

Cardiff Refugee and Asylum Seeker Advocacy Forum Minutes

21st January 2020 - 12:00-2:00pm

Venue: Trinity Centre, Four Elms Road, Piercefield Place, Cardiff, CF24 1LE

Minutes taken by: Sarah Allen

Forum Topic: **Healthcare**

Guest Attendees: **Sian Catherine Jones from Cardiff Health Access Practice (CHAP)**

1. Sarah Allen welcomes and introduces the topic of the forum and the attendee.
2. Sarah Allen asks forum members how they feel their experience of healthcare in Cardiff has been.
 - One member says that she feels that the health professionals that she has met in Cardiff have been helpful. She says that she finds the appointments system easier now that her GP has a walk in system.
 - She notes that interpretation has not been an issue for herself as she speaks English well. She also remarks how she has been paid back for bus travel to hospital appointments which has been useful.
3. Sarah Allen asks the group about their experiences of accessing healthcare in Cardiff, including when first arrived
 - One member reports that joining and being a part of a local religious organisation was helpful in assisting with first finding a GP and attending appointments.
4. A conversation is had between members and Sian over the standards of Clearsprings accommodation. One member has a house in a bad condition with mould on the walls. Despite having reported this issue multiple times, the mould is still there. There is a conversation over the frequency of similar issues with living conditions and the impact this has on health. Members comment upon how they find it difficult to resolve these housing issues, and that they haven't had good experiences with Clearsprings.
5. Sian is asked a question of whether it is possible to volunteer with them.

-Sian responds that you have to have registered with the health board and be DBS checked before you are able to volunteer with them. She mentions how sometimes asylum seekers will find it difficult to get DBS checked because of managing to get together the appropriate documents.

6. One member brings up her experiences surrounding translation services. She had a friend who could speak little English. The translator was half an hour late, and they found the over the phone translation difficult to use. This resulted in her having to attend the appointment with her friend to provide community translation. Our member noted how it was not ideal as her friend would prefer for her to not hear the conversation, but needed translation. She felt this was a barrier for her friend.

- Sian notes how they wouldn't recommend community translation because of the various issues that it produces. She notes how CHAP use the Big Word phone line. They don't use language line, and find the Big Word provides a good standard of interpretation for them.

Sian notes how using phone rather than face to face translators reduces the safeguarding risks that they might otherwise face. Also with communities that are small, translators might know the patient. She also notes how not knowing what gender the translator will be is an issue in particular cases, so this is easier to sort with phone translation services.

- One member notes how she agrees and that it must also be cheaper for them as reduces travel fees for face to face interpreters.

7. One member describes their experience of arriving in Cardiff around five years ago. She had an issue with transferring the documents from her GP in London because she didn't know the name of the surgery or how to find it out. No one could see her previous medical history.

- Sian says unless they have the details it is difficult to access that previous information, especially in situations where someone has been living illegally. It is often a barrier.

Her English level was low, but they didn't have translators so she had to cope with what she knew.

-Sian notes how it must have been somewhere separate because CHAP has had its translation system in place for a long time now.

Her brother needed checks, but they couldn't do the tests because they couldn't provide the correct translation to find out what was wrong. They had to wait until being moved from Cardiff to Swansea.

8. Sian discusses the difficulties CHAP face in referring individuals in Initial Accommodation, when they may be dispersed to a different area. They would need to be re-referred in the new area which takes more time again. Old referrals often aren't cancelled when dispersal happens, meaning wasted appointments. This means that in initial accommodation, the medical care received is usually more immediate care than investigating issues.

-Sarah notes how this might cause problems for the cases where there are delays in individuals being dispersed from initial accommodation. This is because it will add more

time before referrals are made for medical issues are looked into. The uncertainty around how long until someone might be moved creates issues in providing appropriate healthcare.

- Sian, it creates delays and you have to restart the process when someone is moved. Information also gets lost when you are moved.

9. One member asks why it has been difficult to access dental care. She hasn't been to the dentist for 10 years. She notes that she hasn't been able to get a dental check-up with the NHS, and she cannot access private as she is an asylum seeker and doesn't have the money.

- Sian asks whether she has an HC2 form and the member does. The member remarks that she has been told that there is an 18 month waiting list for the dentist and that she has been calling around local dentists. She has bleeding gums yet cannot get care quicker.

Sian recommends calling the dental helpline to find a Cardiff dentist. She says if it is possible for you to travel, then try dentists in smaller surrounding areas outside of the city.

- It is asked whether she is aware of emergency dental appointments and she is not. Sian notes that the NHS do provide this, but it really does have to be an emergency.

- It is noted that this is a difficult situation for asylum seekers as they often cannot afford the transport outside of the city to access dental care.

10. One member asks why there is not a walk-in centre in Cardiff. She notes how this would be useful as it allows asylum seekers to access a GP without having to sign up to a GP surgery. Sometimes there are issues with signing up to a GP in terms of having an address, proof of address, identification and other documents.

-Sian agrees that walk-in centres are good and that Wales could do with one. She doesn't know why there isn't one already. You still have to wait 7-8 hours, it's a bit like an extension of A&E.

11. Sarah asks who it is that is currently eligible for flu vaccines.

- Sian informs the group that this is anyone over 65, anyone who's pregnant, anyone with a chronic health disease and under 8s (after a year). This age will often be done in school. The vaccination is once a year.

-A member asks how they will know if they need to do the vaccination

-Sian responds that she will only need if is pregnant or has something like asthma, diabetes, hepatitis, HIV. You should usually be automatically contacted. Vaccinations run September to May.

12. One member has heard that the sanitary pad will become free in Wales and asks whether this is true.

-Sian says that there is lobbying for it and that Scotland has had that. She notes that some GPs have this depending on the area they are working in, and increasingly there are charities and centres that provide sanitary products for free.

- The member notes how there is period poverty and she finds that sanitary products cost a lot of money. She went to a GP and they were giving them for free.

-Sarah tells the group that Trinity Centre (the venue) is a distribution centre for Bloody Good Period. Sanitary products are available in the women's bathroom if anyone would like to pick some up after the session.

13. One member notes how medicine in London was expensive, but she found it easier to find cheaper medicine in Wales. She needed gaviscon, and the doctor would not give a prescription that was for longer than a month.

- Sian notes that in Wales prescriptions are free, whereas this isn't true for England. This means that in Wales often GPs won't prescribe more basic items such as paracetamol or gaviscon. This is because it will cost the NHS around £3 to do the prescription, but can be bought by the individual for 19p.

Sian suggests that the cost is low enough for most asylum seekers to manage. She recommends going to cheaper shops like Poundland, Aldi, Home Bargains rather than pharmacies, as it is cheaper but you still receive the same product. Some think that cheaper brands won't work but this is untrue.

- Sian informs the group that in some areas vitamins are free for under-fives and that any parents could ask their health visitor about this.

14. One member said that they don't like when the receptionist asks what the issue is before providing an appointment. She felt that it was not appropriate as could be personal and the waiting room has people in. She said how she wanted to talk to the doctor, not to the receptionist about her issues, especially about private issues.

- Sian notes how this is often to signpost and filter people more efficiently. For example, some surgeries may have physiotherapists or mental health specialists, so if it was a relevant person, they'd want to direct towards them. Also some appointments will need more time, or to be signposted to optician.

- Sarah mentions that it could sometimes be worth asking if there is a room or private area to discuss the issue with the receptionist if it is a really private or sensitive issue.

15. Sarah concludes saying we might have another session on healthcare soon in Swansea to continue on this conversation and see what the experiences are in another city. Thank you all for coming and thank you Sian for speaking to us.

Sarah says she's going to make some minutes of this meeting to be circulated, names and identifying information will be kept out. Is everyone all happy with this? [members included in minutes agreed]