

Executive Summary:

UK Nepal Friendship Society UK Nepali Community equality in healthcare report

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Implications for public healthcare provided by the Report findings:

The report findings present a bleak picture concerning to-date experience of NHS and social services by the Nepali community, especially given that the research was conducted at in-depth and broad levels in one of the areas of the UK that has a large Nepali population. There is in this an implicit resonance for other South Asian and broader BME individuals using the NHS and accessing Social Services. BME individuals are eagerly recruited by the NHS to fill ancillary and lower level posts in the NHS employment hierarchy, but 'glass ceilings' exist at senior officer and boardroom level.

The NHS through this report is shown to have significant failings at confidence and credibility levels by a given (Nepali) BME community. NHS GP's may be 'too busy' to respond to or participate in research that seeks to support Nepali and/or broader BME NHS service users (that ultimately contribute as a significant percentage of UK taxpayers that enable NHS healthcare professionals to have jobs), but the NHS at the highest levels, and the Ministry of Health, have greater obligations to ensure that those NHS service users who are BME receive helpful, efficient and equitable healthcare provision. This report provides valuable support for the taking of determined and credible steps down a long road that appears still needs to be travelled by a 'glass ceiling' restricted NHS that the report indicates has significant credibility gaps if one happens to be an NHS service user from a BME community.

With some honourable exceptions (Rushmoor / Farnborough & Aldershot) a general rule emerges from this report, that indicates that the UK Nepali community is simply 'not on the radar' of the NHS and still more social services. It is to be hoped that this report will be the stimulus to change this with the seriousness and earnestness required to address some of the alarming failings that the report findings indicate: with the 200 years of special friendship and diplomatic relations between Nepal and the UK, fast approaching, no more meaningful celebration of the bicentenary could be provided, than through addressing the issues highlighted in this report.

About - Background:

In early 2013 lead officers of the UK Nepal Friendship Society had a formal meeting with His Excellency Dr Suresh Chandra Chalise, Ambassador of Nepal to the UK, to request support for an unprecedented intervention-recommendations orientated pilot UK equality in health and social care project. Dr Chalise enthusiastically endorsed the proposal, and the subsequent project received Big Lottery funding and ethical approval from Bournemouth University.

The purpose of the project was to seek NHS and social service care providers on a pan-UK basis to have a valuable, evidence-based profile of the healthcare needs and experience of accessing health and social services provision, with practical-orientated recommendations guidance. The NHS BME Network from the earliest stage regarded the project as having significance for broader South Asian, and BME [Black and Minority Ethnic] NHS service users that it, on the basis of many forms of evidence, regarded as having less than equitable treatment.

Greenwich and Plumstead [South East London] was selected as the area for the project research to be undertaken due to the size and diversity of the Nepali population: this was carried out in May 2014 with 360 Nepali community members participating in the project survey, 1-2-1 interviews or Focus Group Discussions.

Findings:

- Only 49% of survey participants (total number after exclusion of defective completed questionnaires: 338) recorded that they could say they were satisfied with the experience of NHS healthcare: **a majority found NHS service provision unsatisfactory, including a significant number who were very dissatisfied**
 - The research revealed that the main reason for dissatisfaction toward health services is **poor communication** and the **actual or perceived poor [unfriendly] attitude of health service providers [HSP's] and HSP administrative staff**. This finding indicates that the NHS Equality Delivery Standard has yet to be implemented at local level and applied in effective ways that will carry credibility with Nepali service users of the NHS
 - A number of GP's were contacted by the project PI [Principal Investigator] Dr Bibha Simkhada, including in other parts of the UK as well as where the main research was carried out: the approaches for support in assisting the research made clear that it had received the ethical approval of Bournemouth University. The results were that only one General Practice took the time to reply: subsequently the Practice in question after repeated contacts from the PI after receiving no promised contact back, notified that it was too busy to participate
 - Only a third of participants were fluent in English: language competence was identified as one of the most important barriers in impeding access to NHS health and social care. Improving language skills and overcoming language barrier is essential to improve access to ALL available NHS services
 - Findings demonstrated that the majority of the Nepali [in the sample area that has a large and diverse Nepali population] community have low income even if highly educated [university Masters' degree and above commonly have no recourse for employment but to work in private sector care homes or convenience stores], and that these circumstances lead to entrapment in a poor lifestyle that has negative impacts on health
 - Housing issues for this community were also highlighted: a majority of elderly people were revealed to live in poor quality rented and shared accommodation, and a majority of these were dissatisfied with housing arrangements from the local authority. Stress/depression related to housing/rented accommodation was revealed to cause significant health risks for elderly and those with long-term health conditions
 - Findings also suggest that the health and the social care needs of this community need to be understood through healthcare service providers showing seriousness in seeking effective and direct forms of engagement with the community. This must be seen from wider perspectives such as age, gender, sexual orientation, degree of cultural acclimatisation and ease in understanding and communicating English language
 - The study found that most of the elderly suffered from long-term conditions such as high blood pressure, diabetes, high cholesterol, asthma and tuberculosis. It is essential to assist those suffering from these medical conditions/illnesses, to have effective NHS support and to be aware about the available health facilities on prevention and treatment
 - The findings showed that the use of dental health services is poor in this community. It is because a majority of people are on low incomes and not able to afford a dentist
 - The use of Herbal/Ayurvedic treatments was revealed to be common practice in this population, which has strong traditional belief in the practical and safe [no perceived or actual harmful side-effects] of Herbal/Ayurvedic medicine. Information on Herbal-Ayurvedic and alternative therapies such as acupuncture, yoga available through the NHS would be invaluable to communities such as the Nepali one, but other Asian communities too, in feeling the system already considers their cultural contexts for health & wellbeing.
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