Community Health Services Engagement Report 2024

10 July 2024
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Introduction

Established in 2005, the Folkestone Nepalese Community (FNC) is a non-profit organisation dedicated to assisting the local Nepalese and Gurkha veterans, along with their families in Folkestone and nearby regions. On October 7, 2021, the FNC inaugurated the Folkestone Nepalese Community Centre, providing an array of activities and services aimed at promoting well-being and community integration. The organization focuses on enhancing educational and training opportunities, alleviating poverty, encouraging healthy living and affording recreation facilities for the benefit of the Nepalese populace. The centre undertakes various initiatives including educational programs, support circles, and cultural celebrations. In collaboration with other community entities, the FNC endeavours to reach its objectives.

The primary goal of this survey was to gather information about individual experiences with Community Health Services. This research took place at the Folkestone Nepalese Community Centre (FNC Centre) and was conducted on behalf of NHS Kent and Medway.

Participants Demography

The composition of the participants was 18% female and 82% male. A significant majority, 81.57%, were aged 75 or above, indicating that the survey predominantly represents the senior Nepalese population in Folkestone.

Method

The survey was conducted via individual interviews and a focus group with 38 participants. Of these, 37% have chronic conditions or disabilities, and 76.3% provide care for a family members or friend.

Result of the Survey

The survey incorporated a combination of closed-ended and open-ended questions. Interpretation of the survey responses was carried out by the staff and volunteers of the FNC Centre, to accommodate language limitations of the participants.

Table 1 displays the number of adults from the Folkestone Nepalese Community who have utilised the adult community health services.

STATEMENT	Responses		
Have you or your family used any of the following community services?	Used by myself	Used by a family member	I've never used this service
URGENT CUMMINITY RESPONSE AND HOSPITAL AT HOME. ALSO, AS AND INCLUDE KAS AND INCLUDES ACUTE RESPONSSE TEAM, RAPID RESPONSE, FRAILTY HOME TREATMENT, AND CUMMINITY VIRTUAL WARDS	7		31
INTEGRATED DISCHARGED TEAMS. ALSO KNOWN AS IDT, AND TRANSFER OF CARE HUBS	8		30
BED-BASED INTERMEDIATE CARE. ALSO KNOWN AS CUMMITY BEDS	3		35
REABLEMENT SERVICES AT HOME. ALSO KNOWN AS HOME FIRST, DISCHARGED TO ASSESS, ENABLEMENT	1		38
MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICES AND CUMMUNITY ORTHOPAEDICS. INCLUDING HAND THERAPY, MSK AND ORTHOPAEDIC TRIAGE SERVICE	7		31
PODIATRY	0		38
SPEECH AND LANGUAGE THERAPY SERVICES (SALT)	3		35
CONTINENCE CARE/CONTINENCE MANAGEMENT SERVICES	2		36
COMMUNITY RESPIRATORY. INCLUDING PULMONARY REHABILITATION	2		36
DIABETES	10		10
NUTRITION AND DIETETICS	1		37
COMMUNITY NURSING. INCLUDING SPECIALIST AND COMPLEX SERVICES AND PARKINSONS NURSING	0		38

TISSSUE VIABILITY	2		36
LYMPHOEDEMA			38
HEALTH AND SOCIAL CARE COORDINATORS AND HEALTH TRAINERS INCLUDES MULTIDISPLINARY TEAM COORDINATORS HEALTH TRAINERS, AND PATIENT PROGRAMMES	1		37
COMMUNITY CARDIOLOGY INCLUDES ARRYTHMIA, HEART FAILURE, CARDIAC REHABILITATION	5		33
ANTI-COAGULATION SERVICE	5		33
FALLS AND POSTURAL STABILITY SERVICES	1		37
END OF LIFE AND PALLIATIVE CARE	0		38
NIGHT SITTING SERVICES	3		35
CHRONIC PAIN	1		33
LEARNING DISABILITY SERVICE	1		37
ADULT AUTISM AND ADHD SERVICE	1		37
COMMUNICATION AND ASSISTIVE TECHNOLOGY (CAT) SERVICE	2		36
COMMUNITY STROKE SERVICES	0		38

The initial survey questions (see Table 1) revealed that most participants have made use of these community health services:

1. Diabetes - **26.3%**
2. Integrated discharged teams (IDT), and transfer of care hubs - **21.1%**
3. Musculoskeletal (MSK) physiotherapy services and community orthopaedics. Including hand therapy, MSK and orthopaedic triage service - **18.4 %**
4. Urgent community response and hospital at home. Also, as and include KAS and includes acute response team, rapid response, frailty home treatment, and community virtual wards -**18.4 %**
5. Community cardiology includes arrythmia, heart failure, cardiac rehabilitation **&** Anti-coagulation Service - **13.2%**

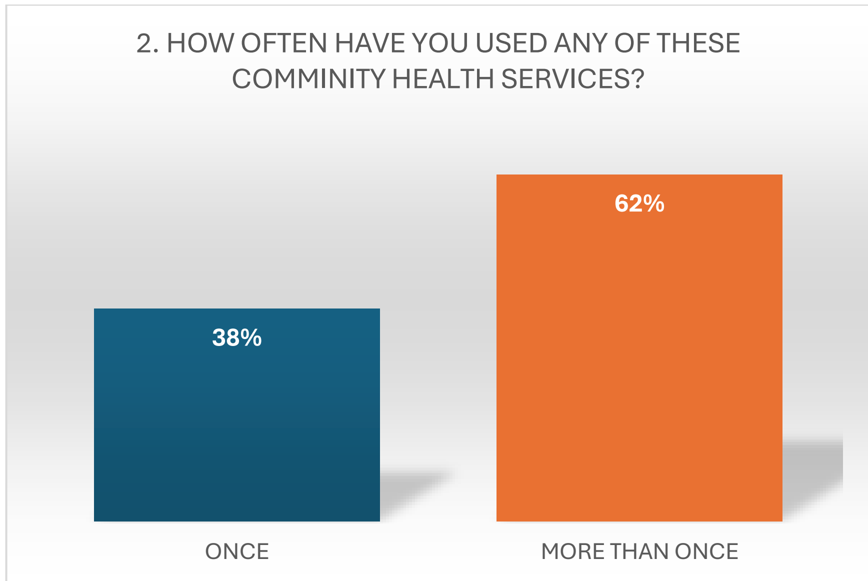

Fig.1 Participants' response to the uses of community health services

The follow-up question (see Fig.) asked about the frequency of using community health services. The data indicated that 38% of respondents utilized these services once, while 62% had done so multiple times. Additionally, we inquired about service usage within the past year, revealing just 5% had accessed Adult Community Health Services.

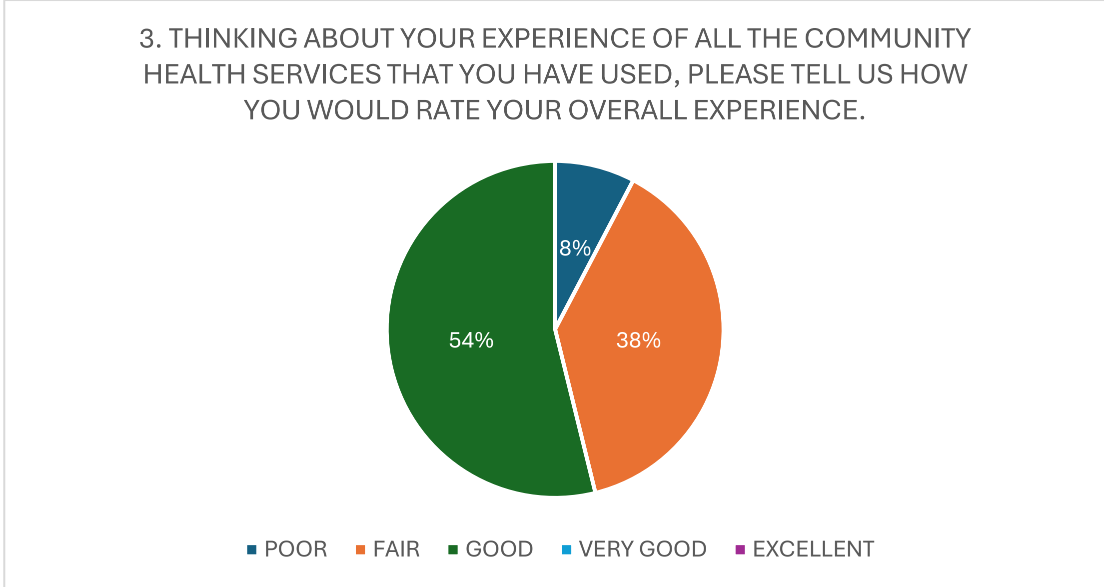

Fig. 2 Participants' response to experiences of using the community health services.

The third question (see Fig. 2) was 'Thinking about your experience of all the community health services that you have used, please tell us how you would rate your overall experience.' The result shows that 54% of the participants thought the service provided was good, 38% thought the service was fair and 8% thought the service was poor.

The fourth question was 'Based on your experience of community health services: what, if anything, made it a good experience?' The participants commented the environment was "good, neat, clean". They said the staffs were "friendly, the treatment was provided on time", and they were" satisfied with the medicine provided for their treatment".

The fifth question was 'Based on your experience of community health services, what if anything could have improved your experience?' Most of the respondents believed that these factors would significantly enhance their experience:

1. Availability of interpreters
2. Quicker response
3. Clear communication
4. Prompt scheduling of appointments
5. Proper guidance

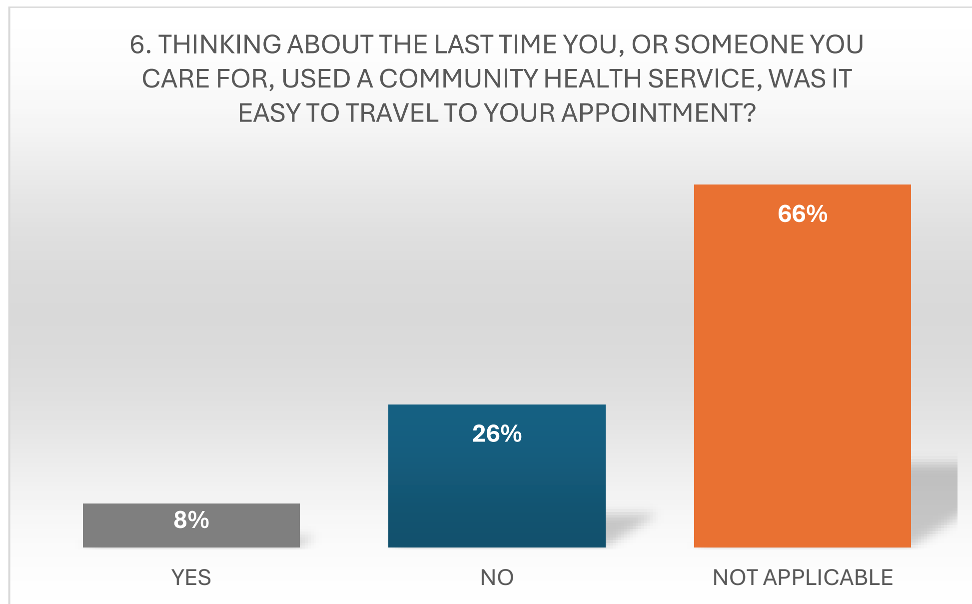

Fig.3 Participations' responses on travelling to appointments.

The sixth question (see Fig.3) was 'Thinking about the last time, you or someone you care for used a community health service, was it easy to travel to your appointment?'

For 66% of the participants, the question did not apply as they hadn't utilized the services recently. The majority who experienced difficulty in traveling attributed it to being elderly and not having access to a car, along with the fact that service appointments tend to be located at a distance.

The final question asked the participants to rank the key priorities for improving community health services. The 9 priorities were:

- Regardless of where I live in Kent and Medway, I can easily get the same types of community health services
- I can be treated or seen at home or in my neighbourhood.
- My care is joined up with different professionals working closely together
- I have a shared care record across services and one care plan for me
- I feel I am listened to, and I take part in the decisions about my care and support
- I can manage my own health and wellbeing (with information and support from health and care services)
- I don't have to wait a long time to see someone when I need to
- There is a focus on preventing health problems before they start on providing support for isolated people and creating healthier communities
- I can use technology to seek advice and care at home, for instance using monitoring devices at home and video consulting

We inquired about the participants' perceptions of the key priorities rather than having them arrange them in order. The consensus among the participants was that all the identified priorities are essential; nevertheless, a deficiency in literacy and digital skills impedes their capability to independently utilize community health services. A significant number of participants find it challenging to oversee their health and wellbeing autonomously, necessitating assistance and guidance from family, relatives, and the FNC Centre.

Conclusion:

Recent survey data reveals limited engagement with community health services among members of the Folkestone Nepalese Community, with the majority utilizing diabetes, IDT, and transfer of care hubs services. The findings underscore challenges faced by the elderly within the community, specifically a deficiency in literacy and digital proficiency, emphasizing the crucial requirement for interpreters in healthcare settings. Ineffective communication is prevalent due to the absence of professional medical interpretation, often resulting in reliance on unqualified personal aides. Furthermore, extended wait times for NHS services have been identified as a detrimental factor. The enhancement of the patient experience could be significantly achieved by decreasing appointment delays and ensuring comprehensive navigational support throughout their health journey.