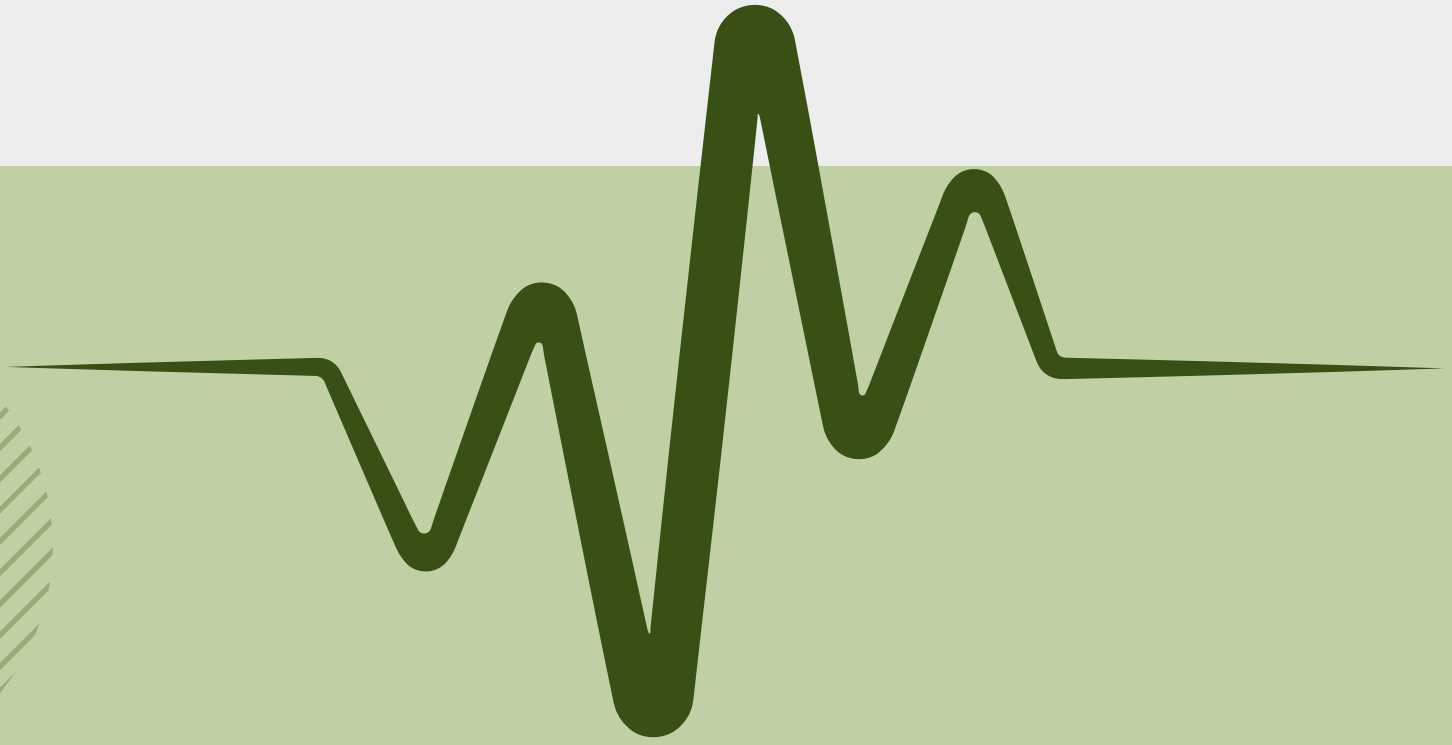
A CPAR 3 Research

Funded by the NHS

BARRIERS TO HEALTH SERVICE ACCESS - FOLKESTONE NEPALESE COMMUNITY

2024-25



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Introduction

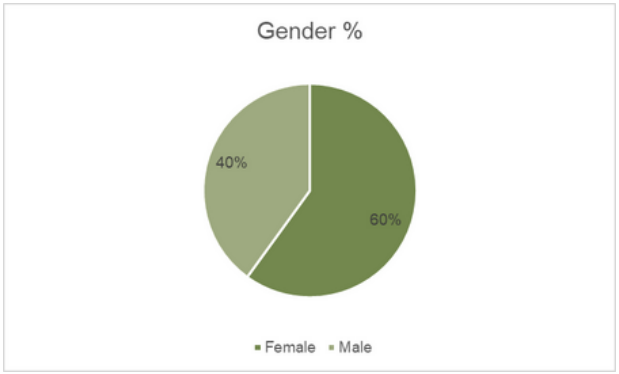
This report presents a comprehensive analysis of the health status and health service accessibility among the Nepalese residents in Folkestone, with particular emphasis on individuals living with multimorbidity. Multimorbidity is defined as the co-existence of two or more long-term health conditions in a single individual. The data reveals significant disparities in health service access, linguistic and cultural barriers, and areas where service provision could be improved to better meet the needs of this community, particularly for the Nepalese in the area.

This report examines the Nepalese community in Folkestone, combining data and personal insights to highlight healthcare access challenges and inform the development of more inclusive, culturally responsive, and accessible health services.

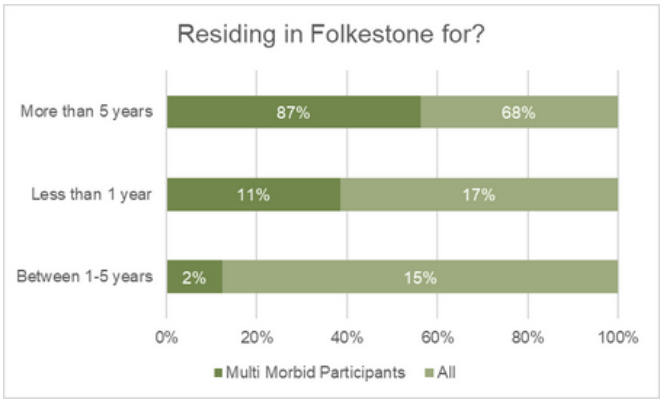
WHO DID WE SPEAK TO

We spoke to 100 individuals particularly for the survey and as most of them needed help with filling the form, we sat with them and talked them through and completed with them.

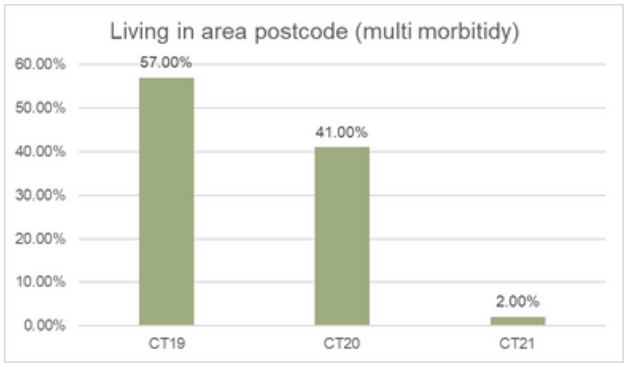
The demographic profile of the survey participants showed that 60% identified as female and 40% as male.



A large majority of respondents had resided in Folkestone for an extended period. Among those experiencing multimorbidity, 87% had lived in the area for more than five years, suggesting a long-established presence in the community.



Comparatively, 68% of all participants fell into the same category, with smaller percentages having lived in the town for less than one year (11%) or between one to five years (15%).



Postcode data further indicated that 98% of participants with multiple health conditions were or had been living in the CT19 and CT20 areas, with CT19 accounting for 57% and CT20 41% a smaller but significant share.

Age	All	Multi-morbid
18-24	1.0%	0.0%
25-34	8.0%	2.1%
35-44	15.0%	0.0%
45-54	9.0%	2.1%
55-64	12.0%	14.9%
65+	55.0%	80.9%
Grand Total	**100%**	**100%**

Age distribution revealed a predominantly older population, with 67% of all participants aged 55 and above. This percentage was even higher among the multimorbidity group, where 80.9% were over 65 years old and 95.8% were over 55, underlining the ageing nature of this vulnerable subgroup. A notable 47% of all respondents were identified as living with two or more chronic health conditions, and within this subset, 12% reported living with between four and six different diseases.

HOW DID WE CONDUCT THE RESEARCH

The research was conducted using a mixed-methods approach. A total of 100 surveys were collected from participants to gather broad insights and trends. In addition, a focus group with seven participants (four men and three women) was held to explore shared perspectives in more depth. To complement these findings, three one-to-one interviews were carried out—one with a man and two with women—providing more detailed, personal accounts of individual experiences.

HEALTH CONDITIONS

High blood pressure emerged as the most prevalent condition (81%), followed by high cholesterol (49%), diabetes (47%), and arthritis (36%). Other reported conditions included heart disease (30%), gastric problems (9%), and a variety of less common issues such as depression, kidney disease, and neuropathic pain.

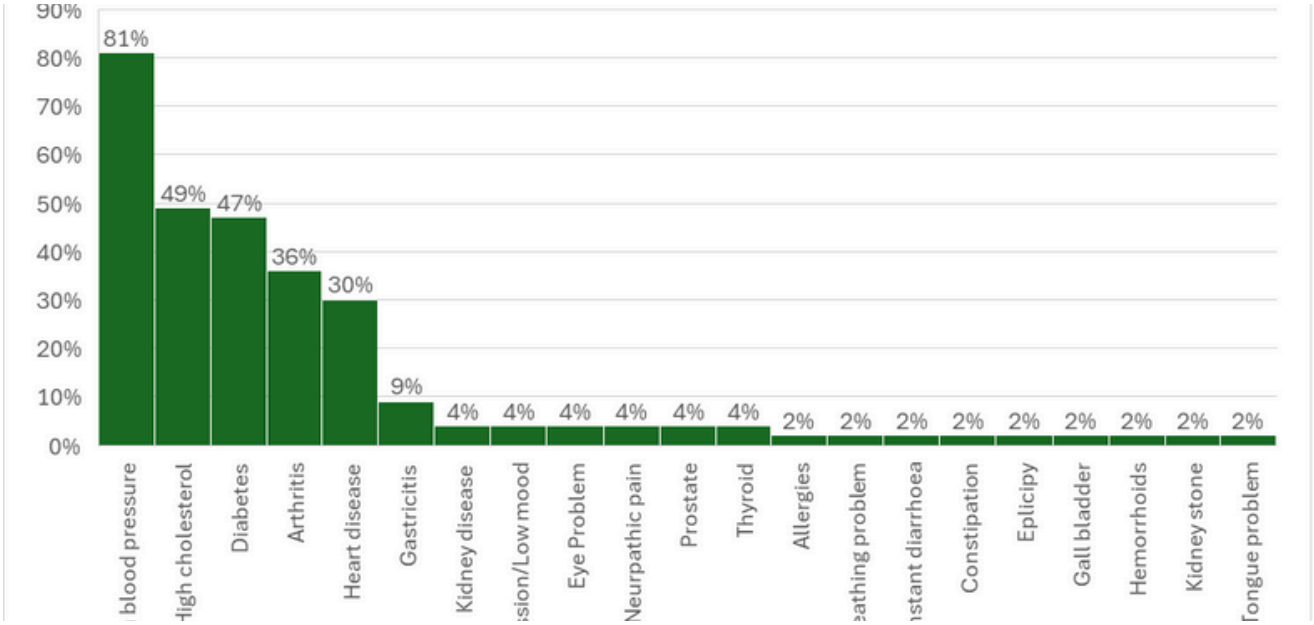
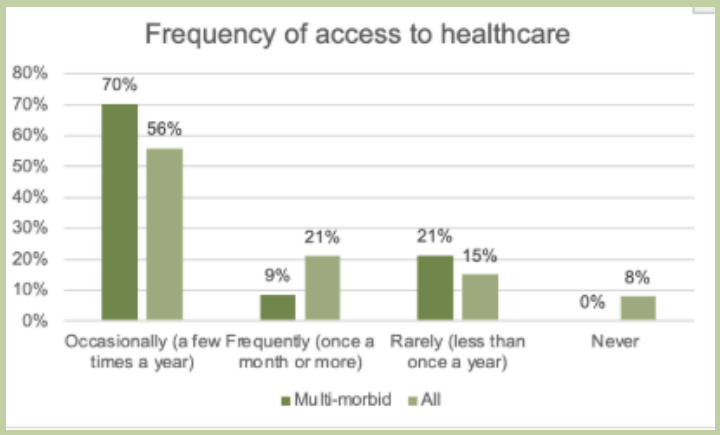


Figure:

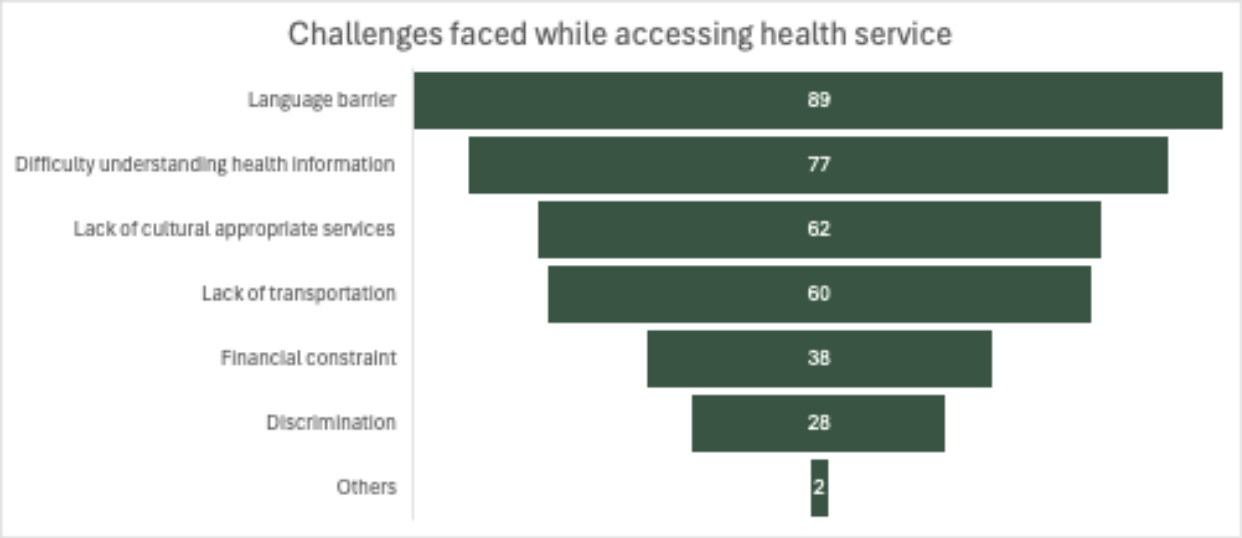
ACCESS TO HEALTH SERVICE



- In terms of engagement with local health services, 56% of total participants had accessed services such as GPs or hospitals in Folkestone. However, 8% reported never having accessed these services.
- Among those with multimorbidity, 70% accessed health service occasionally (defined as a few times per year), while 21% did so rarely.

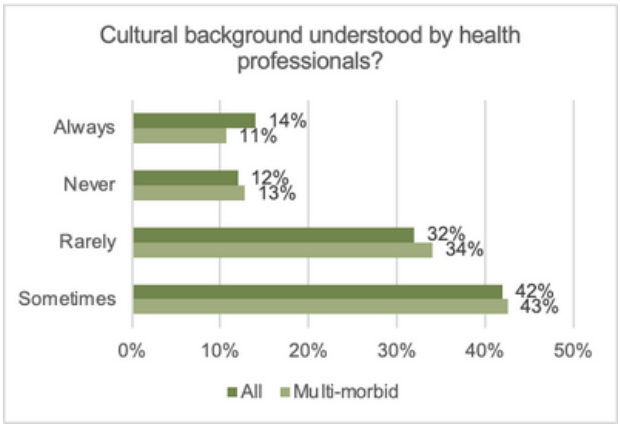
BARRIERS TO ACCESS

Participants highlighted several challenges faced when attempting to access health service. Among those with multimorbidity, the most frequently reported barriers included language difficulties (89%), difficulty understanding medical information (77%), and a lack of culturally appropriate services (62%).



These concerns were mirrored across the wider participant base, where 80% identified language as a major issue, 66% struggled with understanding health information, and 57% pointed to a lack of transport as a hindrance.

CULTURALLY APPROPRIATE SERVICE



Cultural competence among health service professionals was another critical area of concern. When asked whether they felt understood in terms of their cultural background, 74% of all participants responded “sometimes” or “rarely,” with respective proportions of 42% and 32%. Among those with multimorbidity, the response was similar: 77% indicated inadequate understanding, with 43% selecting “sometimes” and 34% “rarely.

Barriers to heath service access
at the Folkestone Nepalese Community

Participants emphasised that seeing doctors face to face carried cultural significance, as it fostered greater trust and reassurance. They felt that in-person interactions allowed for clearer communication, stronger personal connections, and a sense of being genuinely cared for, which was less evident in other modes of consultation.

" It has been 11 years that I have not seen doctor or say I have not been with doctor face to face."

Source: Participant in 1 to 1 interview

CHALLENGES IN BOOKING APPOINTMENTS

Challenges relating to appointment systems and availability were widely reported. Long waiting times were identified as the top issue by 81% of all participants. Sometimes language barrier led to added delay as they missed opportunities that were offered appointments in the first place. This was followed by frustrations with online booking systems (73%) and restricted clinic hours (65%). Participants with multiple long-term conditions cited online booking systems as their biggest challenge (81%), followed closely by long waiting times (79%) and limited clinic availability (72%).

"I had to wait for many months, so I had to go to Nepal to have my treatment"

Source: Participant in 1 to 1 interview

NHS DIGITAL BY DEFAULT

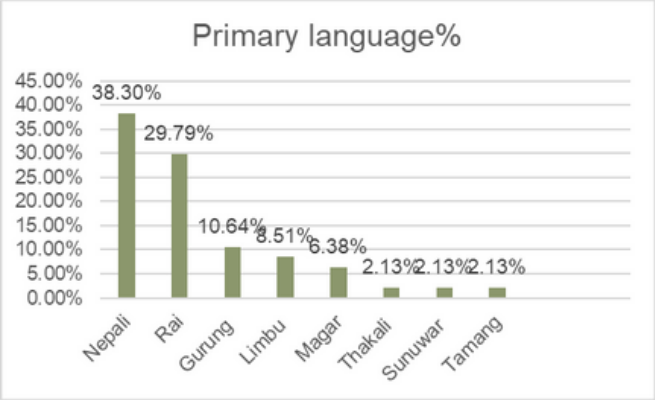
Participants highlighted ongoing challenges with booking GP appointments, blood tests, and X-rays through online systems. Many felt that the NHS is moving toward a "digital by default" approach, which can make services more efficient but also creates barriers. Those with limited digital skills, unreliable internet, or low confidence in using technology often struggle to access care, raising concerns about fairness and inclusivity.

" I don't know how to use e-consult. I do have the digital skills."

Source: Participant in 1 to 1 interview

UNLOCKING LANGUAGE BARRIER

Language skills played a central role in shaping health service experiences. Among the multimorbid group, the most commonly spoken language was Nepali (38.3%), followed by Rai (29.79%), Gurung (10.64%), and other indigenous languages including Limbu, Magar, Thakali, Sunuwar, and Tamang. English language proficiency among participants was mixed: 28% rated their English as “not good,” 40% as “poor,” and only a small proportion rated themselves as “good”.



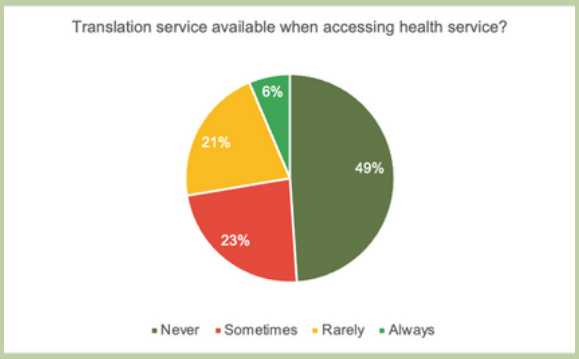
English Language Skill	%
Not good	28%
Poor	55%
Good	17%
Grand Total	**100%**

Nepali Language Skill	%
Good	40%
Very Good	38%
Excellent	13%
Not good	9%
Grand Total	**100%**

In contrast, participants rated their proficiency in Nepali more favourably, with 38% considering it “very good” and 13% “excellent.” Despite this, 72.34% of those with multimorbidity reported a lack of access to translation services—48.94% said they never had access, and 23.40% had access only sometimes.

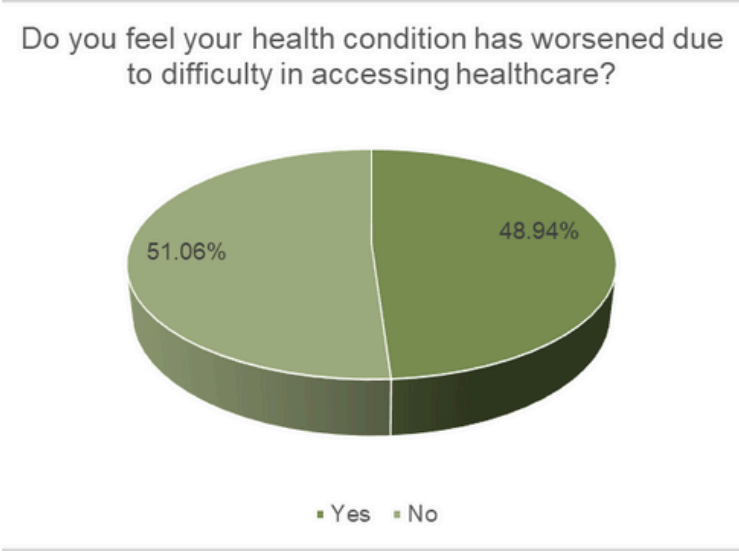
LACK OF TRANSLATION SERVICE

Lack of translation services when accessing health service declared by the multimorbidity is alarmingly at 72.34% combining never 48.94% and sometimes 23.40%.



IMPACTS

Nearly half (48.94%) of the multimorbid group believed that their health had worsened due to barriers in accessing appropriate healthcare. Several participants noted increasing reliance on painkillers, deterioration in mental health due to long waiting times, and in some cases, the necessity to return to Nepal to seek treatment.



"I cant sleep well at night."

Source: Participant in 1 to 1 interview

"I had to wait for many months, so I had to go to Nepal to have my treatment"

Source: Participant in 1 to 1 interview

"People usually come to the hospital when they're in pain, but instead of treating the root cause quickly, they just keep asking us to come back again and again whenever there's pain"

Source: Participant in focus group

"I was so tired of waiting so I have to go back Nepal for the treatment. Upon returning provided all the medical reports, finally, was given an appointment."

Source: Participant in focus group

RECOMMENDATIONS

When asked to propose solutions for improving health service accessibility, participants with multi-morbidity overwhelmingly endorsed enhanced language support services (100%), cultural awareness training for health service professionals (98%), and increased community outreach initiatives (96%).

These findings were echoed by the broader participant group, where 98% called for better language support, 92% supported more outreach work, and 91% advocated for increased training for health professionals. Additional recommendations included financial assistance, recruiting Nepali-speaking staff within health service settings, and addressing systemic equality issues.

"Our preferred mode of communication with GPs are letters. We can show the letter to someone who know English to translate it for us"

Source: Multiple participants in focus group

"I would like to see doctors face to face as I feel more assurred."

Source: Participant in focus group

CONCLUSION

In conclusion, the findings clearly demonstrate the need for urgent and targeted improvements in health service accessibility for the Nepali community in Folkestone, particularly those living with multimorbidity. The data underscores the critical importance of linguistic support, culturally sensitive service delivery, and age-appropriate health service interventions. Addressing these issues will require a coordinated response from local health authorities, community organisations, and policy-makers to ensure that this longstanding and vulnerable community receives the support it needs and deserves.

THANK YOU

For commissioning the research

For providing amazing training

For providing valuable mentorship

For providing help connecting

For providing access to participants and facilities