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Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care

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Brighton & Hove Sanctuary on Sea

healthwatch Brighton and Hove

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Introduction

Sanctuary on Sea (SoS), a refugee and asylum-seeking support organisation, provided access to a range of participants and in-house delivery and translation of research materials. SoS are an umbrella organisation convening the intelligence of other support organisations across Brighton and Hove and also have direct access to refugees and asylum seekers (R/AS) through various activities. SoS engages with an established group of R/AS throughout Brighton and Hove. SoS hears from R/AS via organisations represented on their Steering Group and directly at various support events.

The partner organisation, Healthwatch Brighton and Hove (HWBH), is an independent organisation that focusses on capturing the voice of service-users to drive service improvements. HWBH have experience of engaging inclusion groups such as young people who use substances, people for whom English is not their first language, and Black and Racially Minoritised people. This partnership brings Healthwatch expertise in researching the access to and delivery of health and social care services.

1. Summary of key findings and recommendations

This project engaged a total of 49 R/AS through an 'orientation' focus group at the start, followed by a survey, and completed with a final focus group. The project engaged a wide ranging sample in terms of age, gender, ethnic background, length of time in the UK and varied accommodation status.

The project aim was to hear about the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care.

1.1 Key findings

Many of the widely understood issues around GP **access** are shared by R/AS.
Access issues are compounded among this community where there are language barriers and where there are complex processes to register for a GP.
Seeing a GP was often viewed as the 'last resort' when accessing health care, with alternative sources of advice used (e.g. friend/family, looking online).

Seeking **alternative health care advice** may be a product of the barriers R/AS face in accessing GPs (e.g. language, digital exclusion, knowing how the health system works or cultural barriers), the long waiting times for appointments (the leading issue people would 'like the NHS to focus on'), and their general distrust of the care they receive - 18% of R/AS said that their needs were 'not at all' met at their last GP appointment, which is higher than the national average (10%).

Excessive waiting times for appointments and **language barriers** were repetitive themes throughout both focus groups. Additional barriers to access support were digital exclusion, lack of available interpreters, and perceptions towards poor quality of care from health professionals.

In explaining the beliefs about poor care, people spoke about being **"not taken seriously"** with the focus on helping people to "get back to work" rather than curing the condition. The quality of care was thought to be hindered by a failing health system, too wrapped up in protocols and management, and the stepped care model which prevents direct and quick contact with consultants, something very different to people's country of origin.

Cultural issues such as wanting to be touched by a GP (to express their treatment was taken seriously) and understanding the roles of nurses and pharmacists were additional themes mentioned.

To counter access issues, people spoke about "**bypassing the system**", through visiting A&E or exaggerating symptoms.

In terms of accessing health services, there is much reliance on **informal forms of support** such as friends and family, community centres and support groups. Only 5% have been helped by a social worker and 18% by a community support worker.

The support for **mental health**, often more enhanced for R/AS, is not available or suited to their often traumatic backgrounds. The cultural issues of some R/AS not understanding mental health and not always acknowledging it as a condition compounds the difficulties in accessing support.

However, most people held a **positive perception from the care provided** through GPs, hospitals and mental health services. This implies that once the hurdles of access are overcome by R/AS, people are reasonably content with the care provided.

In terms of a solution-focused approach, people also spoke about increasing awareness of the health system, through **group work** led by a member of the community.

1.2 Recommendations

We asked participants what they would ideally like to improve and these serve as the recommendations from this study:

1. Provide group support to help people access health care from people who know the health system – this needs to be led by someone known to people from their own community.

2. Address the leading barriers to accessing health care, such as language, literacy, digital exclusion, and excessive waiting times.

3. Have interpreters, in different languages, available 24/7 and allow friends or family to deputise (which is currently not always allowed).

4. For GPs to be more culturally informed especially about how to convey care quality through touching and examining patients.

5. Change the protocol from getting people back to work to address the root cause of the health problem.

6. Raise awareness of the role of pharmacists and nurses.

7. Increase awareness about how to find an NHS dentist and change the dentist culture from tooth extraction to repair.

2. The project aim

We are aware of previous work in Brighton and Hove or Sussex which we do not intend to duplicate. The latest Needs Assessment for migrant populations (Brighton and Hove)[1] documents issues around the importance of interpreters when seeking health support, some reluctance to register with GPs, and particular barriers in accessing mental health support despite the acknowledgement that "Mental health is widely described as the most important health problem for migrant populations, with the issue being particularly acute for asylum seekers and refugees who may have experienced extreme events before leaving their home country, on their journey to the UK, or when in the UK due to separation from family or detention."

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[1] https://www.brighton-hove.gov.uk/sites/default/files/2023-11/International%20migrants%20in%20Brighton%20and%20Hove%20summary%20-%202018.pdf

A further study, from Sasidharan (2023 - Bridging change, Brighton and Hove)[2] found that poor access to healthcare among racialised minority communities was a product of: poor communication from healthcare providers, low cultural awareness, insufficient interpreting and translation services and long waits for treatment. These are likely themes to be explored specifically in this R/AS community.

This SoS/Healthwatch project's purpose was to understand the health care characteristics and needs of refugees, migrants or asylum seekers. Refugees, migrants or asylum seekers are recognised as a key inclusion health group which tend to have poor experiences of healthcare services because of barriers created by service design.

Within the principles for action on inclusion health, this project focuses on Principle 2, namely "understanding the characteristics and needs of people in inclusion groups." More specifically, **this project aims to hear about the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care.**

Refugee/Asylum Seekers (R/AS) are an inclusion group facing unique health inequalities, though this does not apply to all refugees. Our focus was on anyone in the asylum system, anyone else with an uncertain legal status, including those with No Recourse to Public Funds (NRPF) and refugees who live in precarious housing situations and/or who require the use of an interpreter to communicate in English.

Moreover, globally displaced communities (those seeking asylum, refugees, and vulnerable migrants) are one of the "Plus" (priority) groups as set out by the Brighton and Hove Placed Based Plan (in the Sussex-wide "Improving Lives Together" strategic plan for Sussex).

3. Methods

We used a mixed methods approach to understand the characteristics and needs of RA/S in the following phases:

1. 'Orientation' focus group with R/AS - to introduce the project and inform and gather feedback on the draft survey questionnaire – led by SoS and co-moderated by Healthwatch.

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[2] https://www.bridgingchange.co.uk/_files/ugd/44bff7_c330be9517a14051826b073d071e147c.pdf

2. Creating the final version of the survey – led by Healthwatch and completed by SoS peer researchers, including translated versions.

3. Survey analysis and using findings to develop a topic guide for the final focus group – led by Healthwatch.

4. End of project feedback session to R/AS on the key findings and their reflections on participating in the study – led by SoS and Healthwatch. *Not reported here as will take place after the report has been published.*

We are aware through our existing interaction with R/AS that there are concerns about gaining access to health and social care support and the different experiences and poor preventative care this entails. This requires a greater understanding of the needs and barriers that are essential in adopting a solution-focused approach. These phases of research above enabled us to have a greater understanding how to best breakdown these barriers, raise awareness (e.g. how to register for a GP, use Pharmacy First, etc.) and what targeted training or support could complement this.

4. An outline of the activity you undertook as part of the project: include engagement with these groups

All participants and survey respondents were engaged through the existing networks of SoS, The first 'orientation' focus group was held in Brighton Library and involved 5 R/AS. There was a range in age, gender and background.

A topic guide (Appendix 1) was drafted and approved by additional members of SoS and HWBH. The topic guide was informed by the Candidacy model of Dixon-Woods et al (2006)[3] by incorporating the following aspects of 'access to health care': identifying need for care, navigation of services, presentation of condition, provider adjudication, patient acceptance or rejection of care, permeability of access (how easily individuals can enter and utilise healthcare services), and local conditions effecting access (such as policy).

The discussion was led by SoS and co-moderated by HWBH. Although notes were compiled at the point of discussion, the conversation was recorded and transcribed.

The discussion was centred around the following four themes:

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[3] Dixon-Woods M, Cavers D, Agarwal S, et al. Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. BMC Med Res Methodol. 2006;6(1):35

- How R/AS identify health issues.
- Knowledge of health services and access to health services in Brighton and Hove including barriers to care.
- Once health services have been accessed, are R/AS happy with the support received?
- Agreeing main themes for the questionnaire (Phase 2).

Following this group, it was concluded with the focus group participants that the questionnaire (Phase 2) would be based on the following themes (See Appendix 2 for the questionnaire): Support for health issues, GP appointments, hospital care, registering for care, mental health support and support networks.

A particular feature of the questionnaire was to draw reference to the most recent (2025) national GP patient survey (https://www.gp-patient.co.uk/) and some 2025 findings from an NHS Sussex survey of 1,548 local residents[4] to see how our data compared to both local and national (England) data.

The questionnaire was translated into Arabic, Dari/Farsi, Pashto and Oromo versions and administered face-to-face between the peer researchers and respondents.

Four peer researchers were recruited to collect data primarily from R/AS (Refugee and Asylum Seeker) groups residing in Brighton and Hove, including Syrian, Afghan, Oromo, and other individuals who are currently living in, or have previously lived in, R/AS hotels in the area. Each peer researcher spoke with approximately ten individuals from their target groups. The participants were selected from a diverse range of backgrounds and circumstances, including differences in length of stay in the UK, gender, whether they live with family or alone, age, education level, occupation, English language literacy, etc.

A total of 40 R/AS completed the questionnaires and the data was subject to descriptive analysis, mostly frequencies.

The final focus group consisted of 4 R/AS and the discussion was structured around sharing findings from the survey to trigger further insight.

To share learning, we met with other related organisations during the course of the project, including Sussex Inclusion Health Network (sharing learning with providers who are working with the most disadvantaged communities in Sussex).

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[4] NHS Sussex Commissioning Intentions in 2026/27.

5. Your key findings from the project, including insight gathered, impacts achieved, and recommendations for NHS Sussex: include quotes/case studies

The findings are described from the first orientation group discussion, the questionnaire and the final group discussion.

5.1 Findings from the orientation focus group

The first focus group, comprising 5 R/AS revealed a number of themes. The participants were from an unspecified African country, The French Caribbean, the Oromia community (originally from Ethiopia), Syria and Afghanistan and ranged from 20-45 years of age.

The first group of themes revealed R/AS views and experiences of receiving health care (such as GP access) and the second group drew on themes arguably more unique to R/AS. Collectively, the discussion identified 7 themes as follows:

5.1.1 Refugee and asylum seeker views and experiences of receiving care

There was no evidence that R/AS in this discussion had deliberately avoided seeking health care when needed. However, there was evidence of people delaying care from their GP.

Theme 1 – Seeking care
Rather than immediately contacting a GP, participants tended to first seek help from their family ("You'd ask your mom, I guess."), by phoning NHS 111 or going online. These options were seen as preferable to booking a GP appointment as this would not be instant, and even waiting on NHS 111 would be acceptable to get immediate advice:

"If you're feeling unwell, first we call 111 and then ask for advice where it's emergency, what you're feeling, how you're feeling but it takes really long to wait for that call to go through to the right person that give you any advice."

"So you call 111 rather than try making appointment on the GP because GP will not give you this immediately."

Online advice was sought from reputable websites acknowledging that this may be more reliable compared to a broad internet search. The UK NHS website was seen as the most reliable:

"Normally I do my research before I go to GP. Yeah, they take long as well these days since COVID I think."

"Mostly I use NHS website. That's the only way that I feel it's safe to do my own research than going to other websites. Because there's so much information out there, you can be misled. So, the NHS website you think you can trust.".

Theme 2 - GP access and care

The theme of seeking advice from a GP and the quality of care received was the most prominent part of the discussion. There were frequent remarks about the difficulties of accessing appointments, although one person spoke more positively about having morning and afternoon opportunities to book appointments:

"They will tell you it's call after 8, after 8 and then 8 o' clock after you are online until you are 10 or 11, no one pick up the phone."

"I think the thing I find interesting is the seven-day hours medical, they have two - the morning session and the afternoon. So, if you call in the morning, they'll ask you to come at maybe a certain time in the morning. But if you want an appointment for the afternoon, they'll tell you maybe call in the afternoon."

With these difficulties of access, getting advice from a GP was often seen as the last resort rather than the first point of care:

"I think other people find out that friends and family are struggling with their GPs and then they think like what's the point of us going to GP when you guys who are going and not getting the right help?"

"You can't do anything else just on the [phone appointment] call, you know, especially with the kids and elderly people will be very difficult."

Aside to access, experiences of ineffective care from a GP had clearly discouraged people further from seeing their GP when first needed:

"Otherwise frankly, recently several times my experience with any GP, there's no help."

"So in terms of access, it is accessible, but I would say frankly in my experience it's not that effective, I don't know when I'm going to see my GP for example you know sometime I have a running nose and sneezing 100 times a day. I've been seeing my GP for more than 8 times and I never see any improvement."

"I come to you to help me. [..] My funniest experience I've ever had, I went to the doctor and I'm asking questions and the doctor's supposed to know, but the doctor is actually on the Internet googling the answers to answer questions."

The two case studies below demonstrate attitudes to GP care. The first details over-reliance on antibiotics and the other about treating wound care:

CASE STUDY - "Yeah. Another thing which I have experienced as well as working with lots of people, particularly new arrival(s), is the use of antibiotics. Particularly children, for example. So if you go to the doctor, they prescribe the antibiotics and it's not working because you already have taken because you've taken a lot as a child. Yeah, I did. For example, I did say that I'm on antibiotic for a long time and two years now. Coming back, coming back. And it's the same dose, different dose, like double dose, and it doesn't help anything. The same thing again, that repeatedly coming back to you, they just give you antibiotics, no further investigation or assessment or sending you to check what it is. I had enough of antibiotics for the same thing that kept coming back and back and back, maybe they will give me antibiotic for two weeks. Yeah, yeah. And they just like to give antibiotics."

CASE STUDY - "The doctor, GP, whatever he was, instead of him calling the nurse to take the dressing off, he did it himself because I was in a lot of pain, like excruciating. I could not put the foot down. I had to be hopping. He peeled out the dressing and he put it back and he said, oh, I'll book you an appointment to come back. He just said, I'll book you an appointment to come back. And guess I then saw a nurse. It's a nurse that took out the stitches for me. I felt a bit relieved because I was thinking I almost fainted."

Theme 3 - Hospital care

Concerns about GP care were extended to people's experience with hospitals. Cancelled appointments at short notice was a key source of frustration:

"For me it's the cancellation bits where they cancel your appointment because I've had it a lot as I started working."

"And when they cancel something, you've already arranged, because you've arranged the time off from work to do whatever and they cancel it and then you have to be like, oh. So it happened to me from the beginning of this year all until when I had to do the surgery the first time. Yeah. Because my surgery was

supposed to happen in February, but it didn't. So they moved it to April and then they moved it to June."

One person also mentioned concerns over ambulance wait times or their overall reliability:

"I was thinking like 100% appendicitis. I called them and they said, can you breathe? Because [you're] breathing, they never come."

The following case study further elaborates these concerns about care, as regards delayed discharge and the complications of receiving care at two different sites:

CASE STUDY – "When I did my surgery [..] and then I was supposed to be discharged, they made me wait a whole day in the hospital just to get some blood thinners, injections from Brighton Hospital to bring it up to Haywards Heath hospital so that I could wait. I waited a whole day. I left the hospital at six in the night to come back to Brighton at my home. And then they gave me medication that I couldn't even use because I have like two packs of medication boxes that I have not even opened because they were no use. They gave me something I didn't even need to use. So, if I ended up using it, I'm messing up my whole system."

5.1.2 Unique issues for this community

This section draws on findings that were particularly unique for the R/AS community, detailing issues such as when first arriving in the UK, language and mental health.

Theme 4 – Arrival and registering for health care

The role of a social worker was integral in supporting R/AS when they first arrived. In the following instance the social worker helped connect a person to a support group:

"That I think it's [information about the support group] online. A long time ago there's a girl coming through I think from London and she was placed here and then I think her social worker found us online."

The social worker also plays a role in helping people register for health care:

"So those people who come newly they always get a social worker or support worker directly to the community and then they get advice and access to the service that is available for them."

The following case study shows how some felt that the registration was needlessly complex especially for those with language and literacy issues:

CASE STUDY - "You know, when you register for a GP, there's lots of questions. Because I had a questionnaire because I had to move from where I was to Seven Dials and then when they sent me there was a long list of questions. Yeah, they do ask that, and I think that's a real issue for people with language issues or literacy issues, if they can't read it or can't understand it, it's very off putting. It's too confusing sometimes. People I think would welcome, you know, just an initial conversation with someone, say I'm here, this is how old I am and etc what it seems a lot of those questions in my mind seem quite irrelevant".

Theme 5 – Language barriers

In relation to the above case study, the issue of language was a key barrier to accessing health care. This caused problems in accessing care as well as the care experience itself:

"And the problem is most of our people that come they got language barrier so it's very difficult to get support for them especially in an Oromia language. So, it takes ages to access what they really need."

"Everybody has a different experience, especially for those who cannot speak the language as well. Especially my mum, which I can give by example, when we book up [a GP appointment] and if she has no one with her it's going to be difficult for her to explain why she was here."

To support the language barriers, access to interpreters was vital during appointments and when understanding communication letters from health professionals:

"Maybe they will find a translator, which takes time and sometimes it's difficult to find the right translator."

"We use it because we have a lot of people that come to me that speak Arabic or you know some Hindu or something and we have people there [in the community support group] that will give their time to help translate whatever that they say to help."

Theme 6 – Mental health

Mental health issues among R/AS are thought to be higher than the remaining population:

"I've seen a lot of friends of mine and family members who struggle with mental health."

"But people who are in the uk, especially the refugees, they need to know and they need to get the support in mental health."

However, the group also thought that support for mental health was limited from GPs, especially because much of this ill-health stems from trauma:

"So there's a lot of people that are going through a lot of mental health problems and they don't want to go to the GP to go and ask for help because they let them down. I think because they never listen to them."

"Experience with the mental health counselling or the mental health like you know type of treatment circle that they have designated, it's not really designed for someone who comes from a trauma [..] and particularly if you're second language speaker they just give you a space to speak that's not helpful."

The difficulties of seeking support for mental health is compounded by cultural attitudes from some countries, when mental health is not discussed or recognised as an illness:

"The matter of mental health is not taken seriously. As she said this people do not kind of, you know, how serious it is. And some of the people which I have worked at least they are not feeling comfortable because it's not something kind of you know, take it. It's a negative."

"They don't like talking to a therapist. Yeah. They don't want to act up from Africa, Africa's a big country so there's a lot difference, but many have no knowledge of mental health. Making my family understand that my children's mental health was really difficult because they don't have any knowledge of it."

"And especially from people of colour, they're not very serious into looking at mental health like that from family members, and they don't get support in the family. But when friends, friends and family see in them and try to advise them to go to the doctors they will not get their help."

Theme 7 – Community support
The final theme talks about the valuable community support that helps R/AS integrate and navigate the often complex process in accessing health care support. The two instances mentioned are, firstly, a community meeting place every week which helps people socialise and share information:

"Yeah. What I forget to mention is every Saturday all community meets kids, adults meet."

"So if anyone that is new they can contact anyone volunteering in the community then they bring them on Saturdays. They come in Saturdays for coffee, coffee tea, spend time together."

The second example is a weekly community café, where advice is shared by existing members and also some nurses who occasionally attend:

"Not everything but we know what to do. We just need to show them, teach them how to do it and then they just take it from there."

"If I would say we have a lot of people at the Joliffe that come and they ask for this sort of help. We do have a few nurses when they're off work, they do come to the Joliffe and you know if some people have like certain needs where they need to access a dentist or doctor or that sort of stuff, we would actually send them to the nurse that's present at the minute or you know, if we're able to do it ourselves we tend to help them to do it because you know, we know what to do."

5.1.3 Focus Group 1 summary

This focus group has shown that many of the widely understood issues around GP access are shared by R/AS. However, access issues are compounded among this community where there are language barriers and where there are complex processes to register for a GP. There is also a sense that GPs are unable to provide the necessary care with a distrust about whether the GP will improve their health issue. Consequently, seeing a GP was often viewed as the "last resort" when accessing health care. Similar concerns were raised about hospital care.

The support for mental health, often more enhanced for R/AS, is not available or suited to their often traumatic backgrounds. The cultural issues of understanding mental health and not always acknowledging it as a condition compounds the difficulties in accessing support. With these difficulties and common reluctance to attend GPs, many R/AS benefit from local community support where advice can be shared about how to access support and help to overcome any language or literacy barriers where applicable.

5.2 Findings from the questionnaires

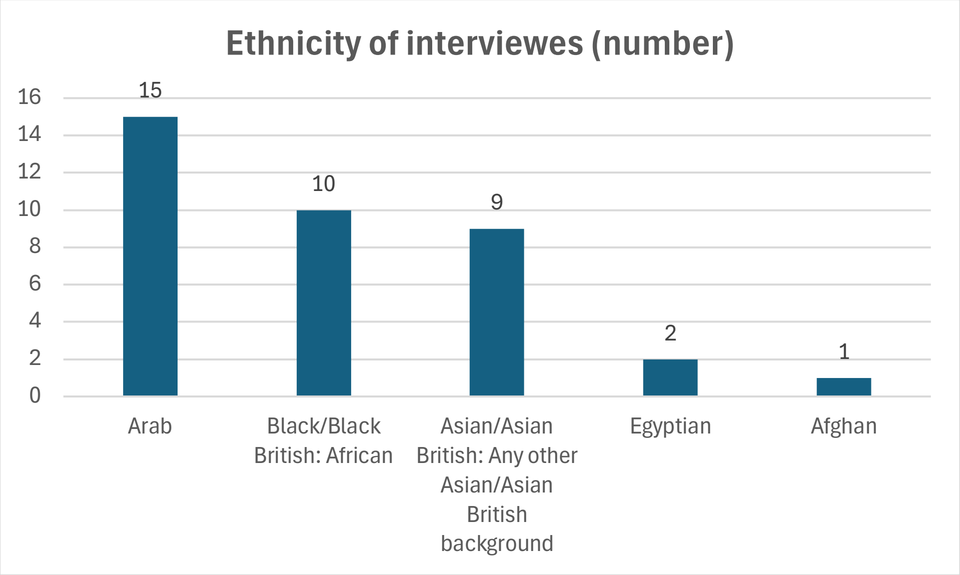
The questionnaire contained 19 questions followed by a record of respondents' protected characteristics. The questionnaire focused on people's experiences of accessing care from their GP, hospital and for their mental wellbeing. Barriers and enablers for accessing healthcare and their overall assessment of their experiences are also reported.

A total of 40 people responded. To provide a context to the findings the first section presents the sample profile, and this will be followed by questions as ordered in the questionnaire.

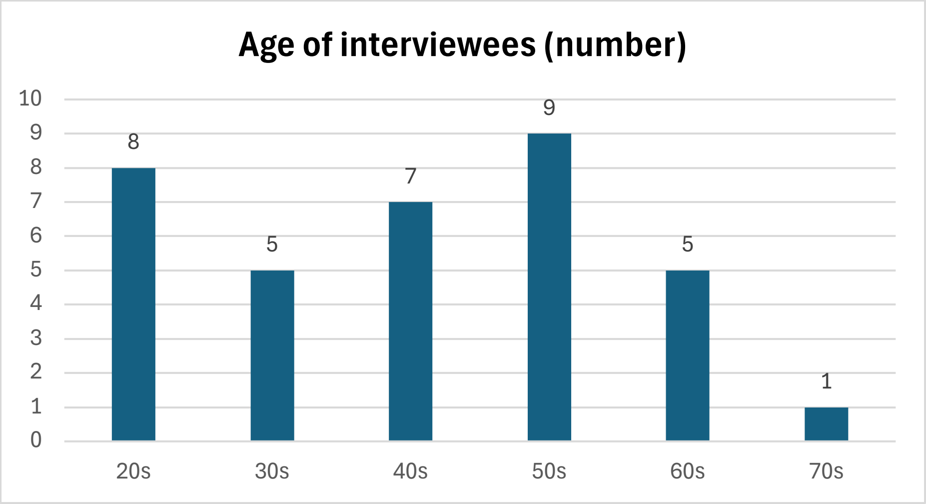
5.2.1 Sample profile

The majority (31 or 78%) of people had lived in the UK for 3 years or more. 8 people had lived in the UK between 1 and 2 years. Note that all percentages exclude those that 'preferred not to say' or gave no answer and may not always add to 40 due to missing responses,

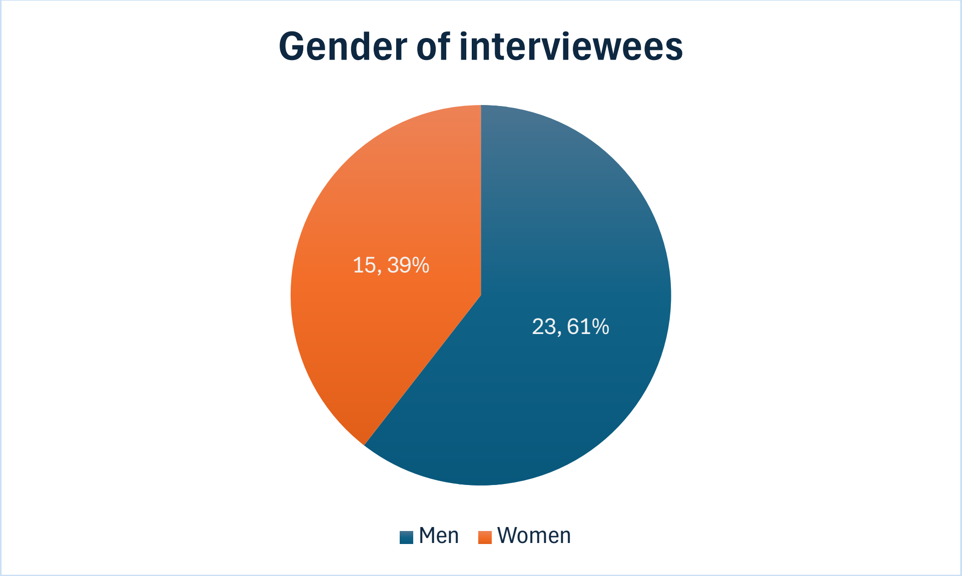
People's ethnic background was varied, with most people 15 (41%) described themselves as an Arab; 10 (27%) as Black/Black British: African; 9 (24%) as Asian/Asian British: Any other Asian/Asian British background; 2 (5%) as Egyptian; and 1 (3%) as Afghan:



Their age ranged from 20 to 74 with an average age of 44.9 years. The majority of people were either in their 20s or 50s as shown below:



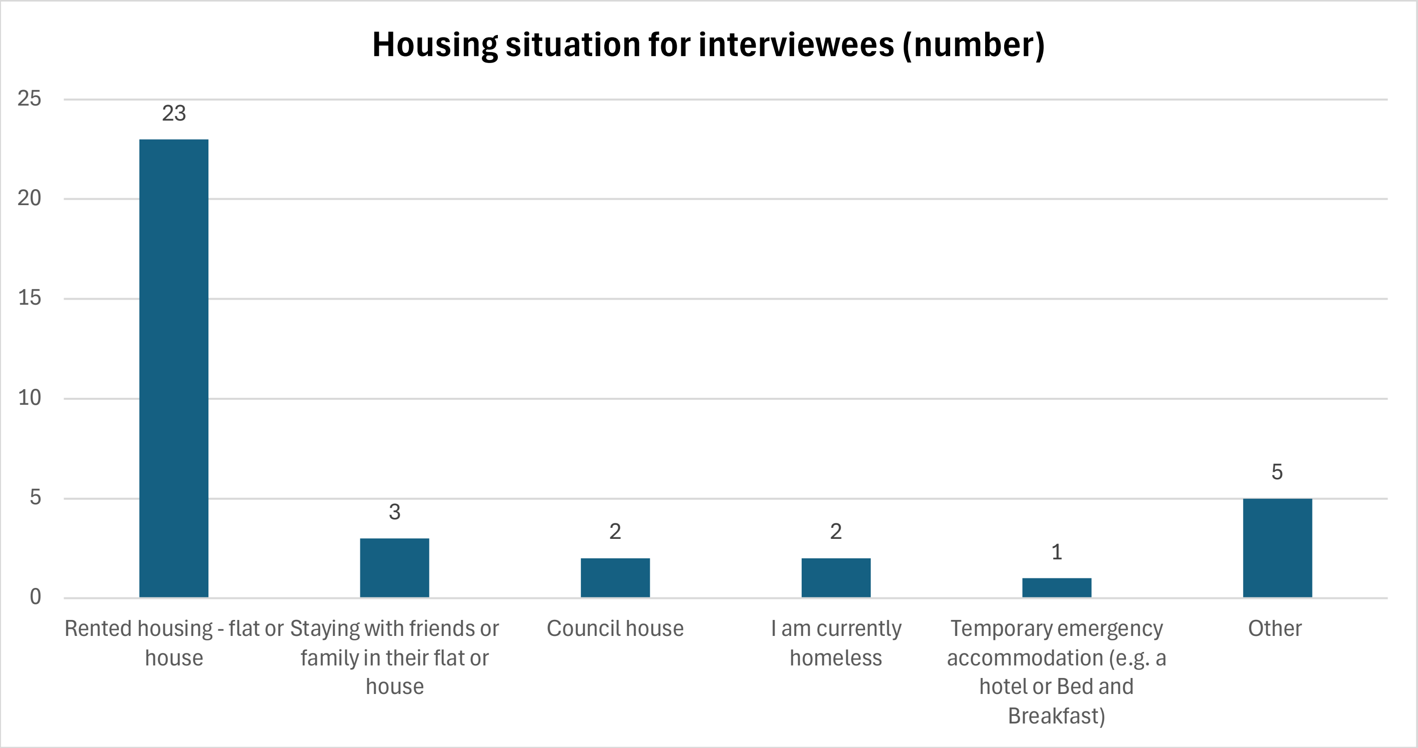
The majority were men (23 or 61%):



20 or 61% reported a disability, with 12 people reporting that their day to day activities were limited 'a little' and 8 'a lot'. For those with disabilities, most experienced physical impairments (14).

13 or 36% were carers.

We are aware that R/AS often have unstable housing conditions. To further our understanding of the sample, we asked where people were currently living. The most common response was renting a flat or house (23 or 64%). However, of some concern, 3 were staying with friends or family in their flat or house, 1 was in temporary accommodation and 2 people were homeless:



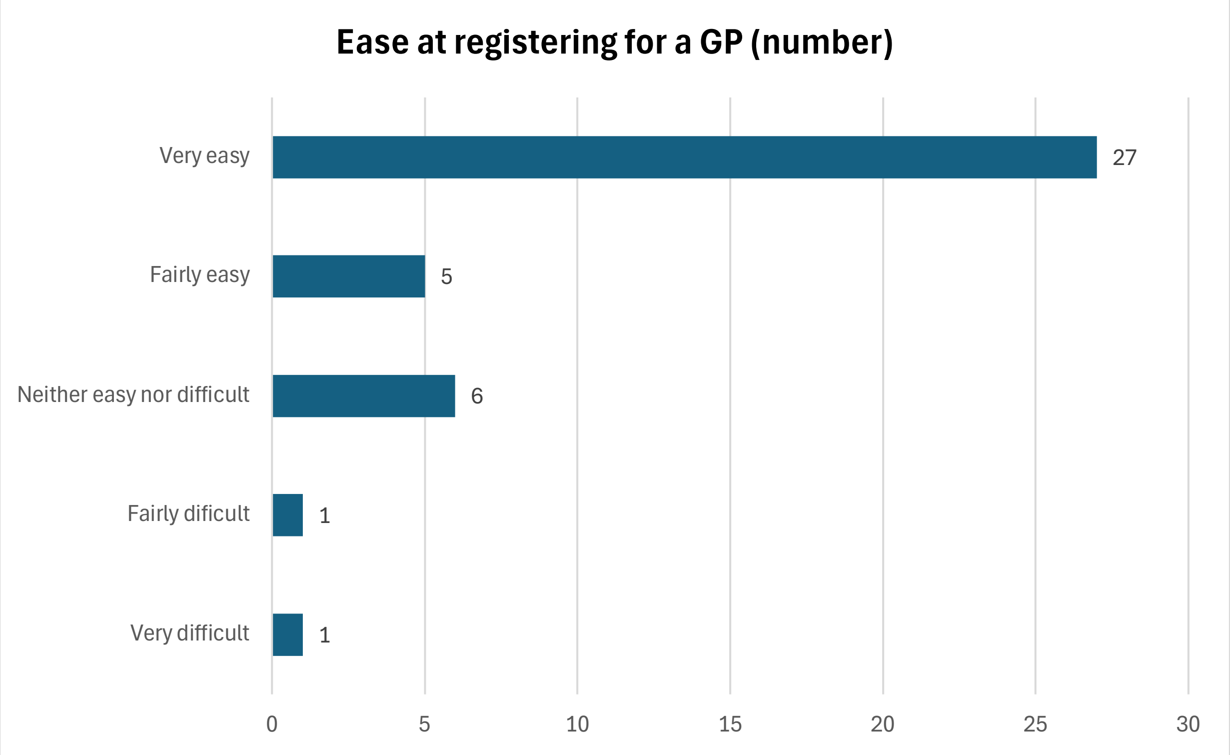
The five other responses were privately owned flat or house, senior housing, rented shared flat or house, sheltered housing and supported accommodation.

Further to the sample profile, the survey findings are presented in the following 5 areas:

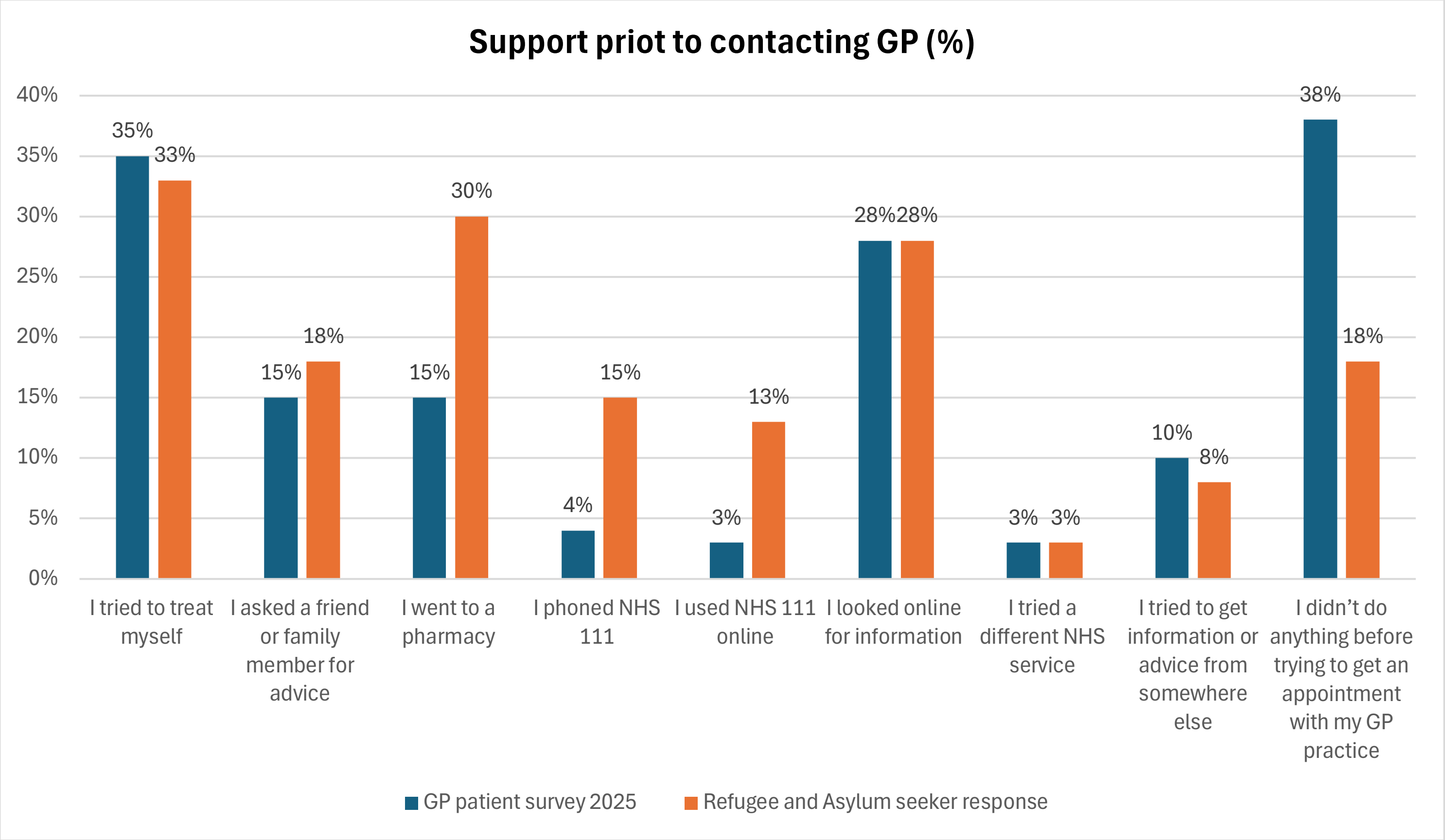
- GP access and care
- Hospital access and care
- Mental health access and care
- Barriers and support for refuges and asylum seekers
- Overall assessment of care

5.2.2 GP access and care

All respondents were registered with a GP in the UK. Most found the process of registering at a GP as easy – 5 (13%) 'fairly easy' and 27 (68%) 'very easy'. However, 6 said 'neither easy nor difficult', 1 said 'fairly difficult' and 1 additional person said 'very difficult':

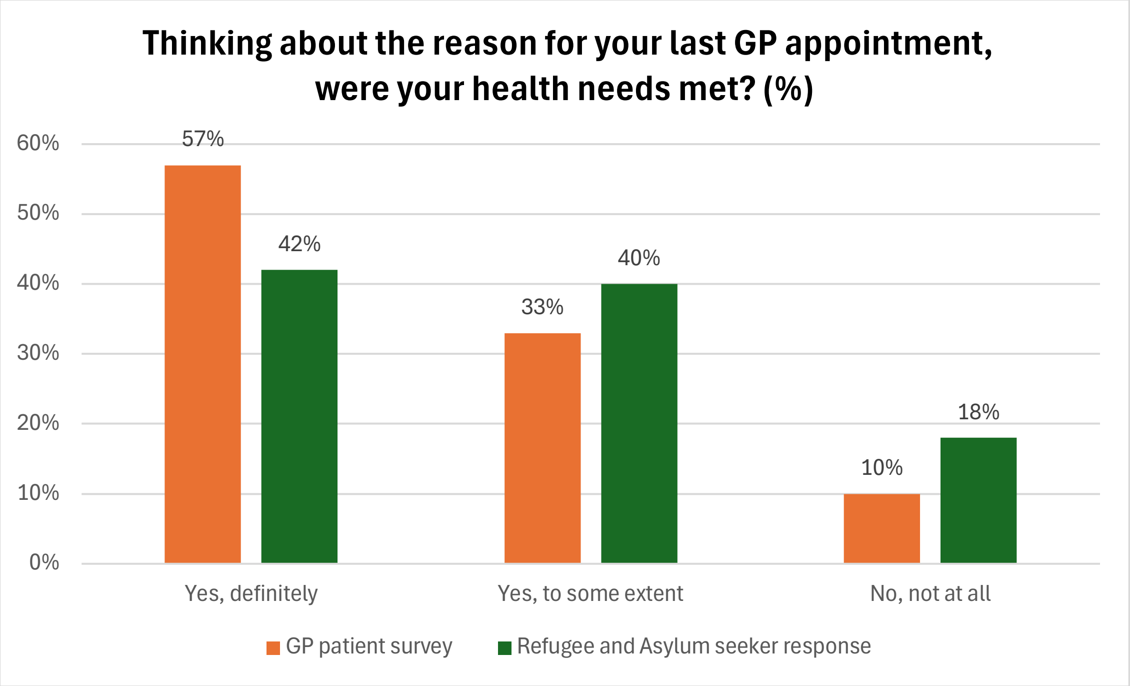


With the focus groups revealing some reluctance to seek GP care, the range of additional support was interesting. Before getting an appointment to see their GP, 7 people or 18% did not do anything before trying to get an appointment with their GP. This alternative support is compared to the national GP patient survey data below (note people could select more than one response):



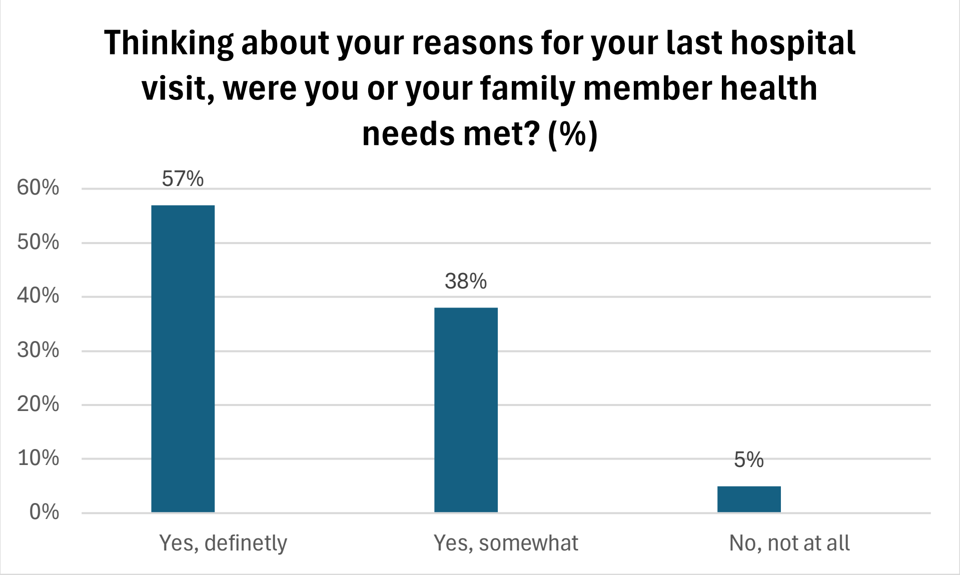
This chart above shows that R/AS were more likely to seek alternative support - 18% of R/AS did not do anything before trying to get an appointment with their GP (or went straight to their GP) compared to 38% from the national survey findings. This may be a product of the additional barriers R/AS face in accessing GPs (e.g. language, digital exclusion, knowing how the health system works or cultural barriers) and their general distrust of the care they receive (as show in the focus groups).

To understand people's reluctance 16 or 42% of the R/AS felt their health needs were 'definitely' met at their last GP appointment which is lower than the national GP survey. Also, 7 or 18% of R/AS said that their needs were 'not at all' met at their last GP appointment. By comparing to the national data, R/AS are clearly less satisfied with their GP care (supporting the greater likelihood that R/AS would look for alternative health care in the first instance).

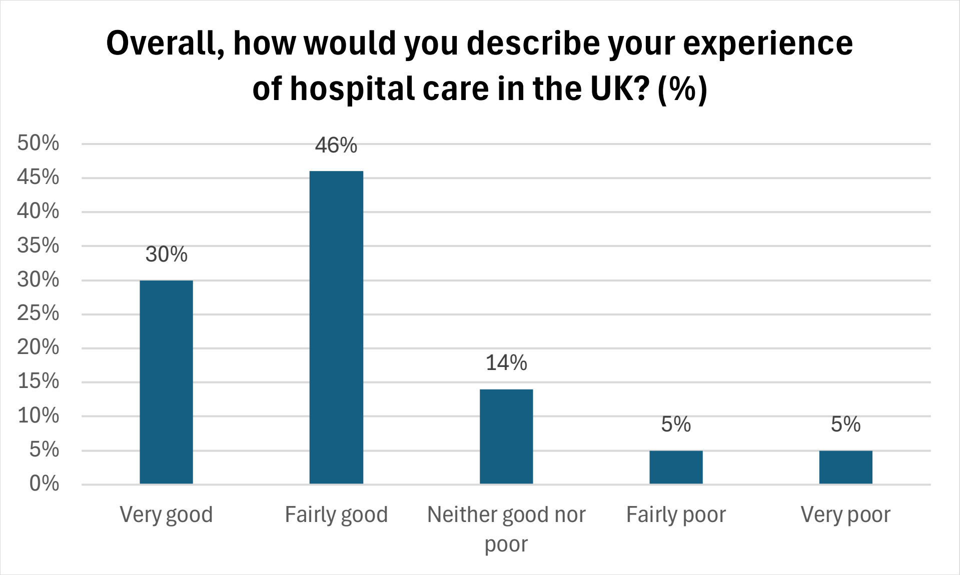


5.2.3 Hospital access and care

Three questions were added specifically about hospital care. Of the 37 people or 93% who had accessed hospital care, 21 people or 57% felt their health needs were 'definitely met' and only 5% thought they were 'not at all met':



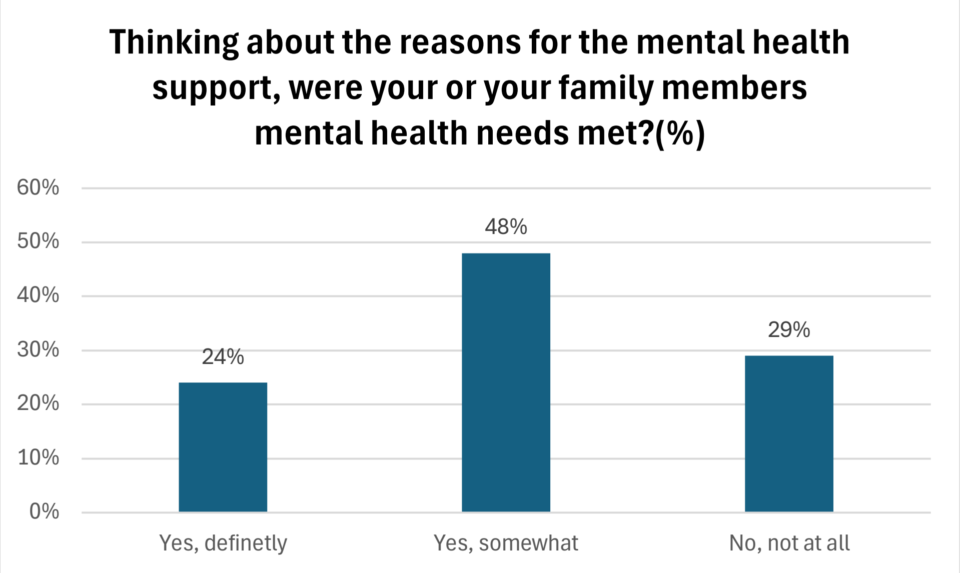
As a further reflection on their hospital experience, 76% rated their overall experience of hospital care as 'very' or 'fairly good'. Only 10% rated it as 'fairly' or 'very poor'.



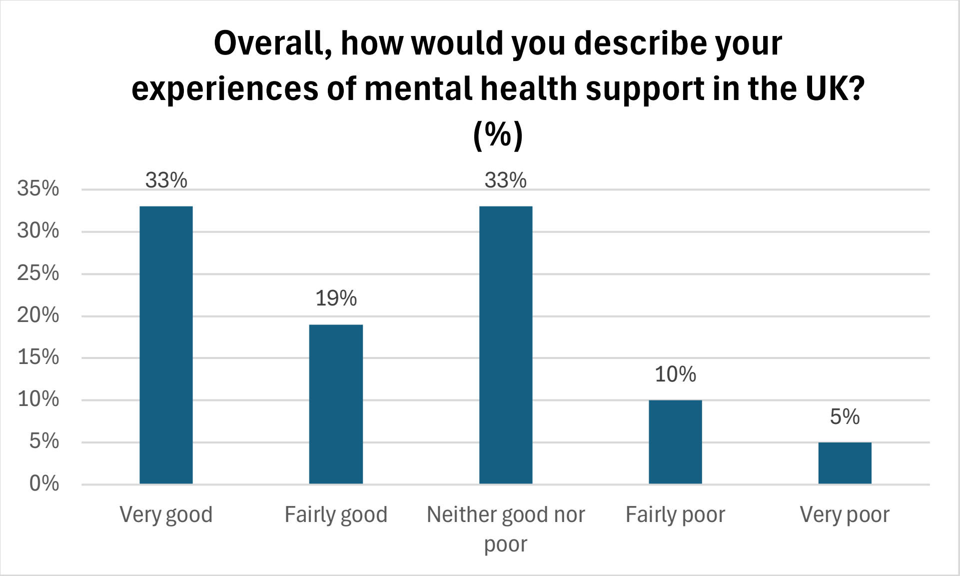
5.2.4 Mental health access and care

Three further questions were added specifically about support for mental wellbeing. They were similar to the three questions on hospital care.

Of the 21 or 53% who had accessed mental health support, 5 people or 24% felt their health needs were 'definitely met'. Most (10 people or 48%) thought their needs were 'somewhat met':



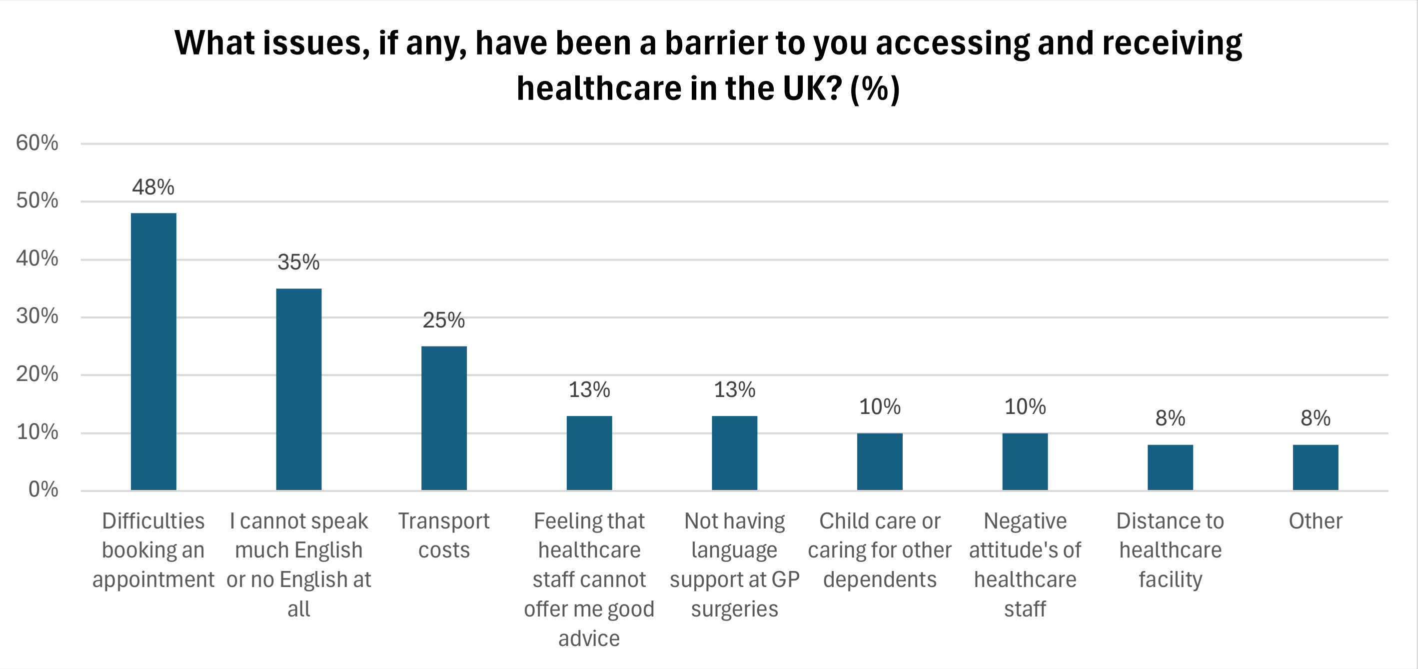
11 people (52%) rated their overall experience of mental health care as 'very' or 'fairly good'.



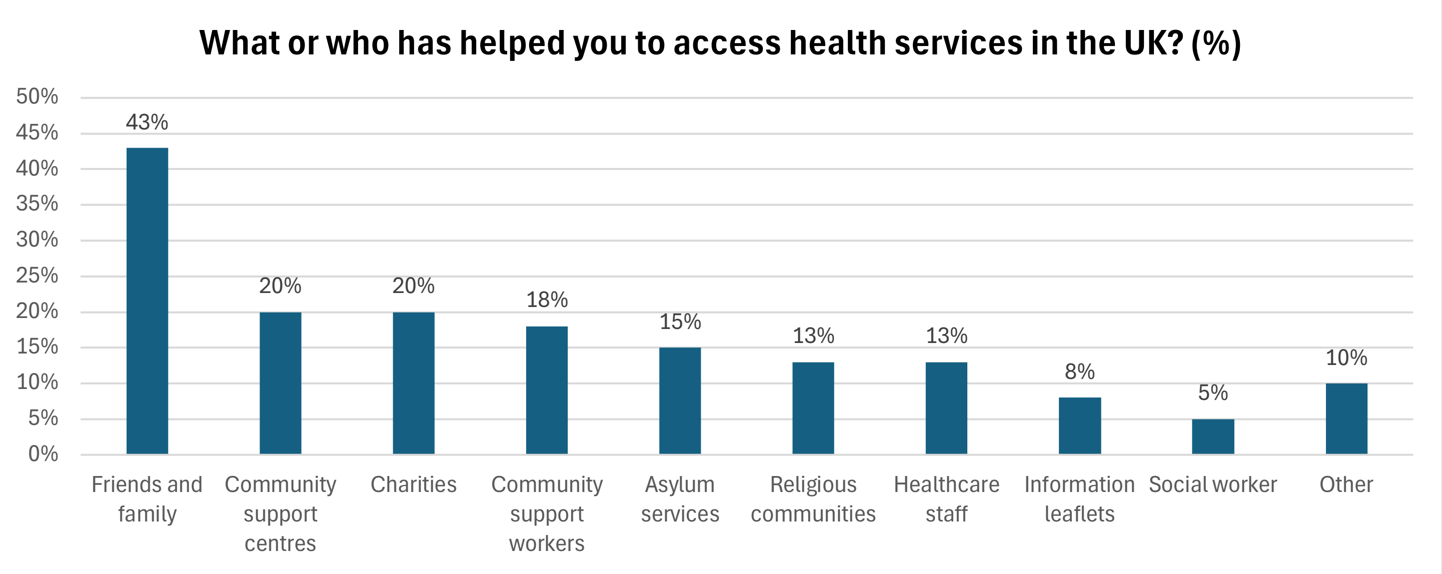
The observation of people's perceptions from these services (GP, hospital and mental health) was fairly positive, especially for hospital care. This implies that once the hurdles of access are overcome by R/AS, people are reasonably content with the care provided.

5.2.5 Barriers and support for refugees and asylum seekers

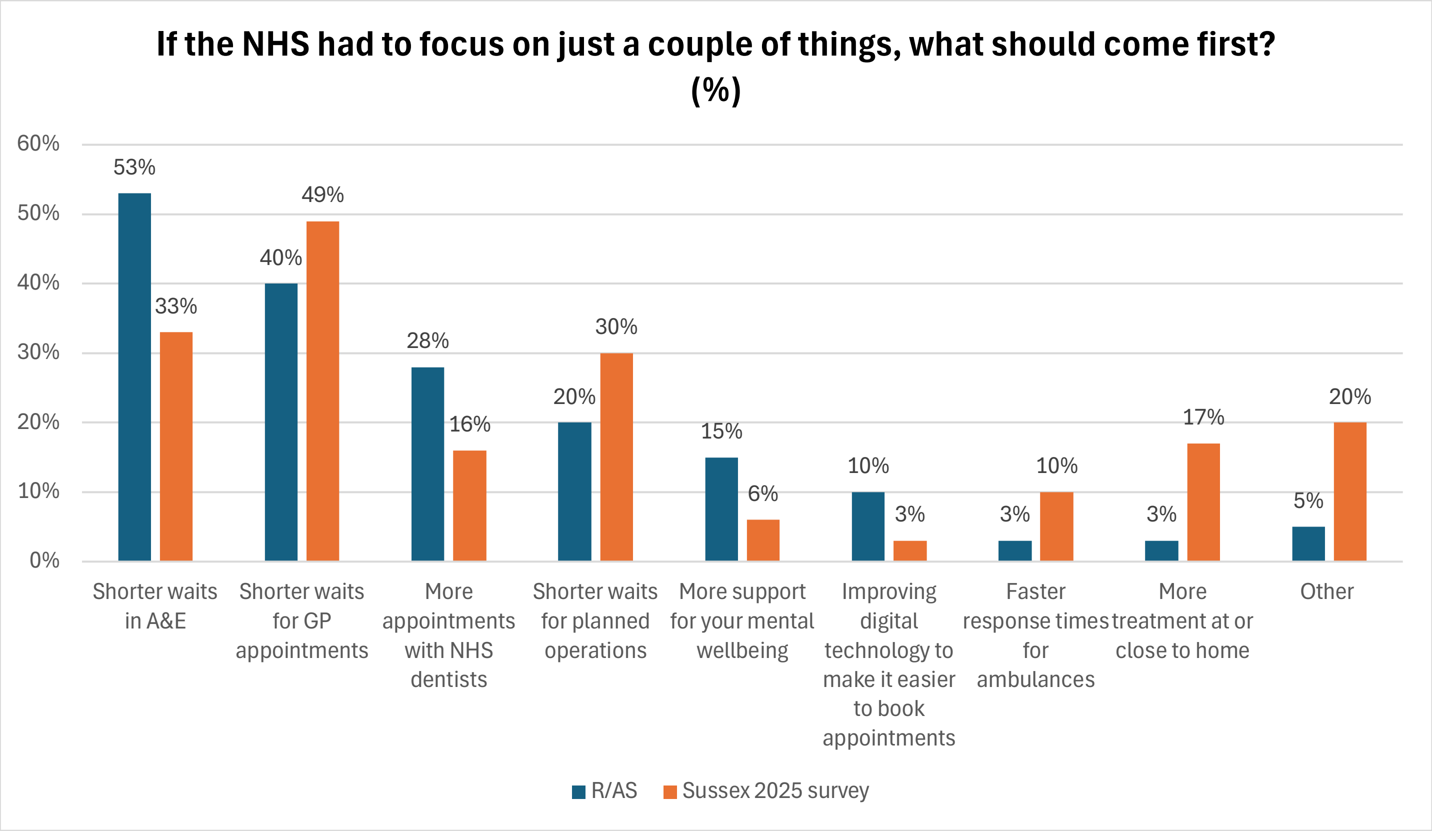
A leading part of the questionnaire was to understand people's barriers to accessing and receiving healthcare in the UK. People could select more than one choice. The leading barriers were difficulties in getting an appointment (19 people or 48%) and language issues (19 people or 48% said they could not speak adequate English or that they had not language support at GP surgeries). Transport costs and distance (13 people or 33%) were also barriers. Feelings about lack of advice (5 people or 13%) relates to the negative attitude towards GPs expressed in the focus groups.



Most people had sourced support to help access health services in the UK. Multiple responses were possible. The leading form of support was from friends and family (17 people or 43%), some 23 percentage points above the next popular responses on community support centres and charities (8 people or 20% each).

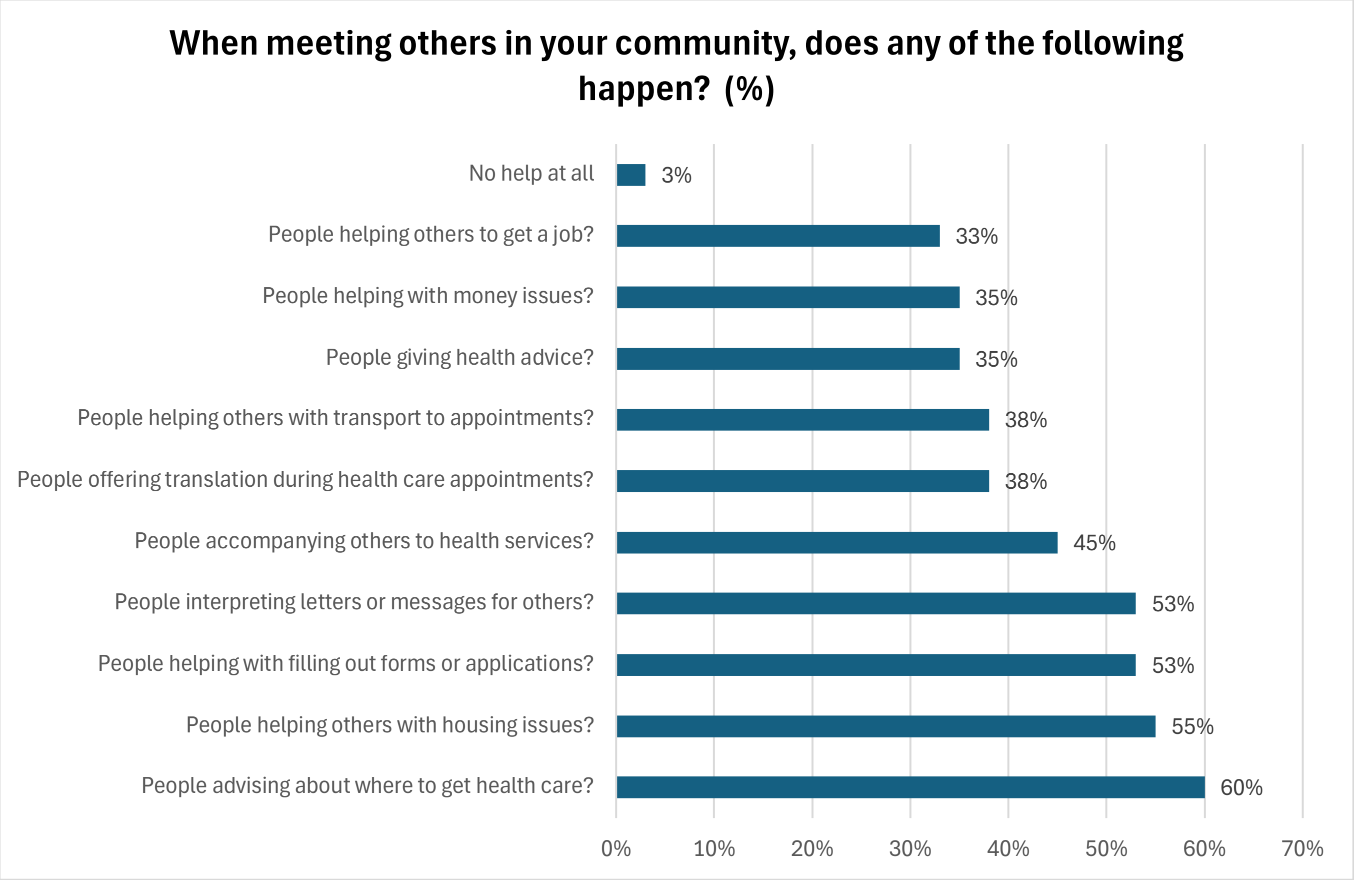


As a means to overcoming barriers (multiple responses permitted) and what people saw as the most important issues, most people selected shortening waiting times – in A&E (21 people or 53%) or GP appointments (16 people or 40%). More appointments with NHS dentists was the third rated preference – 11 people or 28%.


If the NHS had to focus on just a couple of things, what should come first? (%)

Interestingly the preferences were able to be compared to a 2025 Sussex wide sample. Assuming preferences reflect areas of greatest need, R/AS were experiencing more problems (compared to the Sussex-wide sample) in relation to long waits in A&E, and access to dental appointments, mental wellbeing support and to digital technology.

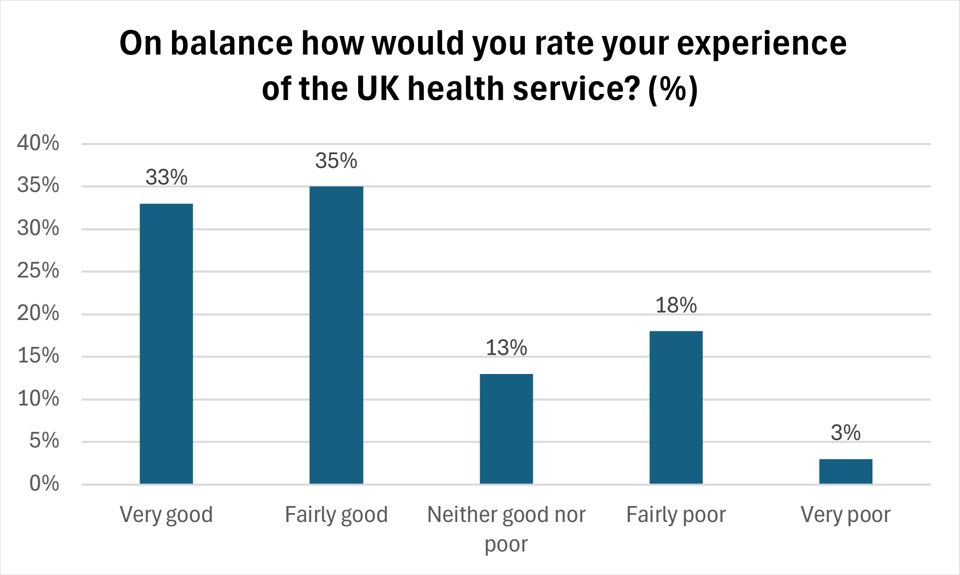
It is a frequent occurrence for our sample to meet others at community centres or a local café that operates once a week. These spaces provide opportunities for people to help others about health and other matters. The range of support is shown below (multiple responses allowed). These aspects of support also show areas of highest need for R/AS.



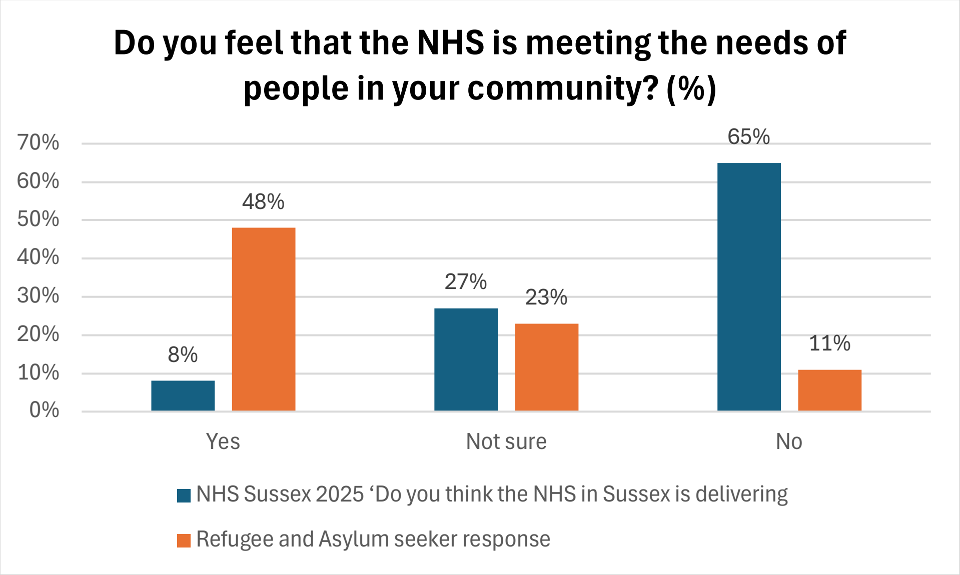
The most common form of support was giving advice about where to get health care (24 people or 60%). Over 50% mentioned three other forms of support happening in the community – helping with housing issues, filling out forms, and interpreting letters or messages. These community connections are clearly vital in enabling R/AS to access and benefit from health care.

5.2.6. Overall assessment of care

Two questions provided an indication of overall support from the NHS. On the overall experience of the UK health service, (27 or 68%) rated their experience of the UK health service as 'very' or 'fairly good', although a further 8 or 21% rated it as 'fairly' or 'very poor'.



As another overall rating question, 19 people or 48% said that the NHS is meeting the needs of people in their community. This question was also used in a local NHS Sussex 2025 survey and shows a more positive response from R/AS compared to the Sussex-wide population. This is somewhat unexpected given the ratings shown previously through the survey.



12 people also added comments at the end of the survey. The comments were varied, some reinforcing their criticism about healthcare from their personal experiences:

“Kindly ask NHS health service to take the illness of a person seriously and do the right treatment now even I disappointed from my treatment here if have enough

money I would go to another country the treat myself rather to suffer constantly more than a year."

"I hope you change the system and cure the disease at the right time with the right medication before it causes another issue like cancer or asthma."

"Some employees are not friendly or responsive, they don't even smile. Waiting list is a huge problem. sometimes doctors don't explain anything, they just keep adding and stopping medications (I have a whole pharmacy at home). Doctors don't spend time to think of the root cause, they just quickly medicate symptoms."

Others were critical but in more general terms, relating to NHS system:

"The main problem in the NHS is that GPs take significantly more responsibility than their qualification. Seeing a specialist is significantly difficult, and GPs' role is to keep people functioning as much as possible without addressing root causes."

"Partially paid NHS is the solution."

Waiting times were a further concern again replicating concerns raised earlier:

"I know you have lots of pressure of people needs, but the most important things is to short the waiting time at the A&E also the waiting time for any operation, thanks for your understanding, help and support to the whole society."

"To give appointments quicker."

"Sometimes the GP does not answer the call for appointment the waiting time is more than an hour."

Finally, people raised concerns about being able to see a NHS dentist:
"Dentist appointments are huge problem, I have a broken tooth and I'm on benefit, and it's impossible to have dentist appointment on the NHS."

"Dentist care has been extremely difficult to access, if not impossible."

5.2.7 Survey summary

Relative to the focus group participants, the survey enabled a larger number of people to share their opinions about access to health care. The survey was completed by 40 people from a range of different backgrounds. Although registering for a GP was generally easy, R/AS were likely to seek alternative support prior to seeing their GP - 18% of R/AS did not do anything before trying to get an appointment with their GP (or went straight to their GP) compared to 38% from the national survey findings.

This delay may be a product of the additional barriers R/AS face in accessing GPs (e.g. language, digital exclusion, knowing how the health system works or cultural barriers), the long waiting times for appointments (the leading issue people would like the NHS to focus on), and their general distrust of the care they receive (as show in the focus groups). In fact, 18% of R/AS said that their needs were 'not at all' met at their last GP appointment, which is higher than the national average.

However, most people held a fairly positive perception from the care provided through GPs, hospitals and mental health services. This implies that once the hurdles of access are overcome by R/AS, people are reasonably content with the care provided. Indeed, the survey showed that the leading barriers were difficulties in getting an appointment (19 people of 48%) followed by language issues (19 people or 43% said they could not speak adequate English or that they had not language support at GP surgeries). In terms of accessing health services, there is much reliance on informal forms of support such as friends and family, community centres and support groups. Only 5% have been helped by a social worker and 18% by a community support worker.

The availability of an NHS dentist is a recurring problem.

The preceding text is a descriptive account of the findings. With extra capacity, it would be interesting to see if the findings differ by gender (e.g. in relation to maternity services) or by ethnic background.

5.3 Findings from the 2nd focus group

The questionnaire findings had helped to identify further areas to explore in greater detail in this second focus group. In total, 4 people attended, who were Afghan, Syrian, African (Ethiopian and Libyan) and Saint Lucia. The focus group started by reviewing the survey data which was a useful trigger for the ensuing conversation – with much conversation over the reluctance to see their GP. Participants talked about their own views and those of other people in their community.

The discussion generated 4 main themes:

- Access to health care
- Care from health professionals
- The healthcare system

- Participant suggested improvements

In this compilation of themes, the focus has been on new issues rather than repeating some of the findings that emerged in the first focus group

5.3.1 Access to health care

This was a leading theme throughout the study. Waiting times to see a GP was a major problem for some and this extended to A&E:

"Also, of course, waiting time in A&E. Yeah, like I had two people who went to the hospital and they were also shocked that they had to wait like over 10 hours to be seen. One of them had a heart attack, actually. And, yeah, I mean, expressed quite a big frustration that, like, having had a heart attack, he had to wait all of that time and he was really worried that he's gonna die."

Language barriers were also raised as a barrier to seeing a GP, particularly if a translator or family friend was not available. Whereas Arabic translators were often available, there was less availability for other languages:

"From my community it's a language barrier."

"I think a lot of people said that for them it's more about the language barrier."

To compound the problem, people were not always able to bring a friend or family member to translate even when, for example, a GP regular translator was not available:

"For example, I accompany my own mum to the GP and they said, we're waiting for an interpreter. For a long time she was waiting, so we're waiting. Then I said, I'm here, I can interpret for her. And they [GP] say, no, we're not allowed relative, families or friends to interpret. That's unbelievable."

A further barrier to access was being digitally excluded and prevented from using the online booking system:

"I didn't come across that [E-consult] yet. But it will be very difficult for immigrants because most of our immigrant people are older and they are not educated."

5.3.2 Care from health professionals

A leading theme through this focus groups was people being critical of the care they had received from their GP. People felt they were being ‘pushed out’ and had lost trust:

“Most of them that, oh, we rather not go to the GP or not go to the A&E.”

“But when I asked them why [survey respondents], they say, oh, they [GPs] take long time, they never see people, they send people back.”

“They stay for long and then no test, no referring to nowhere and they say just get paracetamol and told to come back when you feel like it's getting worse. So sort of fobbed off a bit really then not really taken too seriously maybe.”

“Most of the people said they wait for long and then when they see the doctor then nothing will be done for them. They will send them home without anything.”

“They mentioned frustration that sometimes it takes ages to see a GP because they kind of push them to try something else online or just go to a pharmacy.”

“She was saying after that, like, you know, kind of lost trust in the GP, because anytime I was going, they were saying, you'll take a paracetamol. Saying, I'm already, like, you know, taking paracetamol and the doctor was saying, do take two instead of one.”

They also felt that the over prescription of medicine was a waste issue, with a GP constantly prescribing different treatments if the initial medicine did not work:

“I think all of them, literally all of them said that they have loads of medications that they're not using and all of them think this is such a waste of money, of public money, because the GP says, try this and then they try two pills, it doesn't work. Then the GP throws another pill and another pill and I myself have the same experience, of course, try this, try this, try this. And I know if I don't say yes, I wouldn't go to the next step of the ladder. So I have to say yes to take this medication.”

There was also reference to the GPs being focussed on temporary fixes rather than addressing the root cause of the problem:

“The general attitude was quite negative towards GPs. The main reason is that GPs don't act, don't do any proactive diagnosis. So people feel that, well, they just numb their symptoms and kind of push them out so they don't reach a specialist doctor.”

Others spoke about the lack of reliability over phone appointments:

"They take a long time to get an appointment to see the doctor or they will say, okay, the doctor will call you back and never call back."

As raised in the earlier focus group, support for mental health was problematic due to lack of awareness from health professionals and service-users not always recognising or acknowledging their symptoms:

"There's no culturally responsive mental health support in the Brighton and Hove wellbeing service."

"That's a culture thing to talk about their mental health issue for them from kind of a shy or being kind of something negative about them, negative impression on the community. I know a few of them that they even got a special kind of, you know, a situation due to their mental health but they do not acknowledge it. So they were less likely to seek help for their mental health and equally less likely to get a positive response from the GP."

Simiarly, concerns were raised about dentistry, both in terms of access to an NHS dentist and the emphasis over tooth extraction compared to the care in their country of origin:

"Dentistry, like. Like, it's very, very, extremely hard to get an appointment and do something. And of course, the culture of taking out the tooth here, like, is kind of cultural practice among dentists. If the tooth is just too much... if it's quite decayed, yeah, it's quite like it's easier to take out a tooth. Among people that I talked to, several of them experienced significant distress about having their teeth just taken out."

5.3.3 The healthcare system

In explaining the issues over access and quality of health care, people commented that the health system was a leading factor. The stepped care model (GP referral to further care) was seen to create delays and prevented direct access to care. This was different to what they had experienced in their country of origin:

"And this is shocking for Syrians because in Syria that's completely the opposite. You just pay like 10 quid, which anyone can afford and you see a board certified American, board certified doctor with like 20 years' experience."

"They don't understand the role of the GP and many of them, they have quite sophisticated problems and the stepped care model is really frustrating for them. So, yeah, this difference between the kind of the private model of healthcare system in Syria where doctors just diagnose based on what they think is right versus stepped care model here in the national healthcare system, this is really frustrating."

Even though the free service of the NHS was acknowledged, people in their country of origin were used to paying a manageable fee to see specialist care and would prefer that model if it was financially viable:

"It's somehow the level of expectation particularly with the access in their own homeland country that if they pay a little bit amount they at least seen by the doctor."

A further problem was raised about the protocols in place which health professionals are allied to and was thought to reduce the quality of care:

"Like we've been favouring managerialism since, like early 2000s to a point, that a doctor doesn't think, it's just like a protocol. And these protocols are getting tighter and tighter and tighter."

In general terms, one person felt that this country generally had a poorer health system compared to other countries where he had received care:

"I want to mention that I'm one of the people who has experienced several health care systems. Syria, Lebanon, Germany, Holland, Japan and the UK. And then I moved to the UK and I mean, yeah, like, this is one of the reasons that I will leave the UK eventually as the healthcare system is just so much underdeveloped compared to all of these countries."

Given these issues, some people had commented on ways to bypass the system barriers. This included exaggerating the health issues and going straight to A&E:

"He said, like, going to the A&E, it takes like hours of waiting, but instead if you put yourself in a kind of, you know, more like, you know, severe situation, that ambulance come, you can bypass that, you can get to the room. And he said that one day I was like in a bad situation, like with my cold and my blood pressure was down. I just call him that I'm dying, come take me to the hospital. And then they come, took me indeed, give some sort of medicine. And after food, two, three hours, they released me."

“People understand this. So now, the goal is how to bypass the system. So now people are thinking how to bypass this system. Because we grew up in systems that are underdeveloped, we intuitively think, how can we get what we need? We don't think that it is cheating, it's natural.”

A further problem was knowing what care options were available through the health system, and it was raised that nurses and pharmacists were not always known to offer care:

“People really don't understand what's going on. Like when to go to a pharmacy, when is it’s okay to just talk to a nurse. Because again, like the concept of being seen by a nurse doesn't exist in Syria. People don’t understand that the nurse role here is different than the nurse role in Syria.”

5.3.4 Participant recommendations

To close the focus group, all participants were asked what could be improved in terms of access and quality of health care. The main suggestions were as follows:

Community group support to help people access care:

“I think what we can do is maybe find people willing to maybe have a group to get to see if we could like help the people who wants to get a GP doctor or something and they don't have one.”

“Having people, you know, who knows the system to teach the other people who knows the system and stuff like that. You know, like, if we, if we get a group together to get people who knows how to do it to help the other people who don't.”

Education about how the health system works in the UK:

“I think first education, like just some, some education to people of how this system works, how to get the best support. And this needs to be done by someone who's local to them. This idea is quite important because people are really intuitive. So they need to feel comfortable that this person is local to us and he knows the system.”

“There's almost no access unless you really knock several doors and people don't know how to do that.”

GPs more culturally informed especially about how to convey care quality through touching and examining patients:

"Culture, like from a cultural perspective. There is a cultural perspective that some cultures need the doctor to touch the patient. For example, if the doctor doesn't touch the patient, the patient doesn't feel comfortable. So this is something that we can do to GPs, just some cultural education. Just put your stethoscope on the patient. It doesn't mean anything, it doesn't give any data, but it makes the patient comfortable. So the GP needs to touch them. And it's extremely hard to delete this core belief. So if the GP doesn't touch me, it means they don't understand anything."

Change the protocol from getting people back to work to address the root cause of the health problem:

"We all suffer from it, which is how the protocol is designed, that you need to go back to work. It's not about really quality care and not curing the person. Needs to aim to really cure the problem, not just to put us back to work."

Have interpreters, in different languages, available 24/7 and allow friends or family to deputise:

"They should have all the language available for 24/7. That is because most of the people, they are struggling because of language barrier. For Arabic speakers, I wonder if there's perhaps more commonly spoken languages like Arabic, it's easier for them to find interpreters for, but for Oromio, it's much more difficult."

Change the dentist culture from tooth extraction to repair:

"Dentistry. So dentistry changing the model of sort of extraction."

5.3.5. Focus group 2 summary:

This second focus group was able to delve into some of the issues of access and quality of care, building on the earlier focus group and survey findings. This second group provided a more detailed account of people's reluctance to use GPs and seek self-help care, using GPs as the last resort. Excessive waiting times for appointments and language barriers were repetitive themes throughout both focus groups. However, the second focus group introduced new barriers such as digital exclusion, lack of available interpreters, and explaining the perceptions of poor quality of care from health professionals.

In explaining the beliefs about poor care, people spoke about being "not taken seriously" with the focus on getting people "back to work" rather than curing the condition. The care was thought to be hindered by a failing health system, too wrapped up in protocols and management, and the stepped care model which prevents direct and quick contact with consultants, something very different to people's country of origin. To counter these issues, people spoke about "bypassing the system", through visiting A&E or exaggerating symptoms.

Cultural issues such as wanting to be touched by a GP (to show that their treatment was taken seriously) and understanding the roles of nurses and pharmacists were additional themes mentioned.

Dentistry and mental health support was also noted as a problem, compounded by people not always recognising or accepting they had mental health problems.

In terms of a solution-focused approach, people also spoke about increasing awareness about the health system, through group work led by a member of the community.

6. Conclusion

This project engaged a total of 49 R/AS through an 'orientation' focus group at the start, followed by a survey, and completed with a final focus group. The project was effective in hearing about the experiences and inequity of R/AS in accessing health services and receiving care.

Barriers to accessing health care were numerous, and included language and literacy, digital exclusion, knowing how the health system works and cultural barriers. Waiting times and beliefs about the poor quality of care made some R/AS reliant on alternative forms of support. Many felt they would only see a GP at "the last resort" -18% of R/AS said that their needs were 'not at all' met at their last GP appointment, which is higher than the national average of 10%. Several people had sought to bypass the system by going straight to A&E and others benefited greatly from community support.

In light of these headlines, the recommendations are as follows:

1. Provide community group support to help people access health care from people who know the health system – this needs to be led by someone known to people from their own community.

2. Address the leading barriers to accessing health care, such as language, literacy, digital exclusion, and excessive waiting times.

3. Have interpreters, in different languages, available 24/7 and allow friends or family to deputise (which is currently not always allowed).

4. For GPs to be more culturally informed especially about how to convey care quality through touching and examining patients.

5. Change the protocol from getting people back to work to address the root cause of the health problem.

6. Raise awareness of the role of pharmacists and nurses.

7. Increase awareness about how to find an NHS dentist and change the dentist culture from tooth extraction to repair.

The following additional studies conducted in Sussex may be of interest for further insights:

Ethnically Diverse Healthcare in the Seal

DRI - CPAR Report.pdf

Barriers to Health-FINAL.pdf

Appendix 1 – Focus group topic guide

Focus Group Topic Guide: Introductory Session to identify key barriers to health services

Session to last 60 mins. To be digitally recorded and transcribed verbatim

Topics discussed to cover:

5. How refuges and asylum seekers identify health issues
6. Knowledge of health services and access to health services in Brighton and Hove
7. Once health services have been accessed, are refugees and asylum seekers happy with the support received

1) **Introduction and overview of session (5 mins)**
   - Welcome, introduction of researchers and project “*We are interested in exploring with you your views on health services in Brighton and Hove and your experiences of using health services*”.
   - Introduce two rules.
     - Please try to only talk one at a time
     - Please allow everyone the chance to share their views.
   - Introduction to each other.

2) If you are feeling unwell, what action would you take and at what point would you seek help from a medical professional. (15 mins)
(Point 1 Identification of candidacy - Candidacy model)

We would like to first talk about how you and people in your community approach looking for support for your health:

- If you are feeling unwell, whom do you seek help from? (e.g. Friends and family, online, community leaders, health professionals)
- What health problems would you go to see a medical professional for?
- What problems would you not go to see a medical professional for?
- Would you approach medical professionals for support for your ***mental and emotional health***? And if not why not?

3) Knowledge of and access to health services in Brighton and Hove (20 mins)
(Point 2 & 3 Navigation and Presentation Candidacy model)

We would now like to talk about your knowledge of health care services and access to health services in Brighton and Hove:

- Where do you get information about what support is available for your health needs in Brighton and Hove? (e.g. prompt if needed: family and friends, online, local charity groups that support refugees, government agencies)
- Do you know what your rights are to health support as a refugee or asylum seeker? (prompt follow ups include do you know how to register with a GP / mental health support/ dental help/ maternity care)
- Where do you go for support with your health?
- Once you are there, how confident are you in communicating your symptoms and the impact of them to health teams?
- Can you access translators and translated materials in Brighton and Hove?
- Are you able to able to easily travel to Health services/ Can you afford to travel to them?

4) Finally, we would like to end our session thinking about the support you have received after accessing health services (20 minutes)

(Points 4,5,6 & 7 - Adjudication/ Acceptance/ Rejection/ Permeability/ Access)

- Do you feel you get enough time in medical appointments to explain your health problems?
- Were you satisfied with your first appointment?
- Were you referred on to other services to help you after the initial appointment?
- Have you accepted (or refused) further help and support with your health problems?
- Do you think the further support you have been offered is suitable?
- Do you feel the support you have been offered is enough?
- Are there any other barriers which stop you getting the support and treatment you feel you need?

End session and thank all attendees.

Appendix 2 – Survey questionnaire

Refugees and asylum seekers 2025

Healthwatch Brighton and Hove are the local independent watchdog for health and care.

We are working with Sanctuary on Sea to better understand the health care characteristics and needs of refugees, migrants or asylum seekers. We would like to know more about refugee, migrants and asylums seekers experience of accessing and using health services in the UK. This includes making appointments at GPs and hospitals.

We will publish our findings and any changes they have brought about on our website. Please visit www.healthwatchbrightonandhove.co.uk

Your information
We will collate individual responses during the analysis, but this will not include identifiable personal information. For more information on how we use your information please see our Privacy Policy.

Knowledge of and access to UK health services and barriers to health services

1. How long have you been living in the UK?

☐ 0- 3 months

☐ 4-6 months

☐ 6 months to 1 year

☐ 1-2 years

☐ 3 years plus

2. What issues, if any, have been a barrier to you accessing and receiving healthcare in the UK? (please tick all that apply)

☐ I cannot speak much English or no English at all

☐ Not having language support at GP surgeries, hospital or dentist

☐ Difficulties booking an appointment

☐ Child care or caring for other dependents

☐ Distance to healthcare facility

☐ Transport costs

☐ Negative attitude's of healthcare staff (clinicians/ administrators/receptionists)

☐ Feeling that healthcare staff cannot offer me good advice

☐ Other (please specify):

3. What or who has helped you to access health services in the UK? (Please tick all that apply)

☐ Asylum services

☐ Information leaflets

☐ Friends and family

☐ Community support workers

☐ Religious communities

☐ Charities

☐ Community support centres e.g. local cafe, community centre

☐ Healthcare staff

☐ Other (please specify):

4. If the NHS had to focus on just a couple of things, what should come first? Please choose up to two or select between 1 and 2 options USED IN RECENT NHS SUSSEX COMMISSIONERS SURVEY

☐ Shorter waits in A&E/Emergency Departments

☐ Shorter waits for planned operations

☐ More treatment at or close to home

☐ Shorter waits for GP appointments

☐ More appointments with NHS dentists

☐ Faster response times for ambulances

☐ Somewhere safe to go if you’re having a mental health crisis

☐ More support for your mental wellbeing

☐ Preventing illness and promoting healthy living

☐ Improving digital technology to make it easier to book or change NHS appointments

☐ Improving digital technology to make it easier to access your notes/your NHS information.

GP appointments and quality of care

5. Are you currently registered with a GP surgery?

☐ Yes

☐ No

☐ Don't know

☐ Prefer not to say

6. How easy or difficult was it to register with your GP?

☐ Very easy

☐ Fairly easy

☐ Neither easy nor difficult

☐ Fairly difficult

☐ Very difficult

7. Have you done any of the following before trying to get an appointment with your GP practice? GP PATIENT SURVEY QUESTION

☐ I tried to treat myself

☐ I asked a friend or family member for advice

☐ I went to a pharmacy

☐ I phoned NHS 11

☐ I used NHS 111 online

☐ I looked for information online

☐ I tried a different NHS service

☐ I tried to get information or advice from elsewhere

☐ I didn't do anything before trying to get an appointment with my GP practice

8. Thinking about the reason for your last appointment, were your health needs met? GP PATIENT SURVEY QUESTION

☐ Yes, definitely

☐ Yes, to some extent

☐ No, not at all

☐ Not applicable - not had a GP appointment

9. Overall, how would you describe your experience of your GP practice? GP PATIENT SURVEY QUESTION

☐ Very good

☐ Fairly good

☐ Neither good nor poor

☐ Fairly poor

☐ Very poor

☐ Not applicable - not had a GP appointment

Your experiences of hospital care in the UK

10. Have you, or a family member, used a hospital since your arrival in the UK?

☐ Yes

☐ No

11. Thinking about your reasons for your last hospital visit, were you or your family member health needs met?

☐ Yes, definitely

☐ Yes, somewhat

☐ No, not at all

12. Overall, how would you describe your experience of hospital care in the UK?

☐ Very good

☐ Fairly good

☐ Neither good nor poor

☐ Fairly poor

☐ Very poor

☐ Not applicable, I have not used a hospital

Experiences of mental health care in the UK

13. Have you, or a family member, used any mental health services since your arrival in the UK?

☐ Yes

☐ No

14. Thinking about the reasons for the mental health support, were your or your family members mental health needs met?

☐ Yes, completely

☐ Yes, somewhat

☐ No, not at all

15. Overall, how would you describe your experiences of mental health support in the UK?

☐ Very good

☐ Fairly good

☐ Neither good nor poor

☐ Fairly poor

☐ Very poor

Improving the NHS for refugees, migrants and asylum seekers

16. On balance how would you rate your experience of the UK health service?

☐ Very good

☐ Fairly good

☐ Neither good nor poor

☐ Fairly poor

☐ Very poor

☐ Don't know

17. Do you feel that the NHS is meeting the needs of people in your community? USED IN RECENT NHS SUSSEX COMMISSIONERS SURVEY

☐ Yes

☐ No

☐ Not sure

Can you tell us more why you think this

18. When meeting others in your community, does any of the following happen?

☐ People interpreting letters or messages for others?

☐ People advising about where to get health care?

☐ People offering translation during health care appointments

☐ People helping with filling out forms or applications?

☐ People giving health advice?

☐ People accompanying others to health services?

☐ People helping others with transport to health services

☐ People helping others with housing issues?

☐ People helping with money issues?

☐ People helping others to get a job?

19. Do you have any comments or anything else you would like to share with us about your experiences of UK health services?

About You

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal situation. However, if you do not wish to answer these questions you do not have to.

20. Please tell us your age:

☐

21. Please tell us your gender:

☐ Woman

☐ Man

☐ Non-binary

☐ Prefer not to say

☐ Prefer to self describe (please specify):

☐

22. Please select your ethnicity:

☐ Arab

☐ Asian/Asian British: Bangladeshi

☐ Asian/Asian British: Chinese

☐ Asian/Asian British: Indian

☐ Asian/Asian British: Pakistani

☐ Asian/Asian British: Any other Asian/Asian British background

☐ Black/Black British: African

☐ Black/Black British: Caribbean

☐ Black/Black British: Any other Black/Black British background

☐ Mixed/multiple ethnic groups: Asian and White

☐ Mixed/multiple ethnic groups: Black African and White

☐ Mixed/multiple ethnic groups: Black Caribbean and White

☐ Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background

☐ White: British/English/Northern Irish/Scottish/Welsh

☐ White: Irish

☐ White: Gypsy, Traveller or Irish Traveller

☐ White: Roma

☐ White: Any other White background

☐ Prefer not to say

☐ Other (please specify):

23. Where are you currently living?

☐ An initial accommodation center / reception centre

☐ Temporary emergency accommodation (e.g. a hotel or Bed and Breakfast)

☐ Rented housing - flat or house

☐ Privately owned flat or house (with or without mortgage)

☐ Staying with friends or family in their flat or house

☐ I am currently homeless

☐ Other (please specify):

24. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☐ Yes a little

☐ Yes a lot

☐ No

☐ Prefer not to say

25. Please state the type of impairment. If you have more than one please tick all that apply.

☐ Physical Impairment

☐ Sensory Impairment

☐ Learning Disability/Difficulty

☐ Long-Standing Illness

☐ Mental Health Condition

☐ Autistic Spectrum

☐ Other Developmental Condition

☐ Other (please specify):

26. Do you look after or give unpaid help or support to anyone (as in a Carer)? This could be because you have long-term physical or mental health conditions or illnesses, or problems related to old age.

☐ Yes

☐ No

☐ Prefer not to say

Your
voice
matters

Healthwatch Brighton and Hove
113 Queens Road, Brighton, BN1 3XG

Website: www.hwbh.co.uk

Call: 01273 234 040 - Monday to Friday, 9 am - 5 pm

Email: office@hwbh.co.uk

Click here to share your experiences and feedback with us, or if you need help or advice. **Thank you!**

Write to us at:
Healthwatch Brighton and Hove
113 Queens Road,
Brighton
BN1 3XG

Freepost: RTGY-CZLY-ATCR, Healthwatch Brighton and Hove, Brighton BN1 3XG

BSL: Click this link to contact us using BSL.

Easyread: Click this link to access our Easyread feedback form.

Making a formal complaint: read our advice on help making a complaint here.

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