that Refugees and asylum seekers do not have a stable health history and have often been starved, malnourished or tortured for long period of time. The medical history that is taken often does not capture this.