



BARRIERS TO HEALTH SERVICE ACCESS - FOLKESTONE NEPALESE COMMUNITY

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RESEARCH METHODOLOGY



Surveys

100 participants



Focus Group

7 participants

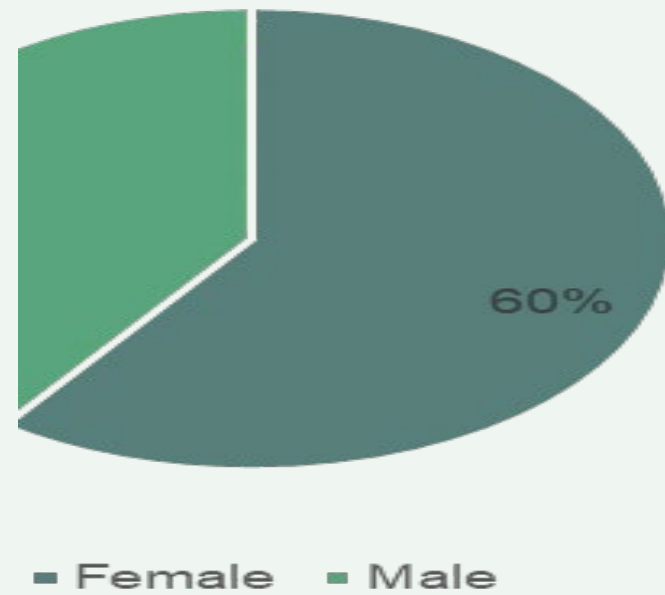


1-to -1 Interviews

3 participants

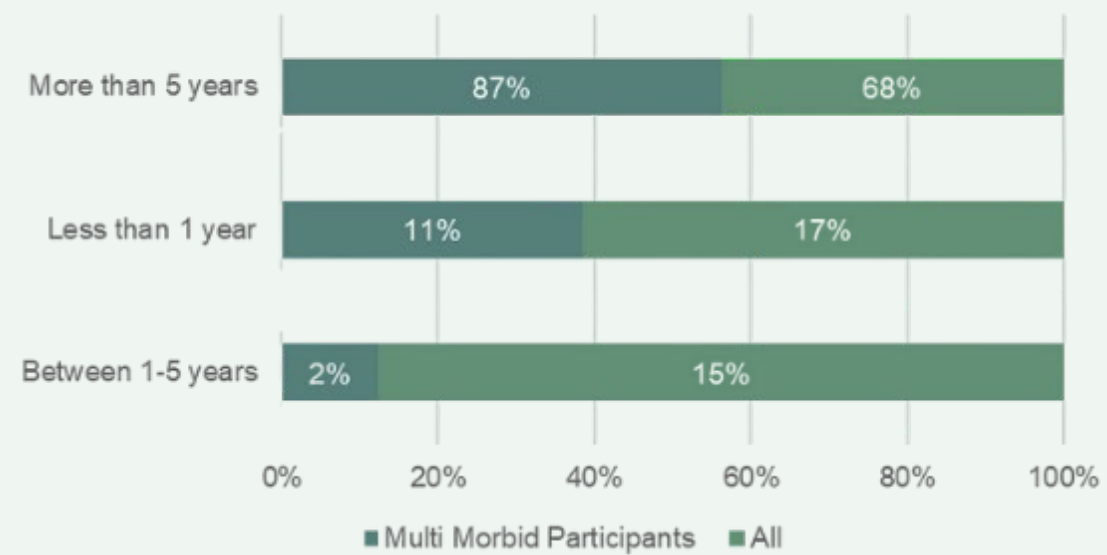
WHO WE SPOKE TO

Gender %

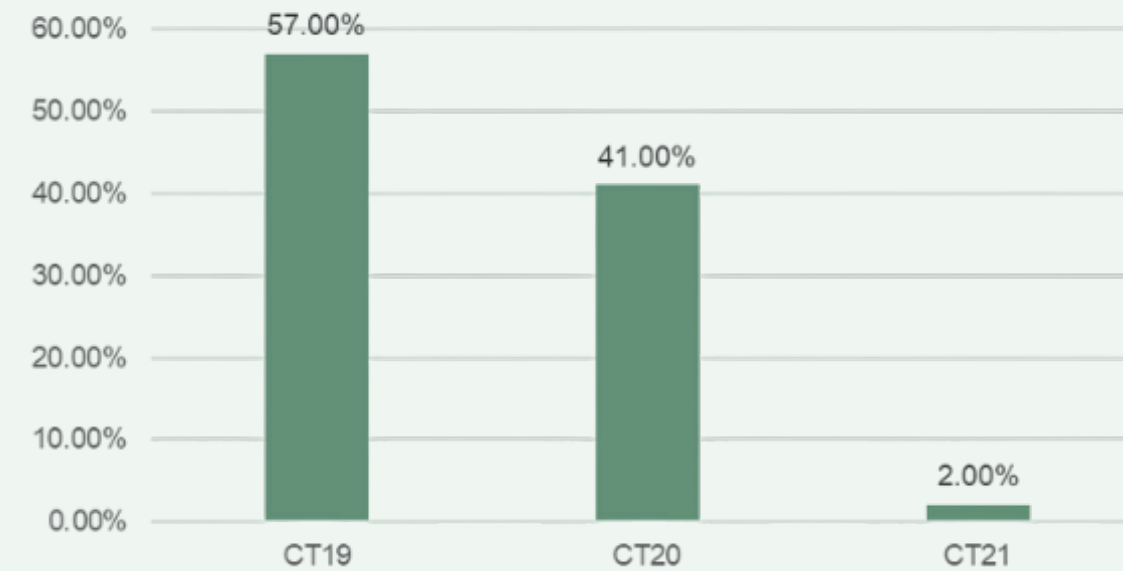


Age	All	Multi-morbid
18-24	1.0%	0.0%
25-34	8.0%	2.1%
35-44	15.0%	0.0%
45-54	9.0%	2.1%
55-64	12.0%	14.9%
65+	55.0%	80.9%
Grand Total	100%	100%

Residing in Folkestone for?



Living in area postcode (multi morbidity)



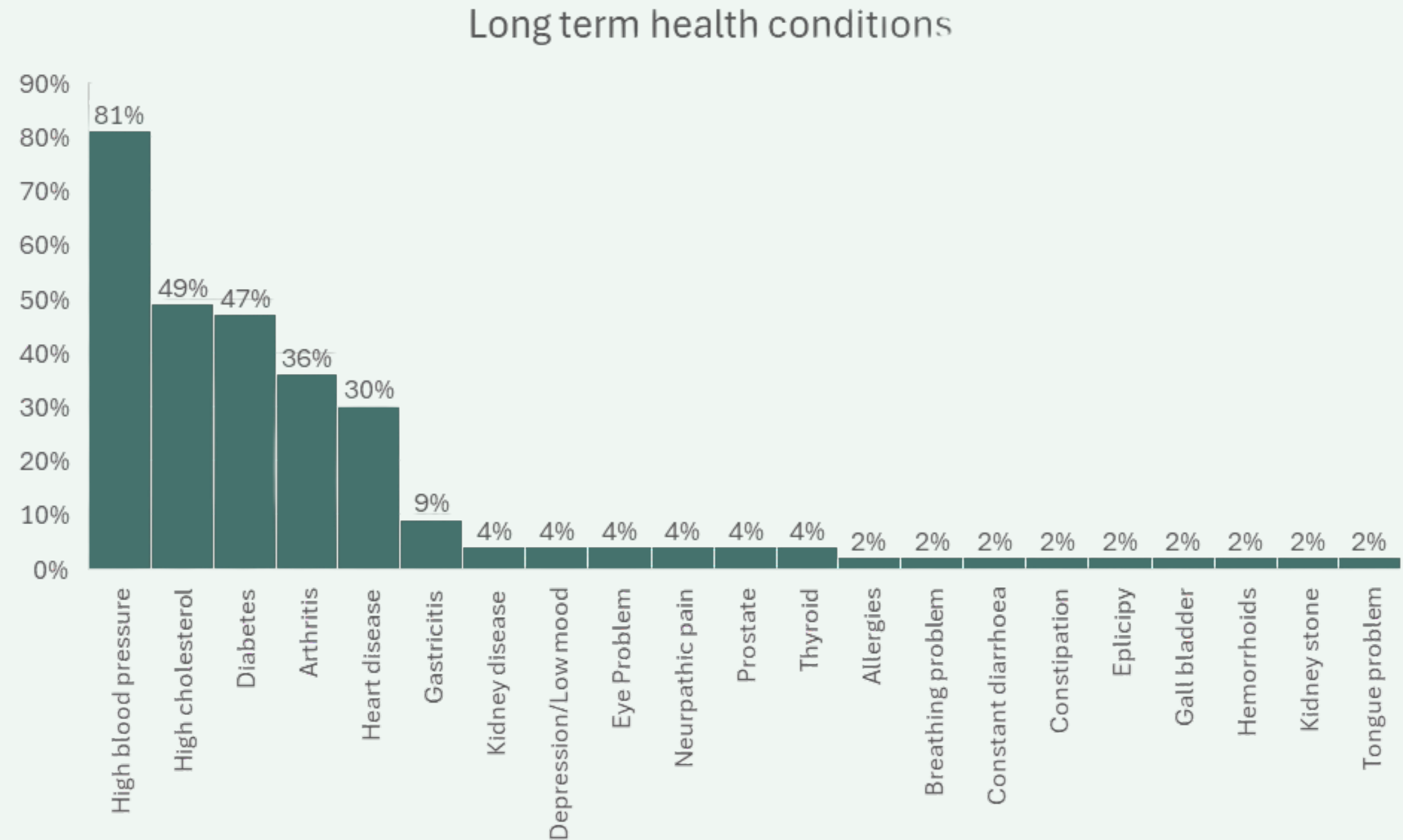
WHO WE SPOKE TO

- Ageing population
- High health needs and high vulnerability



HEALTH CONDITIONS

- Most common:
 - High blood pressure (81%)
 - Cholesterol (49%)
 - Diabetes (47%)
 - Arthritis (36%)
 - Heart disease (30%)
- Serious chronic conditions → need monitoring, trust, communication



BARRIERS TO ACCESS

Language (89%)



Understanding medical
information (77%)




Lack of culturally
appropriate services
(62%)



Digital Exclusion (73%)



BARRIERS
TO
ACCESS

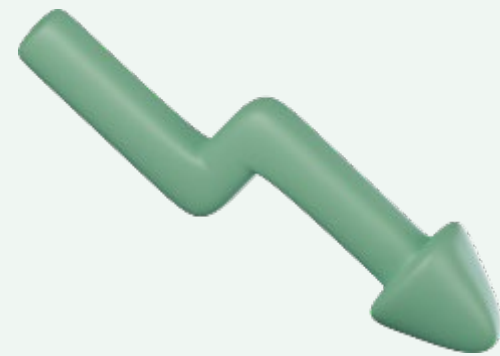


*‘ Without an interpreter, we
just sit there like a statue.’*

LOADING



IMPACTS



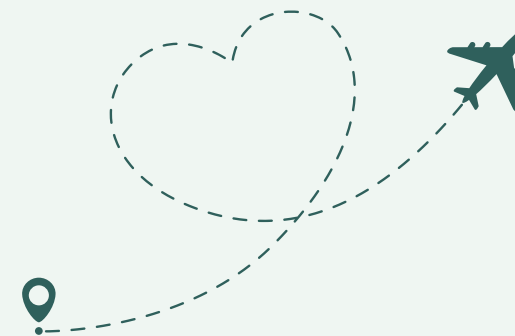
Almost half of those with multiple conditions told us their health has worsened because of access barriers



People reported increasing reliance on painkillers.



Worsening mental health due to waiting times, anxiety of communication issue.



Travel to Nepal for urgent care
'I waited months and had to return to Nepal for care.'

This shows how the system is not meeting needs in a timely or safe way

COMMUNITY RECOMMEDATIONS

- Recruit Nepali-speaking staff or interpreters.
- Provide written letters for appointments and results, ideally in Nepali or simple English.
- Offer alternatives to online booking for those without digital skills.
- Provide cultural awareness training for staff — this was supported by 98% of survey participants.
- And reduce waiting times, with faster and more consistent follow-up.



TRUST & COMMUNICATION



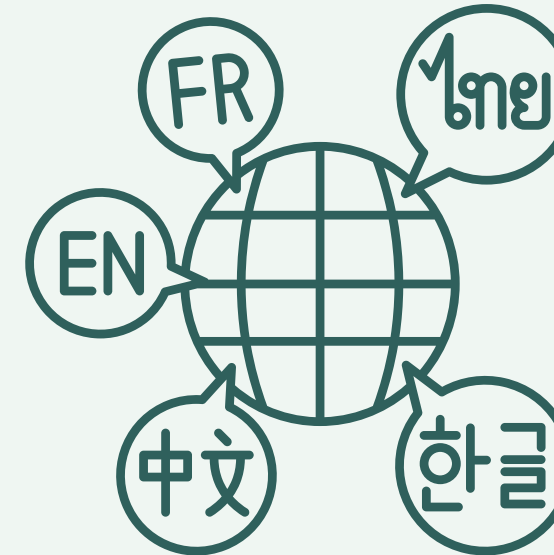
Many participants strongly prefer letters over phone calls or emails. Letters can be shown to family or friends who help translate.



There is confusion about who is a doctor and who is a nurse. In Nepal, doctors are highly trusted, and not being able to see a doctor causes distress and doubt.



People reported that they rarely receive their test results, or don't know whether their results were good or bad.



72% had no access to translation services.

As one person put it: *'Since I've been here, I haven't seen a doctor. I don't know who is a nurse and who is a doctor.'*

AT THE HORIZON..

Date published: 27 May, 2025
Date last updated: 16 June, 2025



[Healthcare inequalities](#)

Improvement framework: community language translation and interpreting services

< Publication

Introduction

Content

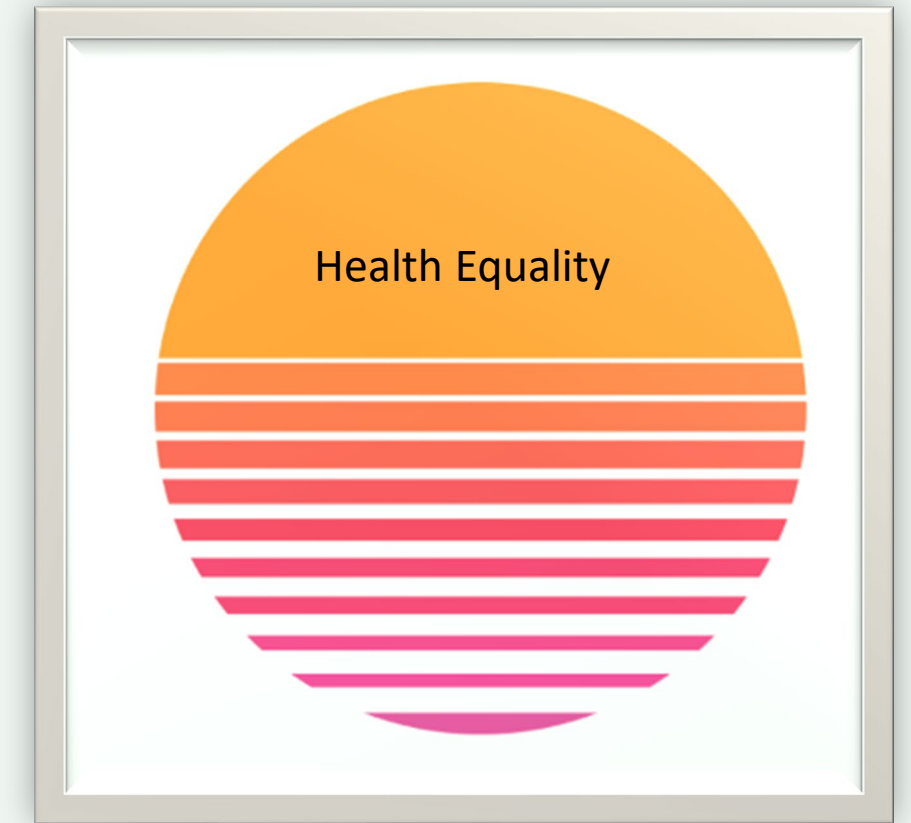
1 million people in the UK are [unable to speak English well, or at all](#).

[Introduction](#)

People who speak little or no English are [more likely to be in poor health](#), have a greater likelihood of experiencing [adverse events](#) and of developing life-threatening conditions and tend to have poorer access to and experiences of healthcare services than people who don't have language barriers.

[What is the framework for?](#)

[5 areas of action](#)



News

Pioneering neighbourhood health scheme aims to bring care home

FOLKESTONE, HYTHE AND ROMNEY MARSH PICKED FOR NEW NHS INITIATIVE

By CATHERINE LANGSTON
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PEOPLE living in Folkestone, Hythe, and Romney Marsh will benefit from a major change in how healthcare is delivered after East Kent was chosen as one of 43 national "neighbourhood health" pioneer sites.

It is the only area in Kent to be selected for the initiative, which is part of the NHS 10 Year Plan, and is designed to move more care out of hospitals and into communities.

In each of the chosen areas a new

Neighbourhood Health Team will be created locally - with some based entirely under one roof - to improve access to health services, and will include staff such as nurses, doctors, social care workers, pharmacists, health visitors, palliative care staff, and paramedics. Community health workers and volunteers will also play a role in these teams.

The aim is to make it easier for people - especially those with long-term conditions such as diabetes, arthritis, angina, high blood pressure, MS and epilepsy - to access support close to home, without

needing to rely so heavily on hospital care.

For Folkestone and Hythe, where rates of chronic health conditions are higher than average, the shift could be transformative. Local GP surgeries, including Sandgate Road Surgery, have already trialled multi-disciplinary working, and the new funding will allow that model to be expanded.

The area will receive part of a £10 million Government investment in the new teams nationwide.

Folkestone and Hythe MP Tony Vaughan, who has been pressing ministers for more community-based healthcare, said: "After meeting with Ministers, the Kent and Medway ICB, and local health professionals, I am delighted that Folkestone,

Hythe and Romney Marsh will be one of the first areas to receive funding for a new Neighbourhood Health Team. The fact that we will be the only area in Kent to receive this support is a testament to the trailblazing and pioneering work already being done at community level to integrate health services.

"By drawing on local expertise and experience, I am sure that Folkestone and Hythe can help shape a blueprint for how neighbourhood healthcare services can be delivered across the country."

He added that the shift "from sickness to prevention, and hospital to community" could save lives and protect the long-term future of the NHS.

Health and Social Care Secretary Wes Streeting MP said: "If we are to

get patients cared for faster, on their doorstep and even in their own home, then we need to shift the focus of the NHS from hospitals to the community.

"As part of our Plan for Change, we are beginning the Neighbourhood Health Service in areas of greatest need first, to tackle the unfair health inequalities that blight our country."

For patients, that could mean fewer long trips to hospitals in Ashford or Canterbury, more joined-up support for managing conditions day-to-day, and better access to preventative care.

Neighbourhood Health Teams will be rolled out first in areas of highest deprivation, before being expanded more widely.

■ Tony Vaughan on healthcare - page 10

Reader Travel

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Holidays

CONCLUSION

Language difficulties, long delays, and lack of cultural understanding are widening health inequalities.

But the solutions are clear: better language support, culturally sensitive care, timely access to doctors, and clear communication.

Words of one participant: *'People aged 65 and over are also asking for treatment — we want to live too.'*



THANK YOU

**FOR
LISTENING**

