



Interpretation use in primary care...and cervical cancer and Swine flu

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Outline

- Growth in migrants in Scotland
- Onomap ethnicity identification software (UCL)

Three NHS Lothian migrant studies:

1. Interpretation use in Primary Care
2. Cervical Screening uptake
3. H1N1 cultural issues

Conclusion

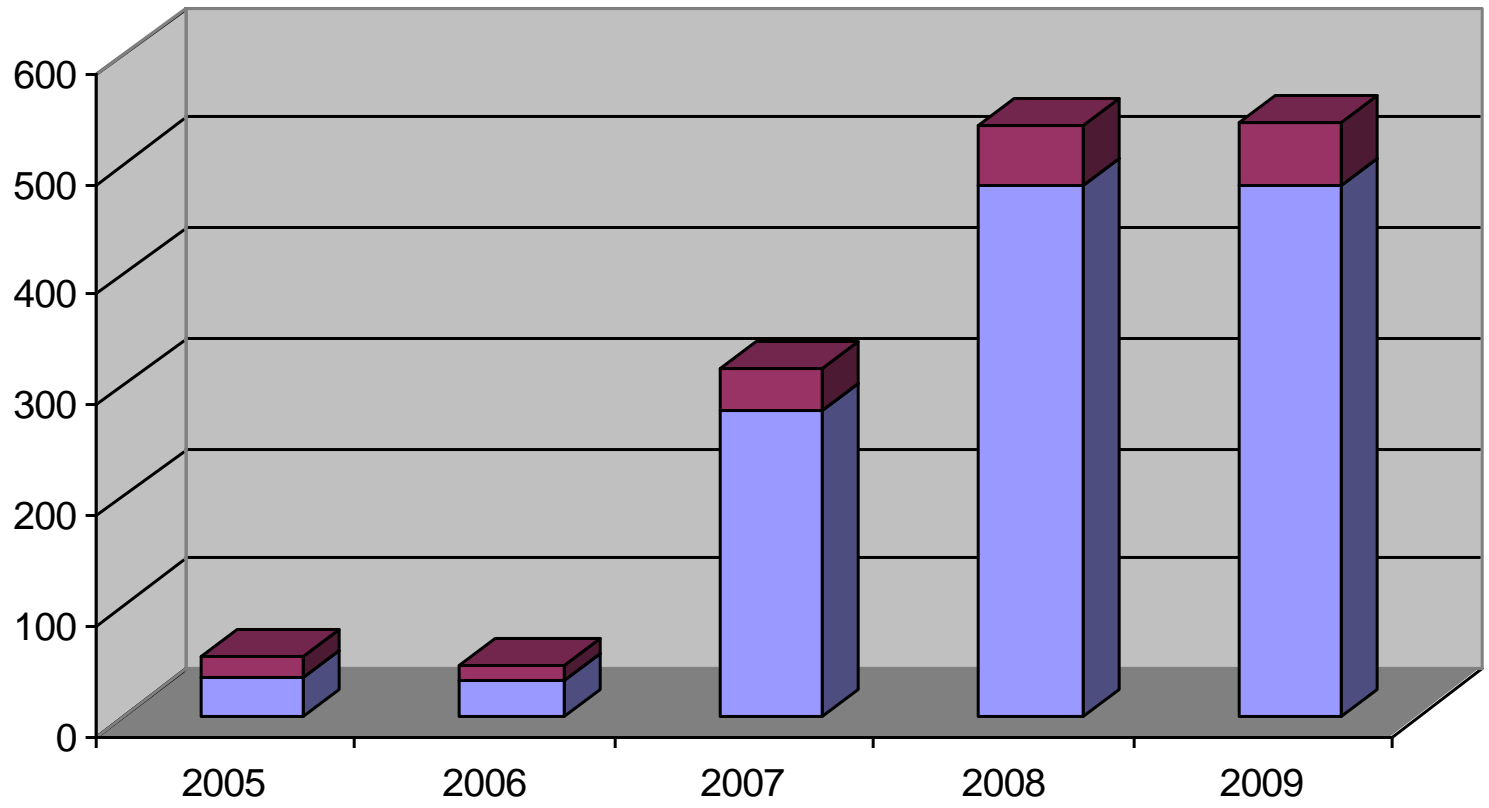


Background

- European Union expansion 2004
- 100k Accession 8 migrants in Scotland (vs. 60k South Asian, 30k Chinese)
- 5% of Lothian working-age population are Polish
- Significant impact on the diversity and complexity of needs, health and otherwise

Births in Lothian to mothers from Poland and Other A8 Countries

Poland Other A8



Source GRO(S) Birth data

- Healthcare obtained in two systems
- Maybe inappropriate use of services
- Very different expectations
- Wariness about UK care
- Young people



Attributing 'Ethnicity'

- Self-reported – e.g. census
- Healthcare records
- Name recognition
 - experts
 - Computerised automatic classification
 - South Asian in UK
 - Asian in N America & Australia
 - Chinese in Canada
 - Hispanic in USA

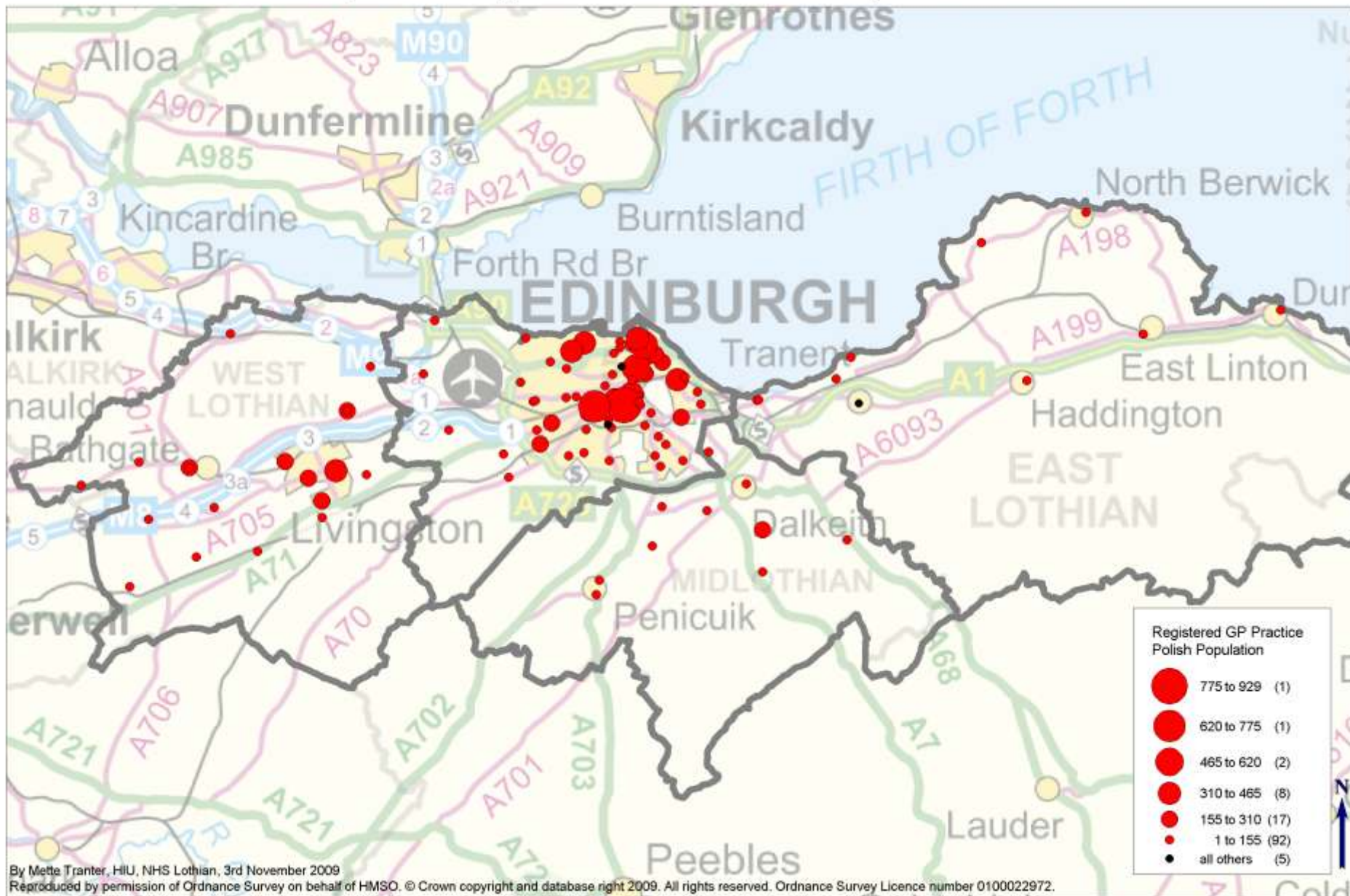
OnoMAP (University College London)

- Uses forename and surname to assign a cultural, ethnic or linguistic (CEL) category.
 - A hierarchy of 160 types & 75 OnoMAP groups
- Religious tradition, geographical origin, ethnic background, language

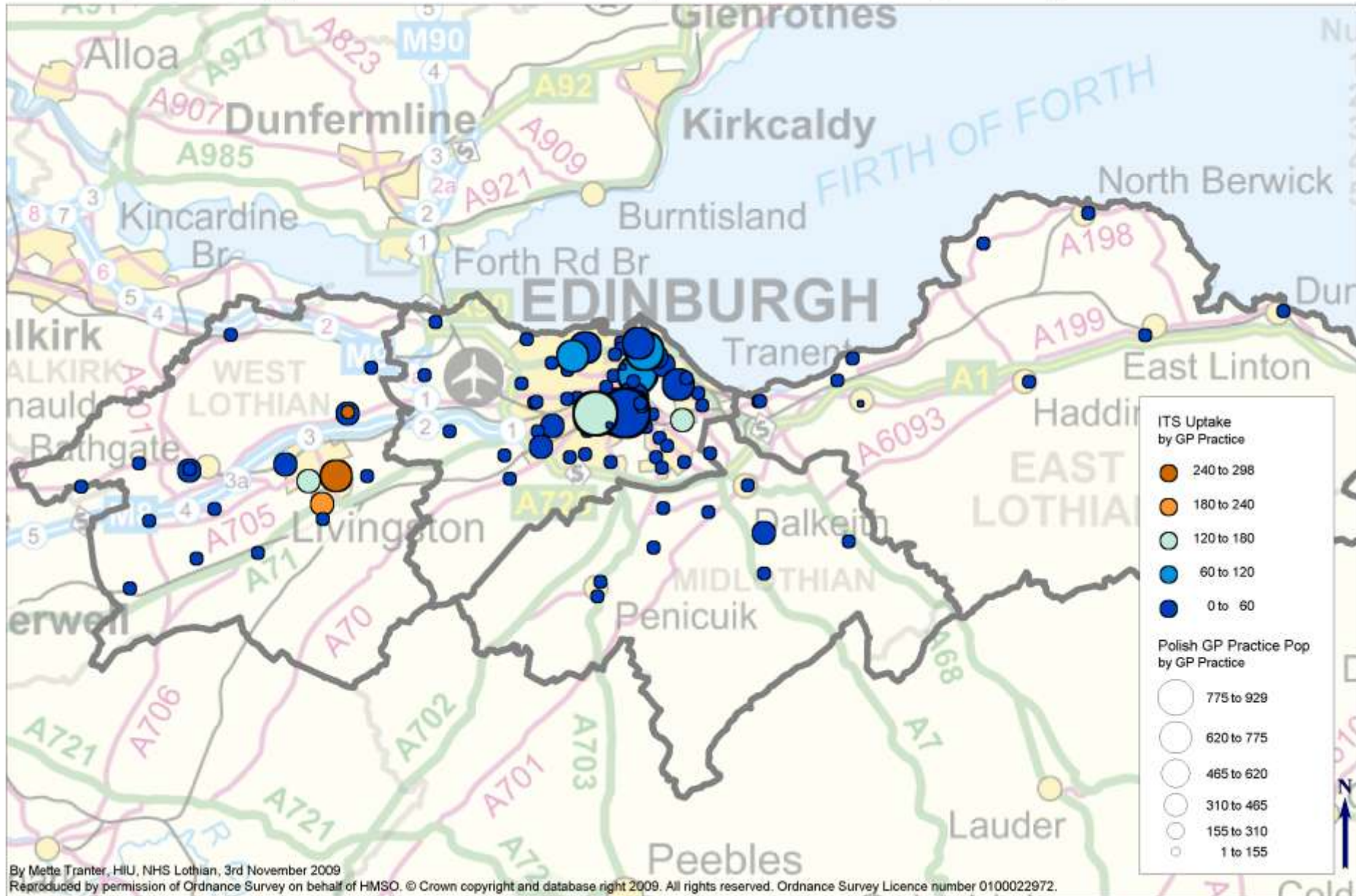
Study of interpretation service (ITS) use by Polish migrants

- Map the Polish population in Lothian
 - 16,042 Poles identified by Onomap
- Mapped to their General Practice
- Quantify ITS use by practices
- Expected attendance estimated & compared with ITS use
- Analysis of expected vs actual use

Map Showing Polish GP Practice Population



Map Showing Polish GP Practice Population and ITS uptake by GP Practice



By Metta Tranter, HIU, NHS Lothian, 3rd November 2009

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Conclusion

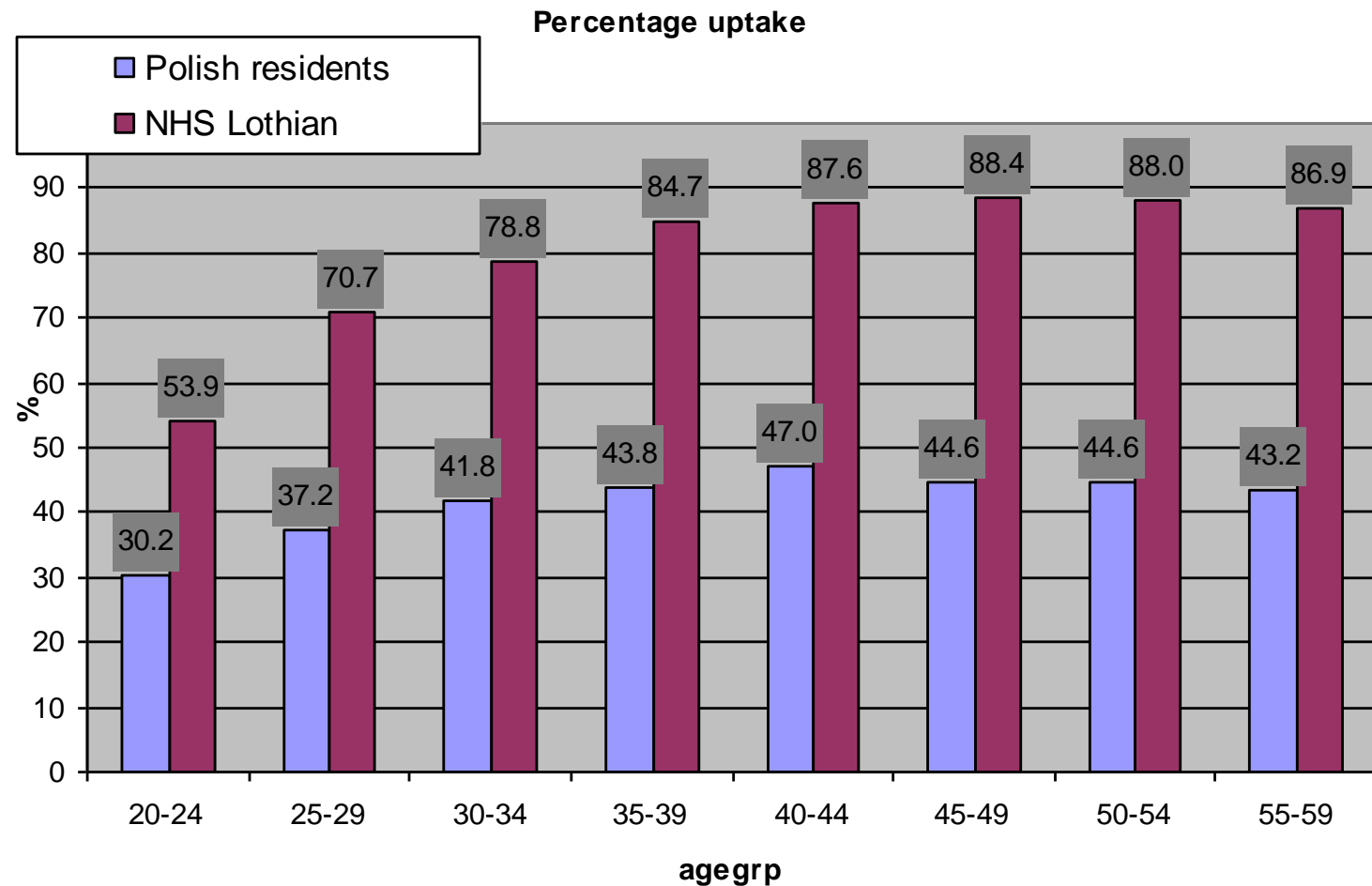
– need and use not linked

- Staff or the patient may decide incorrectly that ITS are not needed
 - Some practices have Polish staff or may use family members
 - Patients unaware of ITS
-
- Inconsistent use of ITS had been reported
 - Used this work to highlight good practice – combined with a new ITS contract

Cervical screening

- Poland has some of the highest rates of Cancer of the cervix in Europe (approx 3x the UK)
- Poland started a 3 yearly screening programme in 2007 (25-59) – opportunistic till then
- 10,000 women in Lothian of this age group

Cervical screening uptake



Cervical screening

- Poles have about 50% uptake of Scots
- Many go to Poland for healthcare
- Poles are unaware of UK screening services
- Further work underway
 - Pathology seems no different but may be a selected sample

Cervical screening

	Pole	Lothian
Abnormal results	151	6386
Mild	85.4%	82.3%
Severe	12.6%	15.6%

H1N1 'Swine flu' vaccination and pregnancy

Qualitative interviews of 5 Poles and 5 Scots (16+ weeks pregnant) by a bilingual doctor (AU)

- Pregnant women at heightened risk
- Policy developing daily with a lack of translated material
- Different policies throughout Europe
- 500 pregnant Polish women in Lothian and feedback from midwives and doctors of poor understanding and low uptake

Results

- No Pole/Scot difference – most did not think the vaccine was proven with not enough information about foetal effects.
- Unhappy making a decision and viewed what they did as ‘the least worse option’
- Poles used the internet more – and often prepared for appointments extensively



To reduce inequalities it is important to identify migrant populations and see the UK system through their eyes – we must consider factors which influence their health and use of services and train our staff accordingly