healthwatch Bromley

Health and Faith Report

London Borough of Bromley

Feb 2019

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Summary

Healthwatch Bromley carried out a research project in the London Borough of Bromley considering the health and social care needs and experiences of seldom heard communities through contacting different faith groups. The aim of the project was to hear experiences of seldom-heard faith groups in the London Borough of Bromley and to engage with communities that may not be regular service users.

Healthwatch used a mixed method approach for collecting data:

- A semi-structured questionnaire available in hard copy and online (see Appendix)
- In-depth conversations with members of different faith groups

This report highlights the key themes and responses from the engagement, taking into account individual experiences and opinions and suggestions for improved services.

Background

Whilst we are using faith groups to contact seldom-heard communities we came across research that gives an indication of how faith and health may be connected. Faith plays an important part for many individuals, it can influence the way health and social care services are used. Faith has a deep impact on the emotional wellbeing of individuals, which may lead to shorter recovery time, fewer hospitalization and fewer relapses (Basu-Zarkhu, 2011).

Research indicates that higher levels of religious belief and practice (known in social science as "religiosity") is associated with better mental health. Higher levels of religiosity are associated with lower rates of depression, anxiety, substance use disorder, and suicidal behaviour (Behere et. al., 2013). Religiosity is also associated with better physical health and subjective well-being.

On the other hand, cultural and religious beliefs can pose as barriers to some health prevention initiatives such as immunisation, screening programmes and accessing health services. Religion has a strong correlation to culture and ethnicity – which can influence health behaviour impacting specific communities and faiths around their diet, physical activity, smoking and alcohol habits and attitudes to health

services for example screening or vaccinations (November, 2014). There is increasing evidence that ethnicity can be an indicator for poor overall health in the UK. For example, BME communities generally have worse health than the general population. Men born in South Asia, Bangladesh or Pakistan are 50% more likely to suffer from cardio-vascular disease (Parliamentary Office of Science and Technology, 2007).
A report from Healthwatch Sunderland (2014) highlights the importance for health professionals to be trained in cultural competency in order to take culture specific needs of individuals into account to improve health outcomes.
In the current Joint Strategic Needs Assessment of the London Borough of Bromley (JSNA 2018) no correlation has been made between health and faith.
According to the Office of National Statistics (2011), 48% of London's population are Christian, 21% identify themselves as not religious, 12% are Muslim, 10% have other religious beliefs and 9% did not state their religious beliefs.

Methodology

Healthwatch Bromley organised several meetings with members of different faith groups such as Christians, the Jewish community and Muslim. The meetings consisted of giving out a semi-structured questionnaire and in-depth interviews with members of different faith groups. The questionnaire circulated in the following faith groups and communities: Bromley Reform Synagogue, United Reformed Church, Jubilee Church, Brook Lane Community Church, St. Mary's, Salvation Army and Bromley Temple Trust. The questionnaire was also made available online and was sent out to several faith groups and a wider network.

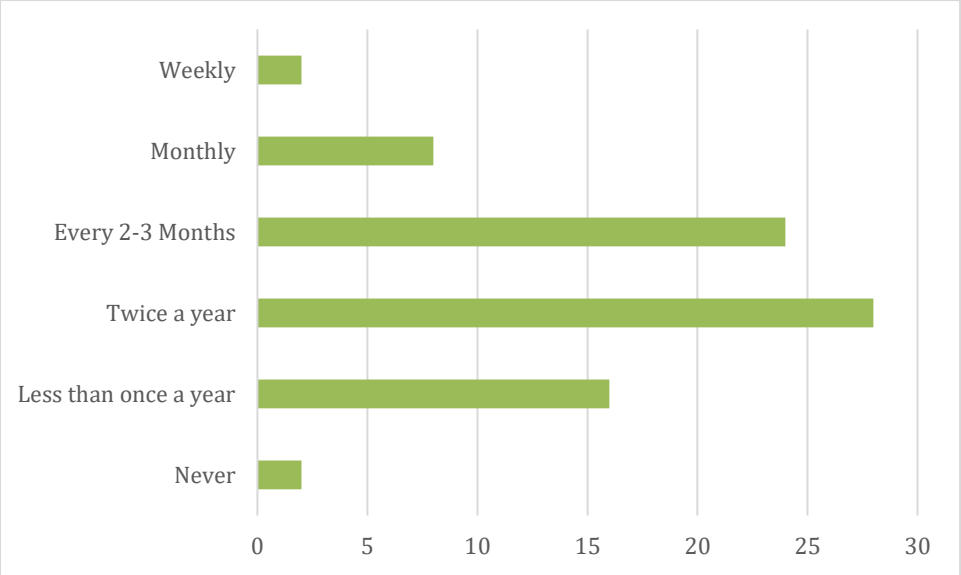
In total, 100 members of the public took part in the research.

This report only gives a snapshot of the picture of health and faith and is therefore unable to generalise from the key themes and trends. Due to the demographics of the population, the researchers only looked at four different faith groups: Christians, Jews, Hindus and Muslims. Other

faith groups were excluded due to the lack of representation in the borough.

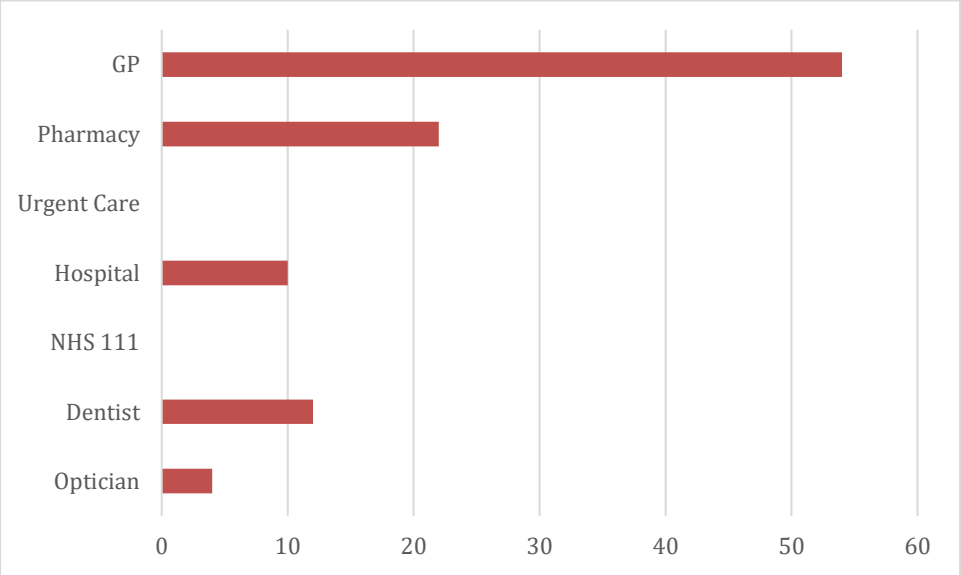
Survey Results

Q1: How often do you use local health services?



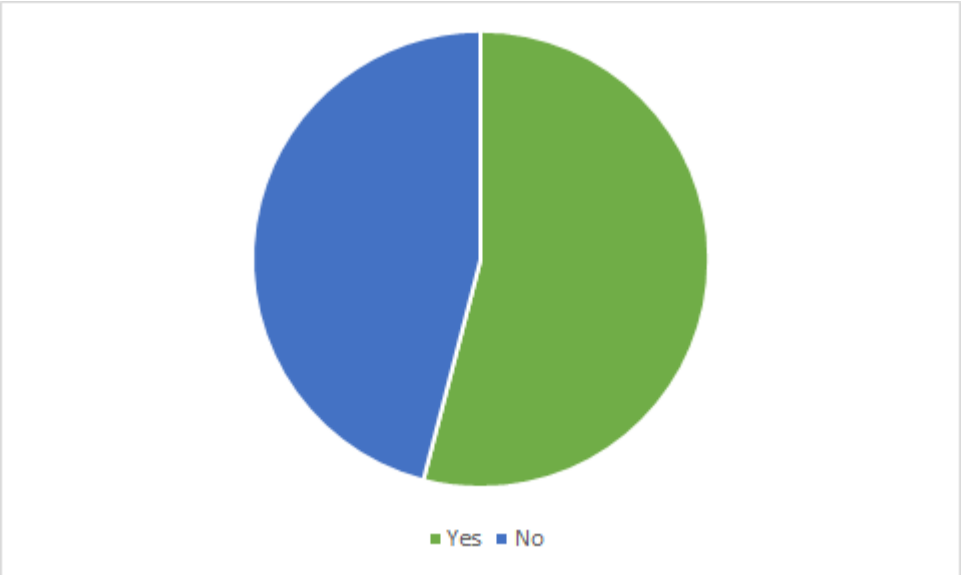
The majority of participants are accessing local health services twice or quarterly a year.

Q2: Which service do you use most frequently?



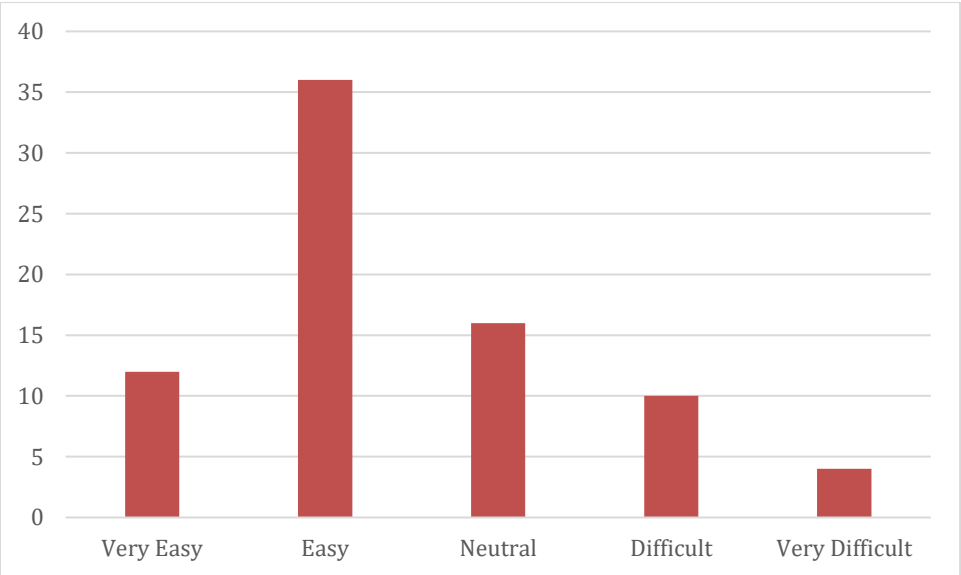
GPs are most frequently accessed, followed by pharmacies and dentists

Q4: Are you suffering from any long-term conditions?



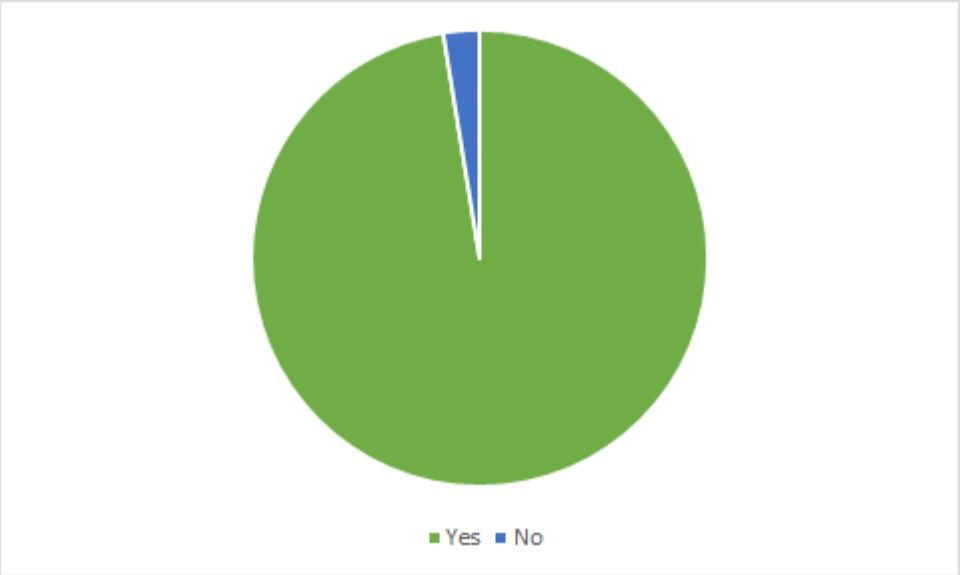
Over half of the participants are suffering from long-term conditions. These include, amongst others, diabetes type 2, high blood pressure and high cholesterol.

Q5: How easy do you find it to access local health services?



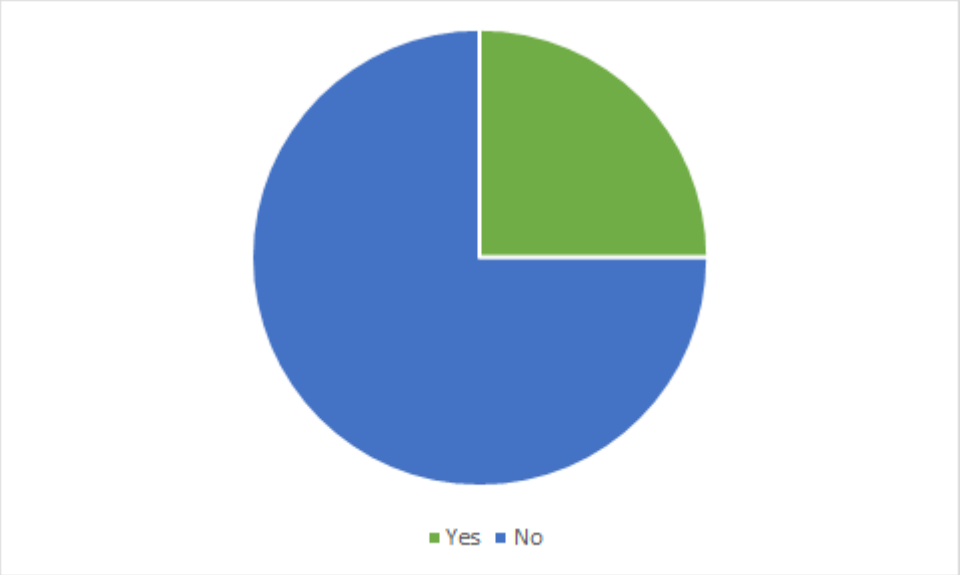
The majority if participants experiences no barriers when accessing local health services.

Q6: Do local health services meet all your health needs?



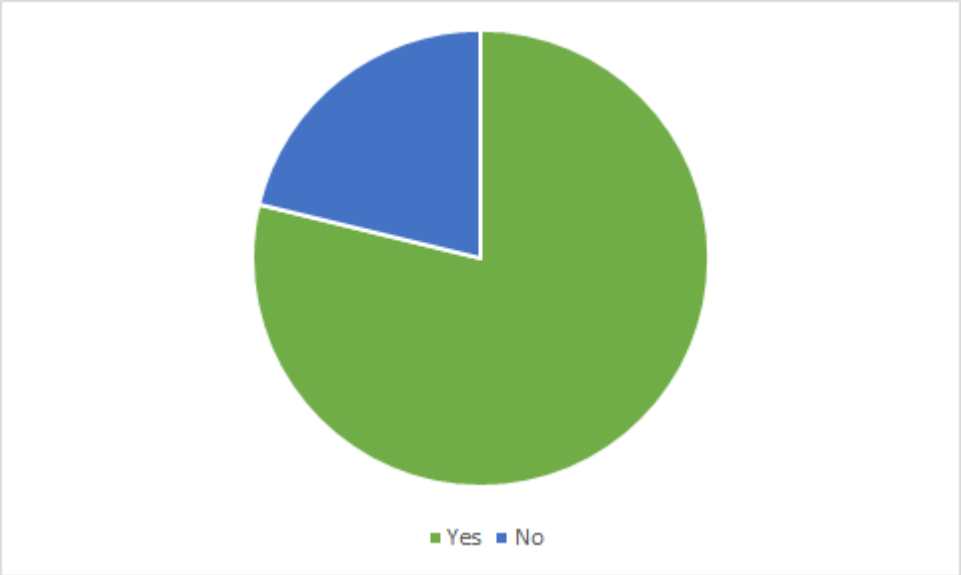
The majority of participants is satisfied with the care received from local health services.

Q7: Does your faith influence the way you use health services/medicine?



25% of the participants reported that their faith influences the way they use services and medicine.

Q8: Do you feel that health professionals, such as a GP, are understanding of your religious or cultural needs?



The majority of participants describes their GPs as understanding of religious and cultural needs.

Qualitative Comments

"My prayers and faith often help me to feel better rather than depending on medication."

"I feel like doctors want to get me out as soon as possible so I feel like they don't care."

"GP is easy to access but other services such as hospitals are a little bit harder to get through at some times and generally have to wait a long time on the phone."

"Can never get a same day appointment. Sometimes a two week wait. I was recently admitted to hospital for intravenous antibiotics. The care I received there was very good and the staff very helpful."

"I have rheumatoid arthritis and saw my GP because of the pain. Sadly, I was told just to live with the condition. It got to a point where I could barely lift my arm so I changed GP and got a referral to a consultant about my shoulder and my knee. I was also referred to a pain clinic. I got on the waiting list for a shoulder replacement and luckily, due to a cancellation last December I got in early and got a replacement at the PRUH. This one GP made a big difference in my quality of life. I also got a knee operation at BMI Chelsfield Hospital. The care I received at both hospitals was excellent."

"I find it extremely difficult to access my local GP. It is difficult to make an appointment on the phone because they tell you to call back at 1pm when you call in the morning. I work full-time so it is not always possible to call back at 1. The GP surgery is not open long enough for me to get an appointment at a convenient time."

"It is of no relevance to a health professional what faith their patients are. They are there to treat medical conditions not ideological ones."

"GP surgery always very busy, too many patients and too few doctors."

"My GP knows me very well, as my religious beliefs affect things such as medications."

"There's certain things that I know I can call on God for knowing that he will answer."

"Difficult to access my GP. There is a lack of bus routes from where I live and there is no parking at the GP surgery."

"I use my faith as a recovery tool from experiences that affect my health negatively."

"I accept services/ treatment which do not conflict with my beliefs."

"Health professional take your cultural and religious needs into account as far as they can, but in an ideal world they would give more attention."

"My faith helps me to keep positive. Having the support of other Christians helps me to deal with problems that arise."

Individual Stories

"One day I tripped over and fractured my cheekbone. My nose kept on bleeding so I decided to call 111 but it was so busy that I couldn't get through. The holding message advised me to go online and fill out a questionnaire which would indicate what course of action I should take and which service I should access. I filled out the questionnaire and got an immediate response to call 999. I was taken to A&E and when I got there they already had all my information. The doctors advised me to stay at the PRUH for 48 hours since I had a small bleed on the brain.

While I was on the Clinical Decision Unit, I received good care. While I was there, I witnessed the staff interacting with patients and it became clear to me that some were ill equipped or not geared up to deal with older patients who were confused. Since I was a patient on the ward myself I ended up supporting others by for example taking them to the toilet due to staff shortages. The lady in the bed next to me was clearly confused and had mobility problems. When she was discharged the staff asked her whether the walking stick next to her bed was hers but she didn't know. So the staff left it behind rather than giving it to her. It was a complete misunderstanding of the situation and the staff did nothing to check her answers.

Later I had a follow up appointment at Denmark Hill. The doctor was very thorough and helpful, however there was a delay in issuing my medication. I had to wait 3 hours in total. Since leaving I have tried different forms of medication and found one that suits me."

"I am a cancer patient with non-Hodgkinson's lymphoma. This was first identified by my GP through a blood test when my platelet levels were dangerously low. I was sent directly to A&E with a special letter from my doctor. I cannot fault the medical care at Chartwell Unit in the PRUH. The treatment was nothing but good and I have been receiving bi-monthly anti-body transfusions for two years. I have not had side effect since and my platelet count is now going up. I am now in state of "stable remission".

However, during my screenings the doctors discovered that I also had cervical cancer. I was sent to Guy's and St. Thomas for a hysterectomy. The care I received was superb and the process very straightforward. It was the best experience it could have been under the circumstances and the staff were superb. Since then I have been seeing a wonderful consultant with whom I am very happy with."

"I was admitted to hospital after waiting for two months for a home visit from a doctor. I was sent to the PRUH for kidney dialysis and got then moved into intensive care and then onto the Kings Renal Unit at the back of the hospital. I wasn't very happy with the bed I received nor the staff. There was a lack of privacy and the lady in the bed next to me seemed to be undergoing treatment which wasn't a pleasant experience for anyone. I now have to go to the hospital for a blood transfusion every week. I am concerned that the hospitals don't liaise with the doctors of pharmacists. One I ran out of medication and was unable to contact the doctor or pharmacist to request it. My friend had to intervene and make arrangements for me."

Key Themes

1. Access

Some participants that reported barriers in access to services reported issues with access to primary care services. This was associated to consistent difficulties in contacting services and getting an appointment at a convenient time. Participants highlighted the difficulty of getting through on the phone in the morning for a same day appointment. Some also reported highlighted lengthy waiting times to get an appointment.

2. Faith as a recovery tool

Personal faith has been described to aid the recovery process of negative health experiences through prayer and social support. It helps individuals to keep positive. Some participants reported how their reliance and faith in God supported their healing and relief from certain symptoms and conditions. Access to wider social contact arising from faith communities supports individuals in dealing with issues related to health is also linked to recovery.

3. Religious Competency of health professionals

Health professionals such as GPs have been described as being understanding of cultural and religious needs by the majority of participants. Some Christians have reported that they are accessing a Christian GP practice which gives them more confidence that their religious needs will be considered. For most of the participants their faith was not recognised as a problem or barrier when accessing health and social care services.

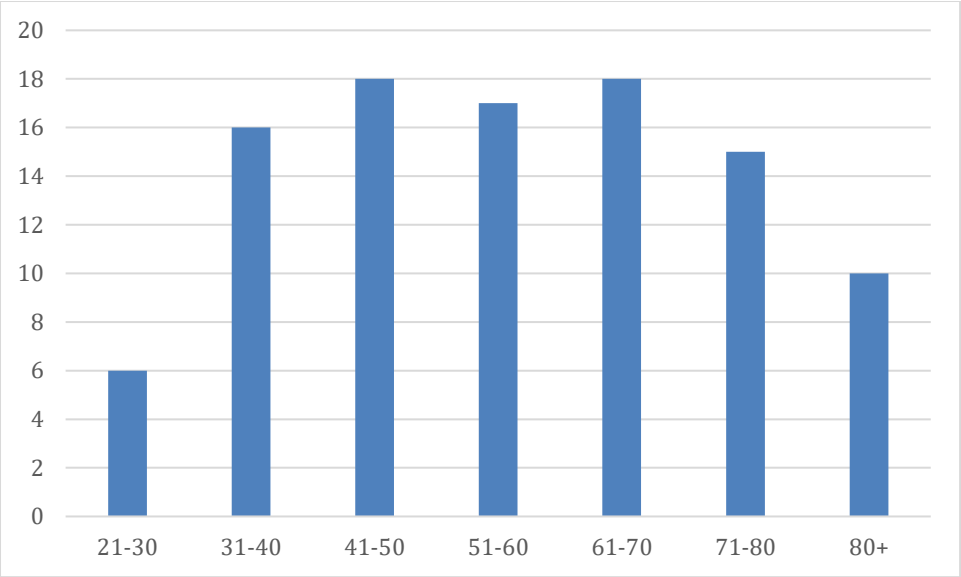
4. Satisfaction with health services

There was an overall consensus that local health services meet all health needs. The Chartwell Unit and the orthopaedic unit at the PRUH have been highlighted as offering brilliant care. But some participants also commented on the long waiting times for certain operations and the fact that the A&E Service at the PRUH is understaffed which affects the quality of care received.

Demographic Data

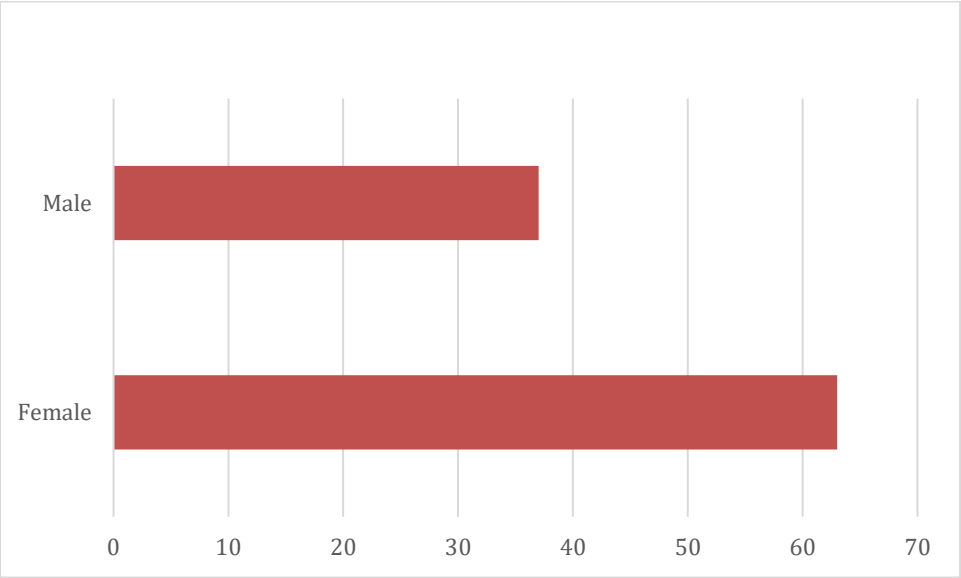
The demographic data for face-to-face engagements includes the following categories:

1. Age

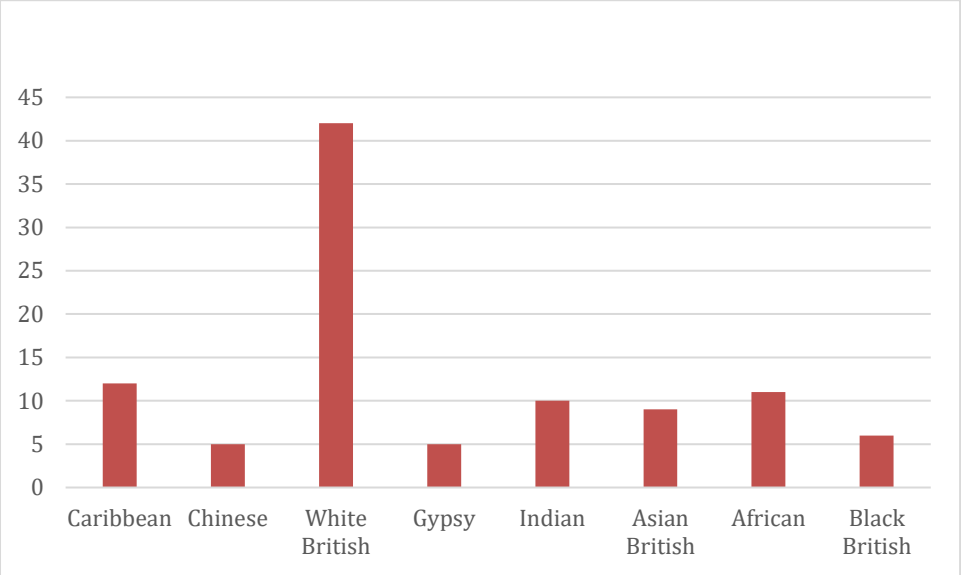


The majority of participants where between 50 and 80+.

2. Gender

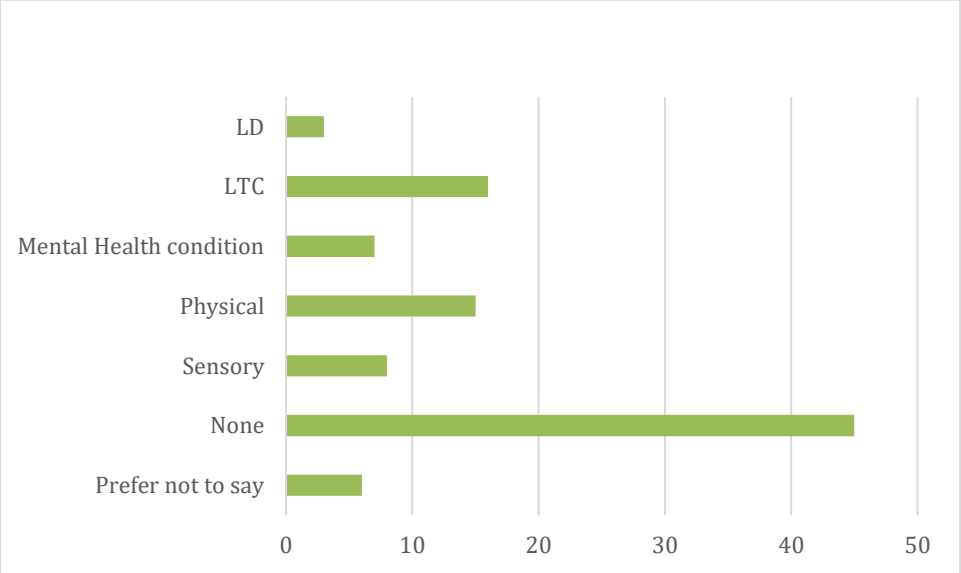


3. Ethnicity



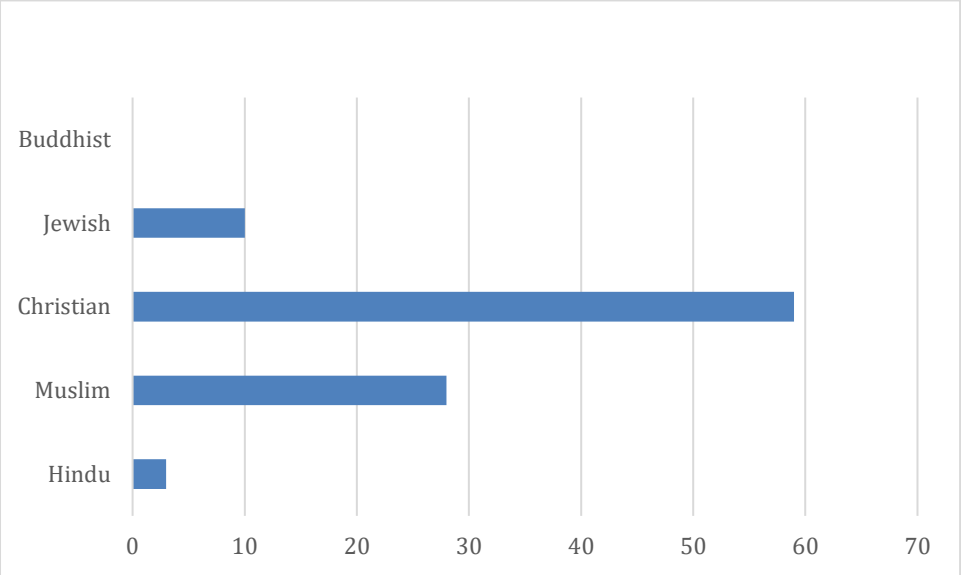
The majority of participants were White British.

4. Disability



The majority of participants reported no disability, followed by sensory disabilities, physical and long term.

5. Religion



The majority of participants were Christians followed by Muslim. In addition to this, we ran a focus group with 10 members of Bromley Reform Synagogue.

Conclusion

In conclusion, the need to provide easier access to same day GP appointments was vocalised by members of several faith groups. Faith plays an important part for many individuals and can support the healing and recovery process. Personal faith has not been described as a barrier when accessing services and most participants described their primary care providers as understanding. Participants were overall satisfied with the care they are receiving, however the need to reduce waiting times for routine operations and the need to appropriately staff the A&E service in the PRUH has been pointed out.

It is important to highlight that speaking to participants about access to services, the majority had utilised GP and hospital provision, but none had attempted access through NHS 111 service or urgent care. Where access to urgent care provision should be accessed as required and appropriate, it is concerning that NHS 111 is not utilised and steps should be taken to ensure higher utilisation and possibly reduce dependency on GP and Hospital provision. This can be mitigated by promoting the awareness of the triage service provision to local population to improve access and quality of care.

Awareness of conditions and what constitutes a health condition would appear to require better education and possibly prevention management. Of the participants over half identified a long term condition (LTC) but when subsequently asked to identify a disability only just over 10% identified a LTC as a disability.

There are many agencies involved in supporting diverse groups and communication between them is variable. As a consequence, people fall through the gaps. Voluntary and Community Sector organisations recognise that health and social care organisations have the expertise, while they have the direct engagement and relationship with individuals. There are opportunities for services to train, educate and advise, to bring about benefits for marginalised and vulnerable people and closer working is recommended.

There are some misconceptions about the role of the various statutory organisations, their teams, and ways to access services. It is important for statutory organisations to provide clarity about their role and function. It would be beneficial if front-line services were enabled to access a multi-agency database this would help ensure that professionals could access a holistic picture of the individual.

This review did not extend to the police, probation and criminal justice system, education, employment, and housing. Listening to the views and experiences of the participants we spoke to suggested that a wider review would be of great benefit; in order to understand and seek to address the needs and experiences of this group not only in Bromley but across neighbouring boroughs, and to evaluate the impact on the wider community.

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Appendix: Health and Faith Questionnaire

Health and Faith

Your experience

Q1: How often do you use local health services?

☐ Weekly ☐ Monthly ☐ Every 2-3 Months ☐ Twice a year ☐ Less than once a year ☐ Never

Q2: Which service do you use most frequently?

☐ GP ☐ Pharmacy ☐ Urgent Care ☐ Hospital ☐ NHS 111 ☐ Dentist ☐ Optician

Q3: Tell us about your most recent experience of using a local health service:

Q4: Are you suffering from any long-term conditions?

☐ Yes ☐ No

If yes, please specify:

Q5: How easy do you find it to access local services?

☐Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please explain your answer regarding barriers in access to services:

Q6: Do local health services meet all your health needs?

☐ Yes

☐ No, I wish they would address:

Q7: Does your faith influence the way you use health services/medicine?

☐ Yes ☐ No

If yes, please specify:

Q8: Do you feel that health professionals, such as a GP, are understanding of your religious or cultural needs?

☐ Yes ☐ No

Please explain your answer:

Demographic Information

Q1: Which age group are you in?

☐ 16-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ 71-80 ☐ 80+

Q2: What gender do you identify as?

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Q3: What is your ethnicity?

☐ Arab ☐ Bangladeshi ☐ Caribbean ☐ Chinese ☐ White British ☐ Gypsy or Irish Traveller ☐ Indian ☐ Pakistani ☐ Asian British ☐ African ☐ Black British ☐ Any other Asian background ☐ Any other Black background ☐ Any other Mixed/Multiple Ethnic background ☐ Any other White background

Q4: Do you consider yourself to have any of the following?

☐ Learning Disability or Difficulty ☐ Long Standing Illness ☐ Mental Health Condition

☐ Physical Disability ☐ Sensory Disability ☐ None ☐ Prefer not to say ☐ Other

Q5: What is your religion?

☐ Buddhist ☐ Jewish ☐ Christian ☐ Muslim ☐ Hindu ☐ Sikh ☐ Other Religion:

☐ None ☐ Prefer not to say