

Community research 2015/2016  
**Black and minority ethnic groups  
accessing services in Islington**



## **Diverse Communities Health Voice**

Diverse Communities Health Voice is a consortium of 10 Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

The partners:

- ▶ Arachne Greek Cypriot Women's Group
- ▶ Community Language Support Services
- ▶ Eritrean Community UK
- ▶ IMECE Women's Centre
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Jannaty
- ▶ Kurdish and Middle Eastern Women's Organisation
- ▶ Latin American Women's Rights Service
- ▶ Healthwatch Islington (consortium coordinator)

[www.healthwatchislington.co.uk](http://www.healthwatchislington.co.uk)

## **Contents**

<b>Introduction</b>	<b>3</b>
<b>Methodology</b>	<b>4</b>
<b>Hospital Appointments</b>	<b>6</b>
<b>Primary Care</b>	<b>17</b>
<b>Taking Care of Health</b>	<b>26</b>
<b>Recommendations</b>	<b>37</b>

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# Introduction

Diverse Communities Health Voice is a consortium of 10 Islington based organisations. The consortium works to get the voices of some of the most marginalised members of society heard by mainstream agencies. Islington Clinical Commissioning Group (CCG) asked the consortium to carry out community engagement work in 2015/16. This report shares the findings of that work. Healthwatch Islington will use its seat on the CCG Patient and Public Participation committee to ensure that the findings inform commissioning plans in 2016/17 and beyond.

The partner organisations have worked with Healthwatch Islington on previous projects. They were actively seeking opportunities to be commissioned to deliver work to improve health outcomes for the communities they serve. Healthwatch Islington saw this research as an opportunity to act as a conduit and facilitate this process.

This project has provided a platform for all participating organisations to learn and develop. Those partners that had not previously been commissioned to deliver work to improve health outcomes are now much better placed to apply for future commissioning opportunities.

All partners in the consortium have been driven by a commitment to use this consultation and research exercise to 'give something back' to the participating service users. This has resulted in individual participants being more knowledgeable about rights they were not aware they had, and also feeling more confident about how to assert those rights.

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# Methodology

Islington Clinical Commissioning Group provided a list of questions that they wanted us to ask Islington residents/service users. We grouped the questions into the following three themes for the purposes of the research:

## 1. Hospital Appointments

The CCG wanted to know whether Islington residents had been given a choice of which hospital to attend for treatment, whether they had been provided with information by their GP in order to make that choice, their views on accessing hospital services in the community and participants' recent experience of accessing hospital services.

## 2. Primary Care

The way services are delivered is changing. There are plans to give access to GP services seven days a week and for longer periods during the day. This would make it easier to see a GP. However, it may mean that you are not seen by your own GP and may have to visit another practice in order to be seen. The CCG wanted to know whether local people would attend GP appointments which were offered outside of the usual opening hours if the appointment was not delivered at their usual practice.

## 3. Taking Care of your Health

There is a move towards encouraging us all to stay healthy and manage our own health so that where possible we can avoid getting sick. The CCG is interested to learn what kind of services are most effective in helping us do that. For conditions which we cannot prevent, they are keen to know how best to encourage us to recognise the condition as early as possible so that we can manage it quickly and potentially stop it from becoming worse.

Partners brought a wealth of knowledge from decades of experience advocating for clients and navigating them through health and social care services, as well as providing housing and benefits advice. This enabled them to encourage service users, who may otherwise have been reluctant, to give their views.

## Focus Groups

Each partner organisation carried out three separate focus groups, covering the three different themes. An average of 14 people attended each focus group. Each partner organisation spoke to 42 people overall. In some cases partner organisations also carried out one to one interviews with clients if this was needed to reach the required amount of people.

Partners have a strong knowledge of how services work in practice as well as a sound understanding of commissioning processes, which aided facilitation of the focus groups.

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## **Health Voice questionnaires**

Each partner organisation also completed 30 Health Voice questionnaires with Islington residents. In total 280 Healthvoice responses have been gathered as part of this research project (exceeding the target of 270).

Health Voice comments were initially recorded on a paper questionnaire using the respondents' own words as far as possible. Each partner organisation then transferred the data to the CCG web-site <http://www.islingtonccg.nhs.uk/healthvoice/> making a note of the date and number of comments added.

Each partner organisation also noted whether they had provided information or advice to service users they had completed the questionnaire with, and the issues on which the service users had needed information. 83 such queries were dealt with during the completion of the Health Voice questionnaires. This demonstrates the value added to this piece of work by working with the selected partner organisations.

## **Quality and consistency of our research**

We worked together to develop a consistent approach to gathering the evidence.

Healthwatch Islington developed the tools that partner organisations used to gather the evidence through the focus groups and the individual interviews relating to the Health Voice questionnaires. Staff involved in carrying out the focus groups and the individual interviews attended two training sessions where we covered in detail how to use the tools and agreed conventions on recording the data. Healthwatch Islington also provided information about rights and entitlements, as well as background information on the research questions.

In addition, Healthwatch Islington staff visited each partner organisation whilst a focus group was taking place. Healthwatch Islington staff were at hand to provide support to the staff running the focus group, to provide information about general entitlements to services and, in some cases, to provide information and signposting to any participants that needed it. If this was required, partner organisations communicated and translated this information into their community languages to ensure that participants were more informed about their rights after having taken part in the focus group.

Healthwatch Islington staff have also been available to provide guidance and support to partner organisations in all aspects of the research as and when required.

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# Part one: Hospital Appointments

## The Right to Choose

If you need to go to hospital to see a specialist, you have the right to choose which hospital you're referred to by your GP. The CCG is interested to know whether patients are being given this choice.

This legal right lets you choose from any hospital offering a suitable treatment that meets NHS standards and costs. You also have the right to choose which consultant-led team, or clinically appropriate team led by a named healthcare professional, will be in charge of your treatment for your first appointment at the hospital. You will be seen by the consultant or by a doctor who works with the consultant in their team.

Services which are not covered: services where speed of access is particularly important, such as emergency and urgent care, cancer services (which are subject to a two-week maximum waiting time), and maternity services.

The NHS Constitution gives us a right 'to information to support these choices'. The GP should give you information or tell you where to find information to help you decide where to have your treatment. That could include information such as waiting times (you may wish to choose the soonest appointment), location (you may wish to choose a service where friends can visit) or performance data. You can ask to take the information away and make the decision later.

There is a general move towards making sure that we don't have to go to hospital if we don't need to. So, for example, for blood tests we used to have to go to the hospital, but now many GP surgeries can carry out blood tests.

## Who we spoke to

All respondents were Islington residents and had used a hospital within the last 12 months. One respondent was speaking on behalf of a person they care for.

### Sex of respondents

Female	Male	No answer	Total
112	13	2	127

Respondents were predominantly female. Focus groups were advertised to Islington residents who had experience of making a hospital appointment within the previous 12 months. Respondents were self-selecting. Some of the partner organisations in the consortium work only with women.

### Age of respondents

0-18	18-24	25-49	50-64	65-79	80+	Total
0	0	52	51	22	2	127

Most respondents were aged between 25 and 64 (103 respondents).

### Ethnicity of respondents

Arab	17
Asian or Asian British - Bangladeshi	14
Black or Black British - Eritrean	21
Black or Black British - Nigerian	1
Black or Black British - Somali	24
Latin American	14
White - Greek or Greek Cypriot	14
White - Kurdish	11
White - Turkish or Turkish Cypriot	6
White - Other	4
Other	1
Total	127

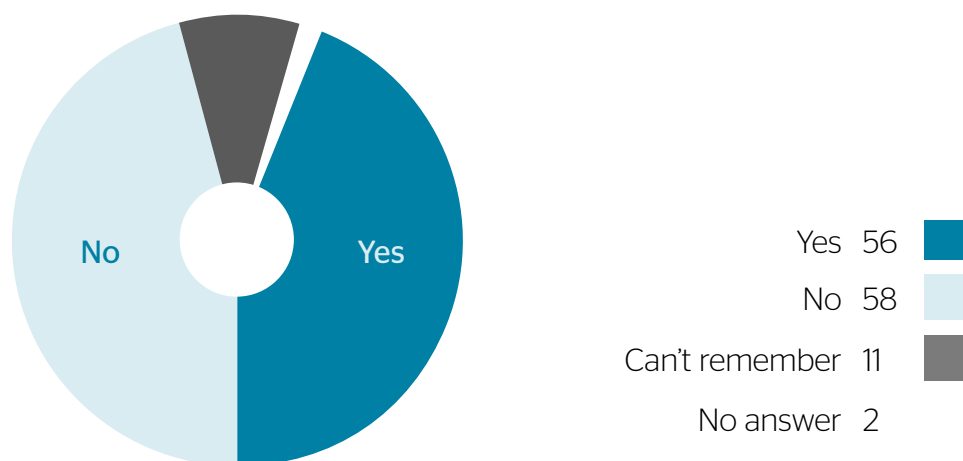
Respondents described themselves as being from a broad range of ethnicities.

**'I said to my GP I didn't want to go to the Whittington. My GP sent me to Royal Free. I thought my GP was doing me a favour asking me where I wanted to go! I didn't know it was my right. My GP is very good.'**

Respondent 91, whose GP suggested the Royal Free Hospital as an option for her son

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### 1. Were you given a choice of where you should go for your treatment or consultation?



Patients are generally entitled to choose where they go for treatment (except in some cases including for emergency treatment). Around half of respondents reported that they had not been given a choice of where to go for treatment.

#### 1-1. Lack of awareness of a right to choose

For those not offered a choice, many (across all focus groups) were not aware of their right to choose. Respondents did not necessarily mind not having been offered a choice, but were pleased to know that they had this right (for non-emergency treatment).

'No, I never got asked which hospital I wanted to go to. GP's give no choice, which I don't mind so long as I get an appointment.'

Respondent 47

'I did not know I had a choice but my GP knows my condition and he referred me to the hospital.'

Respondent 21



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'I was referred to the Whittington, which is the closest to me anyway. My GP never gave me any choice, he just referred me, but I was happy because it was near.'

Respondent 71

'Referred twice to Whittington Hospital by the GP. No discussion and no choice given.'

Respondent 100

In one case a local advocate was unaware of the patient's right to choose:

'I didn't know one had the right to choose to which hospital to go to. If I had known I would have advised my client about this right. I only knew one hospital existed - the Whittington. We were not asked if we wanted to go to another hospital, the GP just filled in the form.'

Participant 88

## **1-2. Awareness of a right to choose, but choice not offered**

Some respondents had been aware of their right to choose, but felt that the GP had not offered them a choice, or not given them time to decide.

'My GP didn't give me a choice, we knew we had a choice, but the GP never asked me which hospital we wanted. I told my GP I wanted to go to the Whittington or UCH.'

Respondent 89

'Yes after asking, my GP generally explains the waiting list issues... He [the GP] did not mention that I have right to think about the hospitals and decide later.'

Respondent 66

In some cases it even seemed that respondents had been refused their choice.

'[Respondent 87] told us that she wasn't given any option and asked if her husband could go to a university hospital as they knew they had the right to choose but the doctor refused and said their choice was the nearest one. "I was referred to the Whittington for maternity. My husband was referred to the Whittington for his operation because it was near".'

## **1-3. My GP informed me that I could choose but did not provide information to inform my choice**

'My GP asked me few times about which hospital that I want to go but does not mentioned any information like distance or hygiene.'

Respondent 58

'My case is similar to [other participant], the GP gave me two choices and asked me to choose which one was closest (I was close to both of them). The way they make it sound is as if they are doing a favour.'

Respondent 90

'I was not given help where should I go for my treatment and I was not aware if I have the right to choose where should I go for treatment. I had no hospital in mind but I hear that Chelsea and Westminster is good hospital.'

Respondent 17

### 1-4. My GP explained the choices

'I was given information in writing regarding the different hospitals and the GP explained that it was better to choose the hospital according to the service I needed.'

Respondent 118

'Yes my GP explained me lots of things and gave me the chance to choose the hospital. The reason why for it might be the seriousness of my situation. My situation was so serious. If they did not continue to help me and do my injections regularly, there was a risk for me to cannot walk again.'

Respondent 65

'Only when it was the knee operation the GP explained that it was better to choose a particular hospital, the information was verbal, not written information given.'

Respondent 116

'My GP sent me for an MRI - my doctor checked with me which hospital I wanted to go, so I said the one where I can get the quickest appointment and my doctor sent me there. My doctor sent me to a private hospital in Waterloo - I cannot remember the name. Within a week I had my scan.'

Respondent 82

### 1-5. Not all respondents felt that they needed choice

'I was not given a choice on treatment but I trust my GP's decision as he has been my GP for a long time and knows my medical history and condition. I therefore did not need to know the choices.'

Respondent 22

### 1-6. Location and reputation (or past experience) were the major influences on people's choices

'I knew I had a right to choose and I wanted to go to UCH based on past good experience and reputation.'

Respondent 1

'I chose the Whittington because I had been there in the past.'

Respondent 4

'I was given help, but was already sure where I wanted to go based on past experience. I have had bad experiences in the past at the Whittington so I was sure I did not want to go there.'

Respondent 10

'I choose UCH because of the easy transportation for me as a working woman.'

Respondent 60

'My GP refers me to Whittington which is my choice as it offers the best service and is close to home.'

Respondent 99

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## 1-7. Were you given help when choosing where you should go for your treatment or consultation?

We asked respondents whether they were given help when choosing where they should go for their treatment or consultation. Of the 56 who were given a choice (question 1), 43 were given information about that choice. Of those that were not given a choice, almost all reported that they had also not been given information about their right to choose or the choices they could make, though some could not report.

### 1-8. Limited information on choice was provided

'He [the GP] did not explain anything about the service quality, hygiene or the waiting list. I just chose the convenient one for me.'

Respondent 60

'Usually they say to choose one because it is closest or because the waiting time is less. Myself, I prefer to go to UCH, but they make us think that the waiting is less at the Whittington.'

Respondent 89

### 1-9. Respondents acknowledged that it can be difficult to know what should inform your choice

'I don't know which hospital is good or not and didn't understand well, maybe that's why GP didn't try.'

Respondent 100

### 1-10. Short appointment times and low expectations were also factors

The length of appointments can make it difficult, especially when working through an interpreter, to have a full and detailed discussion.

'The GP hasn't got much time - you can't even remember the names of the hospitals the GP has just mentioned - there is no chance of being able to take away information and give him your choice next time. It all happens really quickly in 10 minutes.'

Respondent 95, this was echoed by all the other participating women (there were 14 in the group). Many respondents were very grateful to be seen, and to be given a hospital appointment. In some cases their expectations may have been low in terms of expecting choice, particularly if choice was not something they were used to being offered.

### 1-11. Good practice from several GPs

'Had a discussion hospital distance and waiting times. Also to think and later to decide. Hospital was also very good.'

Respondent 30

'Whenever I go to the GP and I need to be referred to a hospital, I ask him to refer me to the hospital I have in mind. So I have been referred to the Whittington for the treatment I preferred having there, or the Royal Free.'

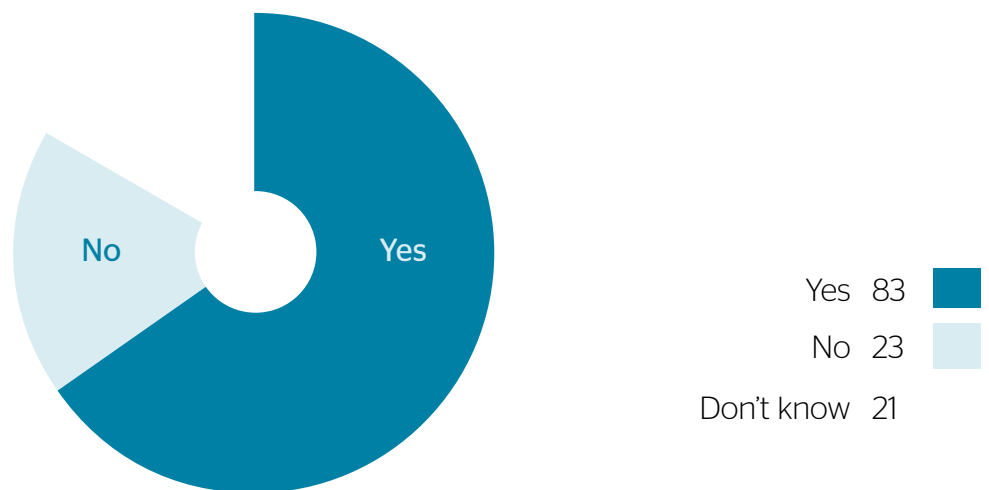
Respondent 81

**'I would prefer [community based services] if they can provide good service. Because, especially with children, going to a hospital which is far away [it] is so hard. Also it is expensive to go to places far away. But as I told you if they can provide a good and intensive service I would like it. Otherwise even in hospital we had some problems, in small local places I think there can be more problems.'**

Respondent 61

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### 2. Would you prefer some of the things you go to hospital for to be offered nearer your home in the local community?



#### 2-1. Support for community-based services if standards remained

Most respondents were in favour of providing services in a community setting as long as any such services offered the same standard of staffing and treatment and could guarantee access to good quality interpreting. Respondents felt that community-based services could prove more accessible.

'Yes because even when I had to go to the Euston every time I had difficulty to find my way. Also children are helping me as an interpreter and every time they had to take a day free from their work. When I had my operation with my son we went to Euston hospital and wait there eight hours. After we finished our job in hospital we had to take a taxi which is expensive, since it was so late. He became so tired that day and he lost his day as well. This dependence makes me so anxious. If they can provide some of my controls and tests nearer and if they can have a good interpreter I will prefer nearer services. Because also interpreters are so bad and we always have to carry someone else with us.'

Respondent 63

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'My daughter had a really bad swelling in one of her toes - I was told by my GP that they needed to cut the skin in order to treat the infection, so he sent me to my local A&E. I said it's too much I have 3 kids, but nothing could be done I had to go. I went there with my 3 children (one of them a baby) and after waiting 2 and a half hours, the doctor that saw me said to treat the toe with salted water and gave my daughter antibiotics. It would have been good if the surgery could do minor operations, like the one that my daughter was supposed to need.'

Respondent 87

'Because of [my] disability, I like the service to be close to my home. It will be easier for me.'

Respondent 17

## 2-2. Reservations related to availability of expertise and equipment

For those respondents who had reservations, these related to a potential lack of good equipment in community-based settings and a potential lack of expertise on the part of professionals.

'I need a specialist and they are in hospitals only.'

Respondent 100

'I believe hospital is safer, I haven't had a good experience with my GP. I don't have same level of trust in my GP practice.'

Respondent 6

'I do not believe that in the local community services can offer the same service with same quality. Even if they try, it is impossible to be the same as the hospital. In hospital there are lots of professionals from different professions and they have every machine that one can need. It will be so expensive for them to build the same quality service in the small community services and I think NHS cannot and will not afford it.'

Respondent 70

Several respondents stated that 'only minor things' should be carried out in community-based settings. Most respondents seemed to assume that community-based services would be delivered from GP practices. Some respondents felt that this was an advantage because 'your GP knows you better than the hospital'.

## 2-3. A range of community-based services had support

Respondents suggested a range of services that they felt could be offered in the community:

- ▶ 'Asthma check and some diabetic checks to be done locally will be good.' Respondent 46
- ▶ Blood tests (some/most practices already offer this service)
- ▶ MRI scans (though one respondent offered an MRI scan in the community as opposed to hospital had assumed that this would be inferior, both in terms of the equipment used, and staff expertise)
- ▶ Ultrasounds (some felt scanning would be better in hospital because equipment would be better)
- ▶ Smear tests (some/most practices already offer this service)
- ▶ Heart monitor (being given these without going to hospital)

## Locating more services in the community

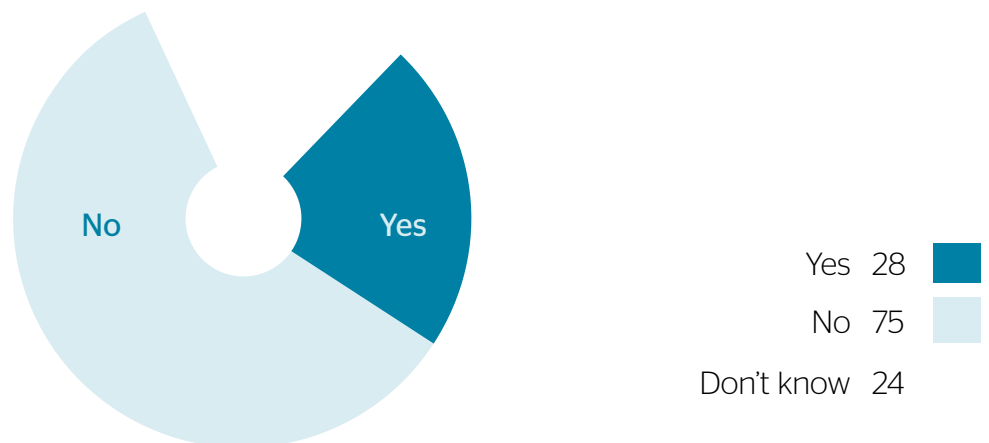
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'In case of having some hospital services in other places nearer to home, I would definitely prefer tests to be carried out more locally than having to go to Whittington hospital for example for these tests.'  
Respondent 65

One respondent noted that waiting times for eye treatment are long at Moorfields Eye Hospital and wondered whether this would be less of an issue in a community-based service. Quicker responsiveness of services based in the community was something that came up from a range of respondents.

'My mother needed an MRI scan and was offered an appointment at the Whittington or a van in Manor House, which meant that she could have the scan done earlier (within a week).'  
Respondent 92

### 2-4. Do you think you have had hospital appointments which could have been offered nearer your home in the local community?



Although most people had said that they would be happy to be treated in the community if staff expertise and facilities made this possible (section 2 and 2-1), comparatively few people felt that their own hospital appointments could have been offered in a community setting.

However, some respondents did feel that they were already receiving a range of appropriate services within the community. These included:

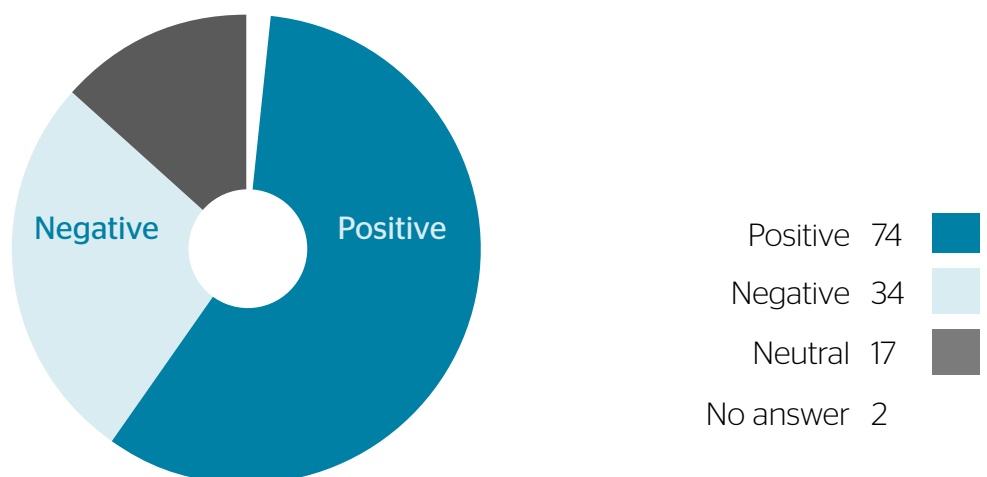
- ▶ Blood tests (some GP practices already offer this)
- ▶ Physiotherapy (this is already offered in the community by Whittington Health)
- ▶ Podiatry (this is already offered in the community by Whittington Health)
- ▶ X-rays (some GP practices already offer this)

**‘The nurses are very caring. As soon as I went in I was helped to find the right place. One of the nurses looking after me gave me her number and told me to call if I was concerned about anything.’**

Respondent 2

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### 3. What has been your experience of using hospital-based appointments (in the last 12 months)?



To conclude the focus group we asked respondents for their feedback on their experience of using hospital-based appointments. Respondents were fairly positive about their experiences.

#### 3-1. Caring staff were highlighted by some respondents

‘The service was good, and doctors very friendly in comparison to main A&E. Post care explained in detail. Very satisfied overall.’

Respondent 76

Although many respondents rated their overall experience as positive there were many more examples given of where services had not met expectations than where they had. Respondents found these issues easier to articulate, even when overall the experience had been good. Several respondents stated that ‘positive’ meant that they had no complaints.

### 3-2. Poor communication was an issue

Communication was seen as an area for improvement. This seemed to fall into two key areas, the personal communication skills of health professionals, and communication from hospital administrative staff (including information about appointments).

'I was very disappointed with the way I was given my cancer prognosis. It was dropped on me like a bombshell. The doctor just blurted it out as he examined me. He just said 'you've got cancer'. It was very upsetting as my son was with me in the room and he was shocked too.'

Respondent 2

'I am a working woman and I took a half day off for my mammography appointment in Whittington Hospital. However when I went there I learnt that the machine is broken and no one inform me beforehand. After 3.00pm they told me that I can go to Bart's hospital to get a service but also they mention that there is no guarantee for them to arrange me an appointment same day. I still don't have my mammography because of that day and I lost my half day in a hospital without reaching a result for my issue.'

Respondent 75

### 3-3. Lack of interpreting services (or interpreters being booked but not turning up)

'I had a cyst and I am still waiting for them to give me an appointment for my operation. I don't know English and my children are helping me with these processes but I don't think that the hospitals are caring so much for us. Also my lack of English is also had been problem on this issue as well. My son is helping me with the health services and I am feeling so shy from him when my doctor examines my problems. Especially this cyst on my uterus and possible operation of hysterectomy made me so anxious. It is hard to talk about women illnesses when there are men and it is especially harder when your son is also there and you have to explain everything to him. Next to the appointment waiting issue they also had to improve interpreter services or hire some doctors who know [different languages].'

Respondent 61

Confusion about the booking of interpreters has also been highlighted from Healthwatch Islington's work with Deaf people.

### 3-4. Waiting times had caused frustration

Both waiting for an appointment to be made available (or in some cases waiting for doctors to agree that a referral was needed) and waiting at appointments were raised.

'Two cancelled appointments - each time told specialist not there at hospital reception; Kidney/heart issues and I was very disappointed, but in the end I had my operation.'

Respondent 80

'Had a 2.30pm appointment for an endoscopy [for my mother] and waited 5 hours. My mother is 80, the place was cold where she had to change into the gown and she has other medical conditions.'

Respondent 87



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# Part two: Primary Care

## New ways of accessing GP services

The way services are delivered is changing. There are plans to give access to GP services seven days a week and for longer periods during the day. This would make it easier to see a GP. However, it may mean that you are not seen by your own GP and may have to visit another practice in order to be seen.

GP practices such as the Mitchison Road Surgery have started offering e-consultations, telephone consultations and a 'message my GP' service. Exploiting new technologies makes services more accessible to some, but may exclude people who are less confident in their use, or who prefer other forms of interaction.

This second set of focus groups ended with some questions that were not about primary care, but instead concerned health services in general. This allowed respondents to identify characteristics of good and bad care that were not necessarily service specific.

## Who we spoke to

The target group for this focus group was Islington residents registered with an Islington based GP practice. We could not include the comments of 5 participants in the research because, although Islington residents, they were registered with practices outside Islington (Hackney and Haringay).

46 respondents described themselves as having a disability and 71 described themselves as not having a disability. 4 preferred not to say.

### Sex of respondents

Female	Male	No answer	Total
99	22	0	121

Respondents were predominantly female. Respondents were self-selecting. Some of the partner organisations in the consortium work only with women.

### Age of respondents

0-18	18-24	25-49	50-64	65-79	80+	Total
0	1	45	45	26	4	121

Most respondents were aged between 25 and 64 (90 respondents).

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### Ethnicity of respondents

Arab	15
Asian or Asian British - Bangladeshi	14
Asian or Asian British - Other	1
Black or Black British - Eritrean	19
Black or Black British - Ghanaian	1
Black or Black British - Somali	28
Latin American	14
White - Greek or Greek Cypriot	13
White - Kurdish	3
White - Turkish or Turkish Cypriot	9
White - Other	2
Mixed - White and Black African	1
Other	1
Total	121

Respondents described themselves as being from a broad range of ethnicities.

**‘The GPs are very helpful when you have an appointment they treat you really well. The problem is in the morning when you call them for an appointment they say no appointment is left. Sometimes you wait for one week or more to see your GP. It would be good if they open on Saturdays.’**

Respondent 27

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#### 4. Do you need GP appointments at times when your practice is currently closed?

Yes	No	No answer	Total
95	24	2	121

##### 4-1. What times of day does this happen? (Respondents could give more than one answer)

	Yes	No	Total
Morning	24	38	62
Afternoon	38	36	74
Evening	53	18	71
Night	48	22	70

Most respondents reported needing appointments at times when their practice is currently closed. Respondents highlighted evenings and night time as issues, but many also noted that there were afternoons when their practice was closed and they needed appointments.

We did not ask people whether they would prefer to have evening appointments over morning appointments, although some respondents did mention that more should be done to accommodate people outside of typical working hours. Some respondents mentioned that it was inconvenient that practices were closed in the middle of the day or not open during the same hours on every day of the working week.

When we asked participants for further comments on accessing the GP practice, many stated that it would be better if their practice was open on the weekends, in particular Saturday (53 respondents) as opposed to Sunday or ‘the weekend’ (41 respondents).

For convenience of opening hours on days during the week responses were evenly split (between 20 and 22 respondents for Monday, Tuesday, Wednesday and Friday). Slightly more respondents wanted longer Thursday opening but this may have been because of the practices with which they were registered being closed on Thursday afternoons.

### 4-2. Difficulties getting GP appointments due to inaccessible booking systems

'My GP is not open on Thursdays afternoon. However my main problem is the appointment system rather than my GP's working hours. I am a disabled person who has hearing difficulties. Actually I cannot hear most of the time and every time I am calling my GP for appointment it is a big problem for me. Every time that I want to see my GP I have to visit the surgery in order to take an appointment.'

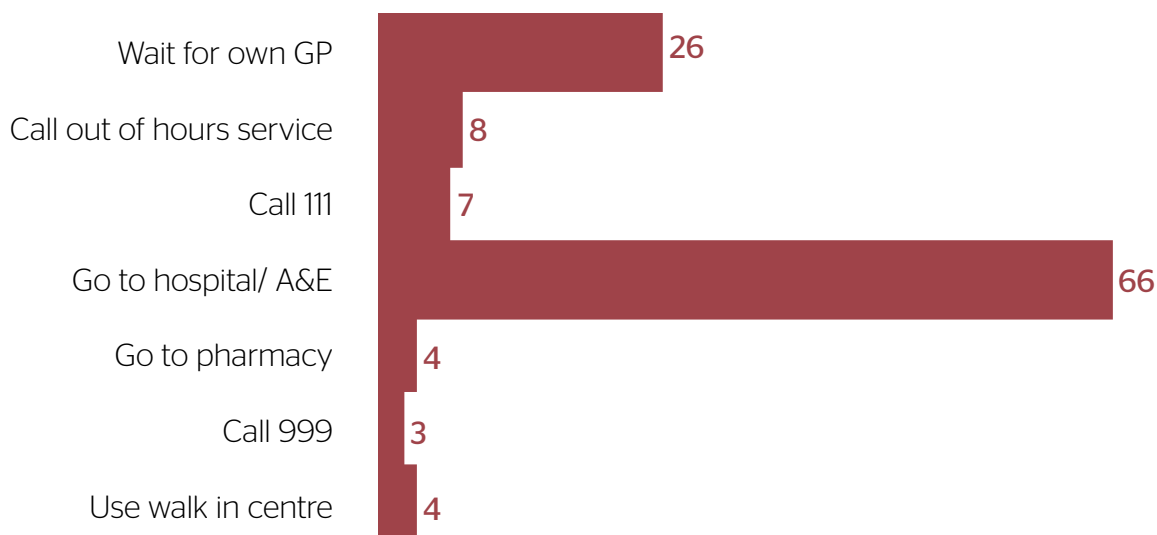
Respondent 66

'There is no specific time that you get sick but the system forcing us to be sick at morning before 8 to get an appointment at the same day. It is funny but otherwise you have to wait few days or even sometimes week to see a doctor.'

Respondent 57

At a follow up meeting with facilitators they strongly emphasised the barrier that many of their users face when asked to phone for appointments. Many respondents rely on friends or family to book appointments for them and this is particularly problematic for appointments of a more private nature (relating to sexual or mental health for example). Speaking on the phone can make patients less confident as it can be harder to understand the healthcare professional.

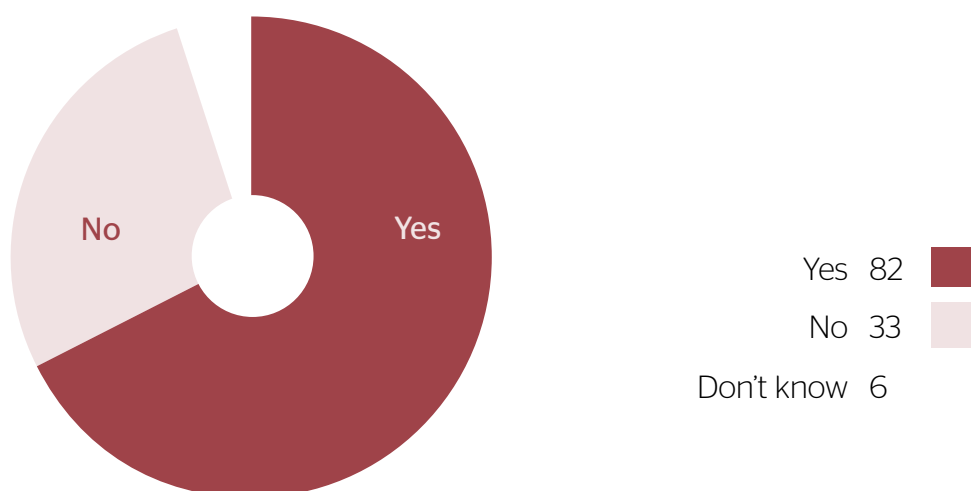
### 4-3. Where do you go when your practice is shut?



When asked where they would go if their practice was shut 66 (over half) said that they would go to A&E. Reasons given included the assumption that the need was urgent. 26 stated that they would wait for their own GP.

Respondents could choose more than one option. Facilitators made sure that they explained the different services to participants to raise awareness of the NHS 'Choose Well' campaign.

### 5. Would you be willing to go to another local practice if it meant you could see a GP at these times?



For those that would be happy to be seen by a GP in another local surgery, explanation included:

- ▶ Only if it was urgent/ an emergency (52 respondents)
- ▶ If it was someone who knows me/ a specific GP (23 respondents)
- ▶ Happy to see anyone at another practice, assuming it was quicker (12 respondents)

Six respondents said they would be happy to see anyone in their own practice but were reluctant to go elsewhere. Two respondents stated that they would rather go to A&E than to a GP that they don't know. For those that wanted to be seen by their own GP reasons given included:

- ▶ Trust/ relationship built up with GP
- ▶ GP knowing the patients' conditions
- ▶ Needing an interpreter
- ▶ Concerns about finding the location or being able to access it easily on public transport.

### 6. Are there times you would prefer a telephone conversation/ email rather than an appointment?

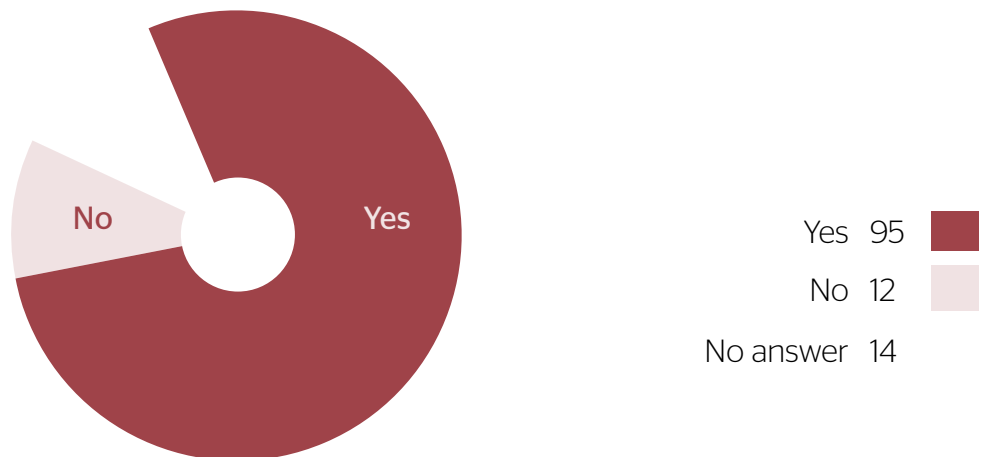
64 respondents said yes to this question. 45 respondents said no and 15 did not answer.

Respondents who had answered yes felt there were limitations to when this would be helpful. Suggestions included for prescriptions or when no face-to-face appointments were available.

Reasons for not preferring phone or email appointments included:

- ▶ Hearing difficulties
- ▶ Concerns about how interpreting would be offered
- ▶ Feeling that a face-to-face appointment allowed the GP to check the patient more thoroughly
- ▶ Some mentioned not having a computer for email contact

### 7. Have you had a really good experience of a health service in the last 12 months?



Hospitals, GP practices, and dentists were listed as examples of services, to make it clear that the scope of this question was not limited to primary care. What made services good?

- ▶ Responsive/ good treatment (40 respondents)

'I saw one of the GP's in my practice because I was passing blood. I was given the appropriate medicine which worked well. I felt my GP dealt with my needs well.'

Respondent 2

'My doctor calls me on my mobile phone and landline when he tries to contact me. He always keeps me updated because I am a carer for my mum, daughter and son.'

Respondent 47

'The lady I care for has recently been in hospital for three weeks (last month). Despite her age, the doctors and nurses were very attentive to her medical needs. When she was admitted three weeks ago they tested her thoroughly even though she had had the same tests on a previous occasion, and they took more scans to check everything carefully.'

Respondent 12

- ▶ Caring staff (35 respondents)

'I have a very good relationship with my GP. I feel that he hears me and listens. There is trust between us.'

Respondent 7

- 
- ▶ Accessible (5 respondents)
  - ▶ Short waiting time (4 respondents)
  - ▶ Information leaflets/ follow up information (3 respondents)
  - ▶ Interpreting provided (2 respondents)
  - ▶ Nothing specific, but it was a positive experience (17 respondents)

'Although booking for my children is often difficult, the NHS service overall is good - when you get there, services are there.'

Respondent 42

## 8. What services do you like?

- ▶ GP (52 respondents)
- ▶ Hospital (23 respondents)
- ▶ Pharmacy (13 respondents)
- ▶ Dentist (10 respondents)

The walk-in centre (3), Sexual health clinic (2), out of hours GP (1), community health services (1) and optician (1) were also mentioned.

This question was similar to question 7. Both sets of responses had a lot in common. Mainly respondents liked services that treated them kindly and effectively, and were easy to access. There was also praise for services which offered interpreting.

'I like using the Ear, Nose and Throat hospital on Grays Inn Road. From making appointments through to being treated they are very good. I have had to wait for appointments sometimes but don't mind as I feel that I am in the very good hands of specialists there.'

Respondent 6

'The Occupational Therapy department at the Whittington is thorough and helpful. The therapist very carefully organised all the equipment that my relative would need to be in place before she went home from hospital. Very useful things, such as the key box being put in place so that there would be no delay in the district nurses getting to see her. The occupational therapist put the whole plan in place so that everything was ready for her when she got home.'

Respondent 12

'Currently I am in a treatment for my psychological state and my GP helped me with this process, therefore I can say that I like my GP.'

Respondent 61

'I am happy with my GP it is the walk in clinic that is close to Angel the one at Richie Street. I am happy because they are always caring and helping me with the treatment and medication. Also they provide me with interpreter when i need it. They also have pharmacy inside. They are helpful as well. I am taking so many pills and injections as well because of my illness. I like them as a service.'

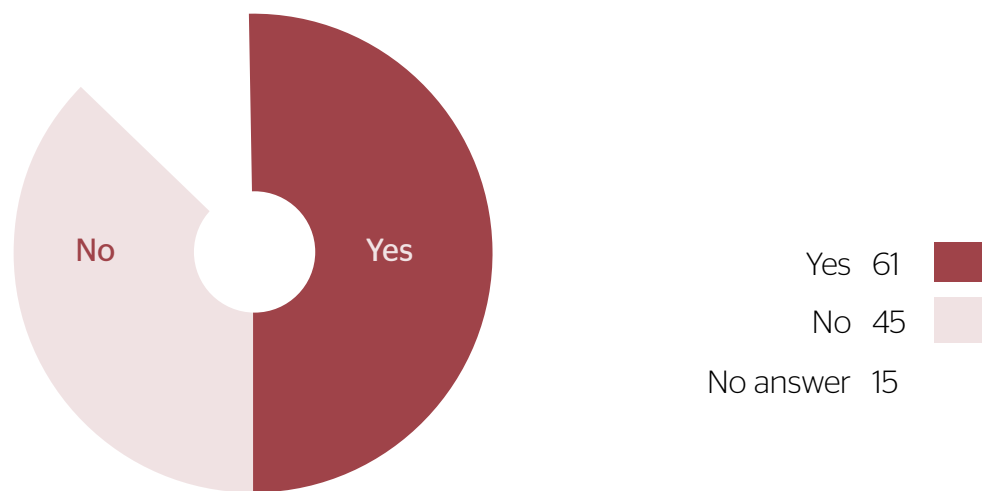
Respondent 63

**‘I have written a letter of complaint to the practice manager but they haven’t done anything about it. My daughter is a very bright girl, she gets As in her exams, and she has got a really bad pain in her hip. They are now saying the pain is in her mind.’**

Respondent 39

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### 9. Have you had a really bad experience of a health service in the last 12 months?



Individual respondents had both good and bad experiences of health services and they talked about both. For those that had had a bad experience, these related to the following services. We would expect dissatisfaction with GPs to be higher in this group as the focus of the session was on GP access, and more people use GP services than other healthcare services.

- ▶ GP (41 respondents)
- ▶ Hospital and community based (15 respondents)
- ▶ Dental (2 respondents)
- ▶ Emergency or Out of Hours (2 respondents)
- ▶ Not stated (1 respondent)

Issues that had negatively impacted on their experiences:

- ▶ Services being unresponsive to their needs, or not following up with them (21 respondents)

‘Cancelled an appointment without informing me.’

Respondent 74



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'I have had a bad experience with my GP. I had a smell and discharge coming from my ear and asked my GP to send me to the hospital to have it properly checked. He refused, telling me that it was nothing. I ended up going to A&E because of the pain and they gave me a letter to give to my GP stating that he should refer me to hospital regarding this matter. When he eventually referred me to hospital I did, indeed, need an operation on it.'

Respondent 6

- ▶ Services being inaccessible, usually because of appointment procedures (15 respondents)

'As a mother I usually have problem making booking for my kids because there is always specific times to call for emergency and when you phone they tell you to phone back, then when you phone them back, they tell you it is fully booked. Usually booking is also after 3 weeks - you don't get an earlier time.'

Respondent 42

'Dentists at Finsbury Park. I was given an appointment which I missed due to flu. I contacted my dentist to re-arrange for another appointment. It was not helpful at all as I was told that I am no longer in the register since I have missed one appointment.'

Respondent 79

- ▶ Staff not considering the patient's perspective (13 respondents)

'I went to my GP and asked to be seen by a doctor but reception refused as they said that I always complain of too many issues and I was spoken to rudely. They told me that the doctor has "normal" patients to see (implying I'm abnormal) this of course upset me very much.'

Respondent 89

'Last week at the Whittington hospital the doctor who was examining me blurted out "you've got cancer" whilst he was examining me. My son was also in the room and this was very traumatic for both of us. The nurses did their best to calm me down and said we don't know for sure yet as the biopsy has not been done. The doctor said it should be removed quickly (I am booked in for biopsy next week). Although I appreciated he was trying to be honest and act swiftly to have me dealt with, his manner in giving this diagnosis was very shocking to me.'

Respondent 2

- ▶ Long waiting times (9 respondents)

'I had an appointment with the GP, after two and a half hours I asked reception why the delay she responded by saying sorry I didn't register your name.'

Respondent 84

- ▶ Lack of interpreting support (8 respondents)

'My interpreter doesn't speak the Sylheti language so it makes communication harder.'

Respondent 55

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# Part three: Taking Care of your Health

## Staying healthy

There is a move towards encouraging us all to stay healthy and manage our own health so that where possible we can avoid getting sick. Islington Clinical Commissioning Group is interested to learn what kind of services are most effective in helping us do that. For conditions which we cannot prevent, they are keen to know how best to encourage us to recognise the condition as early as possible so that we can manage it quickly and stop it from becoming worse.

We asked respondents about their concerns - about what makes it harder for them to stay healthy. We also asked them what they did already to stay healthy, and how local services can support them in this.

## Who we spoke to

The target group for this focus group was Islington residents who are currently using health services in Islington.

All 125 respondents were Islington residents. 38 respondents described themselves as having a disability and 85 described themselves as not having a disability (two did not respond). All participants were asked the same questions and where concerns were raised facilitators signposted the participants directly to the relevant service or to further support from Healthwatch Islington.

### Sex of respondents

Female	Male	No answer	Total
101	21	2	125

Respondents were predominantly female. Respondents were self-selecting. Some of the partner organisations in the consortium work only with women.

### Age of respondents

0-18	18-24	25-49	50-64	65-79	80+	Total
0	3	48	43	25	4	123*

Most respondents were aged between 25 and 64 (91 respondents).

\*Two participants did not respond

## Ethnicity of respondents

Arab	16
Asian or Asian British - Bangladeshi	10
Asian or Asian British - Pakistani	1
Black or Black British - Eritrean	20
Black or Black British - Somali	17
Black or Black British - Other	1
Latin American	14
White - British	6
White - Greek or Greek Cypriot	14
White - Kurdish	10
White - Turkish or Turkish Cypriot	10
White - Irish	1
Mixed	1
Other	1
Total	122*

Respondents described themselves as being from a broad range of ethnicities.

\*Three participants did not respond.

**‘Being on benefits, food shopping is quite expensive for me but I manage just about. I generally feel the NHS has looked after me well. I suffer with rheumatism and I worry about getting flare ups if I cannot afford to heat my home up adequately. I worry about my heating bills. I have had some support towards these bills and I worry that I won’t manage if I don’t get the help in the future.’**

Respondent 2

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### 10. What are you concerned about when you think about taking care of your health?

Respondents’ concerns were wide-ranging. Of 161 comments from 125 respondents the most common concerns raised were:



#### 10-1. Accessibility of services and information

Language was repeatedly raised as a barrier throughout the focus group sessions. Although many respondents may undertake ESOL (English for Speakers of Other Languages) classes this is not necessarily sufficient to give them access to information about their health or facilitate consultations with health care professionals.

#### 10-2. Personal circumstances.

Worries about limited personal finances were linked to a range of concerns about maintaining health. Some respondents felt that healthy living was not affordable. Eating healthily and undertaking exercise was seen as prohibitively expensive. In particular, respondents talked about activities at local leisure centres being too expensive. Later in the report some respondents did refer to free activities that they took part in, either individually (such as walking) or through voluntary organisations (such as Yoga or Zumba).

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'I don't have access to a good diet and vitamins, this is because of the lack of money and time.'

Respondent 113

'I am a retired woman and my income is very limited. I am trying to eat healthy as much as I can but it is not enough to buy healthy food every time such as organic products. Around Islington close to my home there are lots of shops but the organic food is so expensive. I would like to do my shopping in the street market which has better food for better prices but in Islington I do not have any open market close to my home.'

Respondent 68

### 10-3. Availability of services

Waiting times for services were repeatedly raised as a concern. Respondents felt that they had to wait too long to access services within primary care and that it was difficult to get referrals to secondary care. Concern about what the future holds for services was repeatedly mentioned. It is common knowledge that there is pressure on services due to central government budget reductions. Respondents were concerned about both statutory and voluntary services they found beneficial being reduced or stopped all together

'My GP has stopped me from feeling well by not dealing with me effectively. A while ago my lungs felt closed and this carried on for many years and I was not sent to hospital. I eventually insisted and was sent to UCH where I was sorted out. Because of the delay in sending me to hospital I suffered unnecessarily. I believe that if it was not for the UCH I would be housebound now. It still takes too long to get an appointment with the GP. For example it has taken me as long as 17 days to get an appointment.'

Respondent 13

- ▶ There was also a perceived lack of suitable exercise related services:

'Gyms in Islington is too pricey I can't afford it!'

Respondent 50

'It would be so nice to exercise but we are not used to it. I am seeing English men and women running in the street but we cannot do like this. Once I went to physiotherapy and it was so nice for me. Maybe if like everyone said, there is gym option that my GP can help me I would love to use it.'

Respondent 63

### 10-4. Existing health factors

Some respondents were experiencing multiple health-related issues and these impacted on each other. So, for example, their arthritis may affect their mobility and in turn their weight. Their depression may affect their ability to exercise and this in turn made them become overweight, which made them self-conscious and more isolated. Others reported mobility, treatment or medication affecting their ability or motivation to take better care of themselves.

### 10-5. Lifestyle factors

For many respondents it was difficult to prioritise their health above other routine tasks such as caring for the family or managing long working hours. This made it difficult for them to exercise, relax and/ or prepare healthy meals.

'I can't stay as active as I would like firstly because I don't have time with my young family as well as taking care of my parents.'

Respondent 55

Though some respondents did report solutions:

'I take care of my elderly parents so I spend a lot of time at home. I enjoy doing Zumba at home and try different exercises! I have an app which I use to help me.'

Respondent 55

'I worry about getting older because I'm alone and I have not got anyone to look after me. If I get sick I don't know what I will do especially as services are cut more and more.'

Respondent 8

'I moved to London 6 months ago, before this busy city I was living in Reading which is a small and relaxed town. After I moved to London I started to get worried and concern about my both psychological and physical health. Islington is so central which is good but also so busy and this is keeping my mind always working. I started to gain weight and feeling tired and alone every day. Since I am working also I am generally tired. This is making me concern about taking care of myself.'

Respondent 69

**'I exercise by walking and gardening although I am limited in what I can do due to my health. I attend whatever screening is offered although I am concerned that the screening we are offered is not as extensive as it could be. For example cervical screening is cut off too early in my opinion.'**

Respondent 6

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### 11. What do you do to stay healthy and fit?

Respondents focused on what they could do themselves in their daily lives and using local health and care services as needed. Most talked about a mixture of steps that they took to stay healthy and fit. Many participants highlighted the importance of attending workshops, physical activities and classes in community settings, delivered by community organisations and offering a range of holistic services.

- ▶ Keeping active (89 responses) broken down as follows:
  - exercising independently and walking (73)
  - group activities in community organisations (10)
  - local gym (4)
  - exercise on prescription (2)
- ▶ Eating healthily (74 respondents)
- ▶ Using health services / following professional advice, including taking medication (32 respondents)

'I am always watching Turkish channels on the TV and there are some health-related programs. I confirmed the things that they are saying with my GP and I am trying to do those things. For instance, I never eat white bread and trying to be away from the "3" white things: salt, flour and sugar. Because it is true that sugar, salt and flour are enemy to our health. There are some exercise machines in the parks. I am going there to do some sports. Since I have asthma exercising out doors is helping me. I can really say that I am a person who takes care of herself.'

Respondent 64

'I hardly do anything to stay healthy and fit. I do attend the [local community based organisation] exercise classes twice a week. I do this mainly to socialise with my friends.'

Respondent 48

'I try to do exercises; I attend free yoga classes at [another local community based organisation]. I drink plenty of water. I try to prevent illnesses by eating healthy and look after myself. I try to identify what my body needs and avoid what is not good for me.'

Respondent 123

**‘My depression has stopped me from feeling well and healthy. I have had counselling in the past but do not think it would be readily available to me in the current climate. I take medication and this helps. I sometimes feel isolated but attending courses and sometimes volunteering at [community based organisations] that are friendly help me a lot. It gives me structure to my day and someone to talk to.’**

Respondent 2

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### 12. What stops you from staying healthy and feeling good?

This question was similar to question 10 and drew some similar responses.

- ▶ Lack of accessible information (27 responses)
- ▶ Waiting time/ lack of access to statutory services (20 responses)
- ▶ Too many other commitments (15 responses, 8 of which related to family)
- ▶ Mental health condition (14 responses)
- ▶ Lack of support from healthcare professionals (10 responses)
- ▶ Lack of exercise (13) connected to not wanting to exercise alone, lack of women-only sessions (in one case a women-only swimming session with a male lifeguard) and financial restraints
- ▶ Diet (13 responses)
- ▶ Mobility/ physical health condition (12 responses)
- ▶ Money worries causing anxiety (7 responses)
- ▶ Three respondents also referenced the impact of their housing on their health.

‘My housing situation definitely affects my health. The lack of sleep and the stress upset me a lot. Noise and disturbance such as moving furniture around, from the flat above me, disturbs me a lot. They disturb my sleep and I feel very unhappy about it. The harrassment makes me feel ill. I feel that it is not being dealt with by the authorities. I sometimes feel powerless about it.’

Respondent 3

‘My chronic disease: high blood pressure, cholesterol keep me away from being active and taking care of myself.’

Respondent 103

‘I am a single mother and I find that I am always thinking about my life situation which makes me sad and anxious. I feel depressed due to not being able to provide for myself properly.’

Respondent 94



## What help is needed?

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**‘They can offer us better services in the better locations. I don’t want to go a dirty gym which is close to my home or a really nice and clean one which is two buses away from my house. They should offer us middle solutions and it will encourage us to stay healthy.’**

Respondent 59

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### 13. What sort of help do you need to stay healthy and feel good?



#### 13-1. Better access to statutory services, including interpreting

‘Easy referrals to specialist or consultant.’

Respondent 30

‘Easy access to my GP. Short waiting time. Interpreting services which can be easily accessed. More advice on health issues.’

Respondent 84

#### 13-2. Greater personal and community-based resources

‘More awareness in regards to how to deal with daily worries.’

Respondent 94

‘For instance, walking groups or exercising groups in the parks in Islington to motivate people to have sport and since this group will be crowded it may be safe at nights as well.’

Respondent 69

‘More collaboration between GPs and gyms for better results.’

Respondent 88

## What help is needed?

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### 13-3. More information and workshops

'I would like more classes and sessions at Holloway Health but there may be cuts to this. I really enjoy the informative talks, such as the one they gave recently on asthma.'

Respondent 13

One respondent was keen to stress the importance of getting the *right* information.

'Also, my GP gave me some information about healthy diet and I have some leaflets at home but to help us more they should give us better information. For example, in the leaflet that my GP gave me there is photo of broccoli and carrot. I know that they are healthy and I am using it when I am cooking. We are not children. I think everyone knows it [that they are healthy]. However, they should give better information like how to cook it or why or what it is helpful for.'

Respondent 59

Some respondents suggested that access to their own medical records would help them better monitor their own health. Other comments suggested that patients are not always able to trust the decisions made by healthcare professionals.

'The help that they can offer us is a better service. For example, rather than always giving the cheapest medications they should give better ones. Also I wanted to have an operation because I have a mole in my face and also I am afraid if it will turn to cancer or not. But my doctor said that it is regarding to beauty and it is considering as esthetical operation and I have to pay, or dentistry as others said.'

Respondent 62

'Flu injections are not helpful for everyone. They should explain that as well. I know it from myself because I am still receiving letter for it but I am not going.'

Respondent 63

### 13-4. Time/ support

In one group, several respondents talked about what support they need in order to be able to participate in exercise.

'I need more time, and a service where they can look after my baby while I exercise.'

Respondent 46

'I need a service that can take care of my husband while I try to stay fit and exercise because I am his full-time carer.'

Respondent 47

### 13-5. Accommodation

Cost and quality of housing and heating were raised.

## What do you want from local services?

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### 14. What do you want from local services? What types of services do you think would best deliver this? Who/where do you think these will be best delivered?

As many respondents focussed on the need for better access to services they also felt that much of this improved access should be focussed on the statutory sector. However, when talking about receiving health and care information respondents generally felt that this could be done in a community setting. When discussing non-medical services, respondents identified existing community centres as the obvious places for these activities and highlighted that these centres contribute to their wider well-being. The need for longer opening hours of services was raised, and reference was made to affordability of activities. Information and advice being available in languages other than English was highlighted again.

'I would like local services to be supported and improved. The community centres in the borough are a lifeline to a lot of people as they are to me.'

Respondent 3

'Interpreting services, shorter waiting time and easy access of health services. I want see scanning [testing] facilities in local centres.'

Respondent 77

'GP to provide you information how to stay healthy and more health workshops and advices services in the local area will make great difference.'

Respondent 26

'Information and raising awareness workshops and more GPs to support late evening and Saturday opening times for those working. Raising awareness workshops to local communities especially those English language is not their first.'

Respondent 36

'As a carer I'm not well educated about mental health. The NHS need to provide more information regarding this matter and use local organisation to educate people on mental health.'

Respondent 45

'Workshops based on how to identify early symptoms of cancer would be excellent because right now I don't know any symptoms!'

Respondent 52

'If my local service can hold cooking workshops to teach us how we can cook our ethnic cuisine healthier it would benefit the whole community.'

Respondent 55

'Last week I found out a centre that has yoga classes for really good prices. Now I am thinking about going there for support my wellbeing. Before I saw it by luck, I was not aware of it. It would be so nice if a department in GP or any other local service prepare some flyers or a newspaper for the activities in the borough. It can help the residents to reach that kind of activities around the borough.'

Respondent 69

**‘The most important thing is providing a good level of information about health services. They can make some seminars and this could even be mandatory. However, because of the language difficulties it would be so good if they can have some native speakers for other ethnicities and languages as well. I understand that they cannot offer services in Turkish, this is normal. However, interpreters’ knowledge and the number of them is not enough for all these people. Personally I know English but I know from other people that they had lots of problems regarding language difficulties.’**

Respondent 178

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### **15. What is the most important thing for you (or the person you are caring for) about health services in Islington?**

This question was asked in both the second and the third series of focus groups and the responses are brought together here. This question was asked across 18 focus groups including 246 people. 305 suggestions were made in total. Many responses related to primary care, which may be because the question was asked in the focus groups that were looking specifically at primary care and self care.

Comments made repeat many of the themes that have already been raised in this report:

- ▶ Better access to GP-based services (111)
  - Better availability of appointments with GP (33)
  - Referring patients when needed (16)
  - More empathy (13)
  - Offering a wider range of services from GP practice (11)
  - Spending more time with the patient (8)
  - More walk-in centres (6)
  - other issues raised included support to make informed hospital choices, longer opening hours, better equipped GP practices. It is worth mentioning that question 15 was asked in the focus groups on GP appointments and on self-care, which may be why so many responses related to primary care.
- ▶ More preventative services (50)
  - More screening and awareness raising in the broadest sense (29)
  - More information and workshops to be available through community-based organisations (21)
- ▶ Access to interpreting (32)
- ▶ Reducing waits for appointments generally - service not specified (19)
- ▶ More support for people with mental health needs (15). Dementia was mentioned specifically in several cases, but most respondents referred to general mental health and well-being.

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# Recommendations

## Identifying patient need

**1**

Support healthcare professionals and frontline staff to be sensitive to the needs of patients by:

- a) Being aware of the range of factors that could affect patient choice and allow time to discuss these with patients rather than make assumptions,
- b) Being aware of the needs of immigrant communities and the barriers they may face in accessing services,
- c) Be aware of the changing healthcare pathways and services available to their patients,
- d) Making patients aware of their right to choose and the choices available (at the point of referral),
- e) Supporting patients with language needs by working with interpreters and ensuring appointment systems are flexible. Where weekly drop in clinics with language support are provided, this should not mean that there is less equitable access to services on other days of the week.

## Enabling patients to ask for what they need

**2**

Clear information about statutory healthcare services should be provided in community settings in community languages. It should highlight:

- a) What is available,
- b) Emphasise how the quality of services is assured (particularly as hospital-based services move out in to the community),
- c) Availability of interpreting services.

## Placing services near people

**3**

Continue to explore opportunities for delivering more statutory services within a community-based setting, ensuring that community-based services record and act upon people's access and communication needs, including translation and interpreting as appropriate.

continued overleaf

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## Placing services near people (continued)

4

Grass-roots organisations working within specific local communities have built trust with residents. This provides real opportunities to improve the health and well-being of disadvantaged local communities. To reduce health inequalities and increase the reach of its prevention and early intervention work the CCG should seek out opportunities to commission these grass-roots organisations delivering front-line services. The CCG should do this together with its integrated care partners.

5

Ensure that any extended hours GP provision is well publicised (once the outcome of the pilot is determined) and offers the same access to interpreting as in regular practices at standard opening times.

## Measuring quality

6

Ensure that there are systems in place for gathering feedback on interpreting services.

7

Continue to work with providers to monitor complaints and encourage accessible complaints processes.

## Referrals to specialists

8

Explore with local partners the issue of obtaining referrals. There are cases where patients who need a referral are not given one, and we should consider how this is addressed.

**healthwatch**  
Islington

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