keystone development trust

Southern Norfolk NHS Primary Care Trust

Health and the Portuguese Community

A Pilot Study

By Corah Carney

April 2004

Health And The Portuguese Community

Background

The Health Development Officer (HDO) is jointly funded by three Primary Care Trusts and Keystone Development Trust in Thetford. As part of her role, the HDO attends a steering group which has been formed by Southern Norfolk PCT to identify the health needs of ethnic groups especially the Portuguese.

Methodology

This small pilot study has been compiled as a result of a desktop internet search and with the assistance of three Portuguese residents whom the HDO was able to make contact with. All were female and have been in the UK for an average of 2½ years ranging from 1 year to 4 years. Interviews were held with these women during April 2004. These women shall be referred to as C, S and E.

Before the interviews took place, the HDO asked health professionals if there were any particular questions they would like asked. Questions and issues were e-mailed to the HDO and a list was compiled. Dates were set for interviews and the list was sent to the interviewees prior to this date. The interviews took approximately two hours. It was not necessary to have translation services as all the interviewees spoke English well. All proved to be very enjoyable and enlightening.

Limitations of the Research

As with any research, the information gathered for this pilot study is a snapshop, limited to a point in time and by the data available. The interviews were conducted with Portuguese nationals who are resident in Breckland, however, there are a number of other Portuguese speakers mainly Brazilians and this pilot study did not extend to this group. As EU nationals, all interviewees are legally resident workers.

The following information is sourced mainly from the web-sites of the European Union and the CIA World Factbook.

The basic principles of the Portuguese health care system

A national health service exists in Portugal. It operates independently from the social security system. Under Article 64 of the Portuguese constitution, "*the right to health protection is guaranteed through a NHS which is universal, general and depending on the socio-economic status of citizens, largely free of charge*". Alongside the NHS there are various health sub-systems, access to which is reserved for certain categories, generally specific professional categories such as civil servants, bank employees etc. Some of these systems operate as "opted out" alternatives to the NHS.

Nationality and residence in Portugal are the two criteria for entitlement to NHS services. All Portuguese nationals are covered by the NHS as are all citizens of the member states of the European Union.

The Portuguese NHS offers a wide health care package which includes primary health care and hospital care, nurses and a range of other diagnostic and therapeutic services. The NHS also makes a contribution towards the cost of medicines. The NHS is funded by national tax and also by contributions made by individuals. Income from patient contributions represents 6.9%.of the NHS budget. Patient contributions are set as follows:

Consultations at health centres – €1.50
Home consultations - €2.99
Emergency consultations at health centres – €2.00
Emergency consultations at hospital - €4.99
Hospital out-patient consultations - €2.00 – 2.99
Diagnostic and therapeutic services - €0.75 - €149.99
Those exempt from payment include pregnant women, children up to the age of 12, the disabled, those with chronic illness, voluntary blood donors, unemployed, pensioners or people on low income.

In 2001, total spending on health represented 9.2% of the country's Gross Domestic Product (UK average is 7.6%).

However, the NHS in Portugal has overriding problems with long waiting times, which can be months for medical care and up to 5 years for a cataract operation. These waits primarily result from shortages of financial resources, lack of personnel and inadequate facilities. A shortage of trained Doctors is a big problem. In the 1970's there was an average of 5,000 students entering medical school per year, compared to 2003, where only 1,100 new students entered medical school. This problem is also made worse by an aging work-force of existing Doctors.

Morbidity and Mortality in Portugal

The chief causes of death amongst the young are traffic accidents followed by infectious and parasitic diseases and diseases of the respiratory system. The chief cause of death among adults is thrombosis followed by cancer, especially that of the colon. Tuberculosis is a national problem with Portugal having the highest number of cases in the EU. TB is connected to AIDS, whose numbers are also high. Portugal has a big antibiotic problem, having one of the highest intakes of antibiotics per capita in Europe and is heading for a major problem as superbug strains of bacteria are beginning to develop resistance to existing antibiotics.

Many health problems are caused by lack of physical exercise and high rates of smoking and alcohol consumption. Approximately 7% of females smoke and 30% of males smoke. The price of cigarettes doesn't help with many brands selling for less than three euros a packet. Portuguese women are among the most obese in Europe. The incidence of osteoporosis among women is high, being reported at 10%. High consumption of salt is also one of the main killers. An average of 18 grams a day per person is consumed by the Portuguese compared to the UK national average of 12 grams per day per person. One in four people die of stroke where the main cause is hypertension.

Despite these issues, life expectancy in Portugal is good, being 73 years for males and 80 years for females. Infant mortality is 5.7 deaths per 1,000 live births in 2003. (UK life expectancy is 76 years for males and 81 years for females. Infant mortality is 5.2 deaths per 1,000 live births).

Primary Care

Primary health care services are provided at Health Centres or Family Health Clinics (Postos de Saude) where each patient should be registered with a Family Doctor. Health Clinics are staffed by nurses and General Practitioners (known as Family Doctors). In the case of illness, patients should either go to the family doctor or to the 24-hour emergency service which is based in the health centres or at hospital.

The idea of the Health Clinics was to take the burden off the Emergency Rooms at the Hospitals which are often sought out for the smallest ailment, even a common cold. The Health Clinics however, have failed to meet expectations. Many people do not have a family doctor at these clinics, waiting times are long and there are no specialists. A lot of people have limited trust in these Doctors and prefer to go straight to the Emergency Room, thus overburdening the system.

Emergency Treatment

In the case of accidents, patients are taken directly to hospital. Since the emergency rooms are swamped with people, the Government has recently attempted to priotitorise patients by adopting a triage system in the Emergency Room. This system has been much criticised by some, but time will tell whether it proves to be a solution.

Medicines

Patients contribute to the cost of medicines on the basis of a sliding scale (A-D).
A – Costs borne 100% by the state
B – Medicines subsidised at 70% of the retail price
C – Medicines subsidised at 40% of the retail price
D – Medicines subsidised at 20% of the retail price.
There are also medicines that attract no subsidy from the state.

Pensioners on a low income receive an additional reduction of 15% of the retail price of medicines in categories B & C.

C and S both felt that the UK system of a single fixed price for medicines was a better system. However, S told of a recent problem with a colleague who had been prescribed medication by her GP. Unfortunately, she had misunderstood the instructions (written in English) on the packet and had taken the wrong dosage - believed to be double the prescribed dosage. The patient was subsequently taken seriously ill and this had led to an emergency admission. The lady in question had been unable to communicate, having no understanding why she was in hospital or what was the problem. It was only three days later, in a very upset state that she had been able to speak to S on the telephone.

The following questions were requested by health professionals.

Q. Are there District Nurses and Health Visitors In Portugal?

The Portuguese NHS provides District Nurses. Normally this service is provided for older people that are stranded in their homes with no means of attending hospital or the health clinics. There is no equivalent to Health Visitors - these services are carried out by the Family Doctor. Today, many middle class families have only one child. The vast majority of children are born in hospital. Most vaccinations are undertaken in the Doctor's Surgery or in School.

Q. Would the Portuguese Community know how to ring for an ambulance in the UK?

C and S felt that as the universal emergency telephone number 112 works in the UK, most Portuguese would probably be familiar with this. However, there would be language barriers when trying to communicate *where* the ambulance was required and for what problem. It was felt that this would prevent Portuguese people from using these services.

Q. What are Dental Health services like in Portugal?

The order of Dentists, Monteiro da Silva, report that the situation in Portugal is very bad. Many people, because of total lack of dental hygiene or periodical visits to the dentist suffer from gum disease and eventually lose their teeth. Most people don't have money to go to the Dentists, but the biggest problem is educational. There has never been a program of dental education in the country. *"Between a top model car and a healthy smile people prefer the car. Public figures, even with no financial problems, appear on TV with smiles full of holes, because most of the people think oral health is not a priority" (www.portcult.com).* The Jornal de Noticias reported in June 2002 that Portugal has the most toothless smile in Europe!

The problem is especially serious among the elderly with one half of senior citizens not having one tooth in their mouth. The problem however, is not necessarily a shortage of dentists but one of cost. Most dentists are private and are not cheap. The oral health of the Portuguese depends on the private sector.

Q. Is there a high incidence of domestic violence?

Portcult.com states that domestic violence is reportedly a common but hidden problem especially in the more rural areas. The Police are not considered to give the highest priority to domestic incidents, hence this and traditional societal attitudes discourage many women from seeking help.

Q. What is the Age of Consent for heterosexual and homosexual sex?

The age of consent for both heterosexual and homosexual sex is 16 years. Until 1997, heterosexual sex was permitted at the age of 14 years.

Q. How much information do the Portuguese receive on health issues prior to coming to England or shortly after arrival?

Some organisations like Bernard Matthews offer an induction package to employees in which information on health is covered. It seems however that this service is only offered by the larger employers. E tells that she did not

receive any information on health issues when she arrived in England one and a half years ago.

Q. Do the Portuguese know how to access the NHS and what the NHS can provide?

All interviewees considered that the majority of Portuguese would have no idea about how to access the NHS and its services, especially if they had arrived by independent means in the UK. E tells that until recently, she wasn't aware of the services provided by the NHS.

Q. What barriers (perceived or actual) are there to accessing the UK health system?

All felt that the language is by far the biggest barrier. The second barrier is the first point of contact with the NHS, very often the GP Receptionists or a Call-Taker if a telephone is used. Both C and S felt that they had encountered racism by the Receptionists in their GP Surgery who showed a reluctance to help or offer assistance. In-Tran services were not offered until they themselves asked for it. To overcome the language barrier, people often hired Interpreters who then accompanied them to appointments. The ethics and quality of some of those offering these services was of concern to both C and S. Most were unregulated and were charging around £20 for 15 minutes. Confidentiality could not be guaranteed. It was felt that another barrier could be the lack of knowledge about the actual health system and services available.

Q. Where do you get health information from in Portugal?

E considered that *normally, we would make an appointment with the Family doctor to ask about any issues that may be of concern".*

Q. What do people really want when they come to England?

The most important thing is a stable job with guaranteed hours. Second is somewhere to live which is reasonable and acceptable. There are worrying examples of exploitation from agencies in this area and there are many stories of overcrowding. Some workers like to bring their family over so they can be together. Lastly, a simple quality of life is desired but people are more than willing to work hard with overtime to achieve this. Many people are not aware about the 'benefits' available to them especially when on low incomes; some do not seek help easily.

Employment Issues

During the interview, conversation inevitably came around to employment in the UK. All three women were employed on a full-time basis. Frustration was expressed by those interviewed at not having their professional qualifications recognised in this country. C was a qualified Accountant in Portugal but was not using her accounting skills in her present post. Likewise, her partner had been a qualified Plumber for 14 years in Portugal but was currently working on a factory line. Both C & S felt that the Portuguese were excluded from professional opportunities and they felt it was unfair they had to study in their own time to get recognised for something they were qualified for in their own Country. They all felt they could offer more if only they were allowed to. They suggested that they would be prepared to take a post on half pay for a probationary period if only they were given an opportunity to demonstrate their skills and professionalism.

Q. What is the Portuguese Educational System like?

General education for children starts at 6. Pre-school is available from 3 years but this is not compulsory. General education lasts for nine years, divided into three cycles, ages 6-10, ages 10-12 and ages 12-15 years respectively. After these nine years, students make a choice regarding their future which starts with secondary education. At this stage, pupils choose between 'active life' (technological education) or 'general studies'. 'Active life' aims at preparing students for a specific job or activity. This lasts normally for three years, after which the student receives a certificate for the job market. The 'general studies' option is favoured by those students who intend to proceed to higher education. Most schools are mixed; single sex schools are more likely to be private.

Access to higher education is subject to numerous clauses. Every year, each school determines the number of vacancies available, a minimum grade for applicants as well as a pre-determined selection criteria.

The Family

A baby is usually baptized in Church followed by a family celebration. To get married in Church, you must have been baptized and so few people go without baptizing their children. Marriage is most common with the Portuguese at around thirty years old. A lot of young people live with their parents until they are twenty-five. Since the 1980's, divorce is easy.

Q. What is the Portuguese Law on Child Protection?

Similar laws and Policies to the UK exist concerning child protection. Various bodies such as the National Children's Rights Commission and the Institute

for the Support of Children assist in supporting and implementing these policies.

There is no societal pattern of abuse of children although child labour remains a problem. Following the uncovering of a paedophile ring in Madeira in 1997, the Parliament passed a law in 1998 that enlarged the definition of paedophilia to include the consumers of child pornography as well as the producers.

Q. Do you think that overall, living and working in the UK is a positive experience for the Portuguese?

The feelings here were mixed. The positive things that the UK offered were employment, a good income and beautiful countryside but the negative aspects were being so far away from their country. S felt that some people are not satisfied because *"they have been unlucky by being caught by unscrupulous people who exploit them, others because they feel so much discrimination mostly because they can't communicate properly".*

Initial Conclusions

Although this was only a small pilot study with a small sample size, several issues emerged. The Portuguese system of seeking medical assistance could help explain the perception of why the Portuguese residents tend to turn up without appointments at the Surgeries or at A/E for non-emergencies. The issue of prescription instructions being written in English only is a serious one and should be investigated further. The fact that dental health has a lower priority in Portugal than in the UK could help explain the poor dental health of these residents. The higher incidence of smoking amongst Portuguese males suggest that smoking cessation programmes could be targeted at this group in particular. The first point of contact, namely the GP Receptionists might benefit from awareness training regarding the IN-TRAN services available which in turn might help with the perception that the residents feel that they encounter racism at this point of contact. The lack of language skills was perceived to be the biggest barrier to accessing services, and this could be improved with increased ESOL courses available and likewise, more health professionals learning to speak basic Portuguese.

The fact that certain qualifications are not recognised in the UK is a long-standing problem. Acknowledgements and accreditation of qualifications would greatly help to increase employment opportunities in the UK and shadowing or mentoring opportunities should be encouraged, especially within the public sector.

At the end of the interviews, all residents expressed an interest in meeting again and it is hoped that a rapport can develop. C wrote in an e-mail afterwards *"it was really nice to meet you I hope we could meet again, if not to talk about the Portuguese then to chat about something else"*. S also said in

an e-mail "*it was a pleasure to help and thank you for the chance you gave me to communicate in English".*

Further Research

Further research could be developed to include the following:

- A *health needs assessment* of Portuguese residents including further interviews with Portuguese residents about health issues
- The formation of a *'Portuguese Health Forum'* for residents to help identify both quantitative and qualitative issues in greater depth supported by Translators.
- A *comparative study* between the European health systems and how these differences might ultimately impact upon the UK health services especially as the number of workers and their families will increase with the growth of the European Union.
- If health (or any services) are to be delivered correctly and efficiently, the attitudes and views of 'the first point of contact' is vitally important and a *'gatekeeper' survey* could help to highlight some of the perceptions of these issues.

Keystone is keen to work with partners to undertake further research and to explore possibilities of securing funding for research. If you are interested in further research, please contact Corah Carney.

Bibliography:

European Union On Line
www.europa.eu

World Health Statistics Annual, World Health Organisation
www3.who.int/whosis/menu.cfm

CIA World Factbook
www.cia.gov/cia/publications/factbook/

The World in 2004,
The Economist

The Portuguese Culture Web,
www.portcult.com

Correspondence Address:

Corah Carney
Health Development Officer
Keystone Development Trust
10 Whitehart St
Thetford
IP24 1AD

Tel: 01842 754639
e-mail: corah.carney@keystonetrust.org.uk