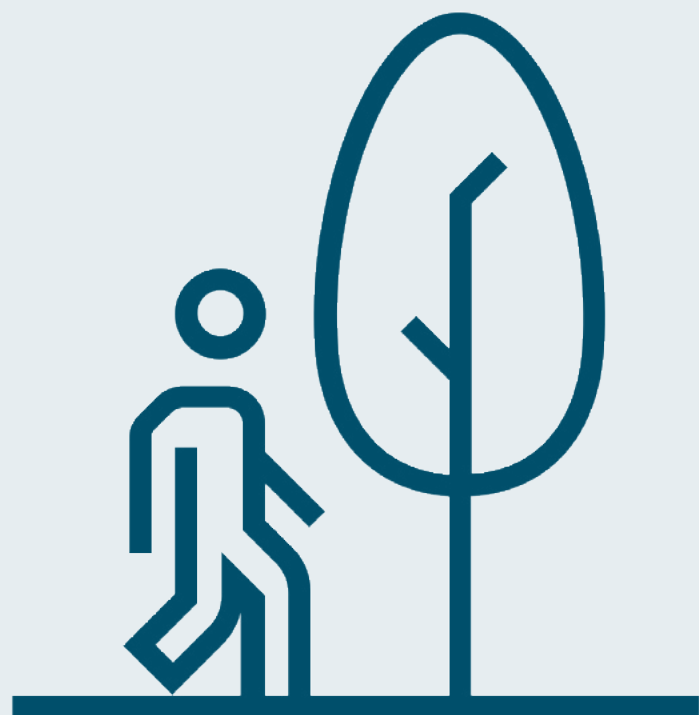


# **Islington patients managing long-term conditions give feedback on their annual health checks and patterns of physical activity**



## Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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

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# Introduction

Healthwatch Islington champions inclusivity in health and care services. We work in partnership with a range of local, community-based organisations supporting residents experiencing health inequalities. Many of these residents face barriers that make it harder to get their voices heard. As the Diverse Communities Health Voice partnership, we work together to gather insight from the residents our organisations represent to inform service provision and commissioning, increasing equality of access.

This year, the North Central London Integrated Care Board asked Diverse Communities Health Voice to gather feedback from residents with long-term conditions. We spoke to them about their experiences of annual health checks, and about their perception of/attitude towards physical activity and exercise. Alongside the questions we put to participants, we shared information on physical activity and local exercise offers as a tool to help participants reduce the risk of developing new health conditions and to slow the progression of existing ones.

The research aims to deliver a richer understanding of how best to support residents with long term conditions and of the local perception of physical activity and cultural barriers to it. This information will strengthen the development of signposting tools with borough specific information and inform how health, care, and voluntary sector partners approach conversations with residents.

The Diverse Voice Partners who delivered the research were:

- ▶ Arachne Greek Cypriot Women's Group
- ▶ Community Language Support Services
- ▶ Choices, Caxton House Community Centre
- ▶ Disability Action in Islington
- ▶ Eritrean Community in the UK
- ▶ Healthwatch Islington
- ▶ Imece Women's Centre
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Jannaty
- ▶ Kurdish and Middle Eastern Women's Organisation

A training programme was delivered to partners in November 2023 led by colleagues from Public Health and local clinical leads. The engagement process began shortly afterwards and was a mixed model of one-to-one conversations and group sessions. Participants were provided with an introduction to the project objectives, background on long-term conditions and physical activity, asked the research questions and provided with information on local services and support available.

# Research participants

Participants needed to be living in Islington or registered with an Islington GP in order to participate. 500 of the 504 participants described themselves as Islington residents. Postcode data was collected from 490 of the participants.

Eligibility criteria also required that participants had a long-term health condition. 494 of the 504 respondents had been diagnosed with a long-term health condition by a healthcare professional; nine were self-diagnosed and one respondent did not supply an answer to this question.

Participant postcode	EC1A	EC1R	EC1V	EC1Y	EC2A	N1	N15	N16	N19	N4	N5	N6	N7	WC1A
Total	1	4	21	3	1	107	1	6	96	70	33	1	145	1

Male	Female	Non-binary	No answer	Total
157	342	1	4	504

18-24	25-49	50-64	65-79	80+	No answer	Total
5	136	214	115	27	7	504

Ethnicity			
Arab/ Middle Eastern	49	Mixed	7
Asian/Asian British: Bangladeshi	58	White British	19
Asian/Asian British: Any other	5	White Irish	2
Black/Black British: Caribbean	28	White any other	14
Black/Black British: Eritrean	80	Greek/Greek Cypriot	43
Black/Black British: Ghanaian	4	Turkish/Turkish Cypriot	36
Black/Black British: Nigerian	10	Kurdish	22
Black/Black British: Somali	78	Any other ethnic group	13
Black/Black British: Other African	18	No answer	18
		Total	504

# Annual Checks

**If you were invited by your GP surgery to attend a health check-up, such as a long-term health condition review, or an 'Annual Check', did you know why you were invited?**

Yes	No	No answer
397	98	9

Respondents who answered yes, when asked why they gave that answer, said it was because they had been previously, or because the GP called them to explain. Some had understood the question as a hypothetical one, saying yes, they knew why they would be invited for a health check but adding that they hadn't been invited for one.

The majority of people who gave a negative or non-response were simply indicating that they hadn't been invited for a health check-up. Those who had actually been invited for a health check-up by their GP surgery and didn't know the reason cited learning difficulties, poor memory, or it not being clear that it was different from a regular appointment.

**If you are invited by your GP surgery to attend a health check-up, such as a long-term health condition review, or an 'Annual Check' what would you like to get from the appointment?**

Respondents were invited to give a free response to this question (as opposed to choosing from a list of options). Many said that they wanted to receive tests and checks. They were most concerned with making sure their conditions hadn't deteriorated and that their medication and/or treatment plan was still appropriate. Respondents saw the review as a chance to receive reassurance that they were keeping on top of their conditions. Other responses identified the value of good news and positive feedback.

However, many respondents wanted more from the review than reassurance that their condition had not deteriorated. They wanted to actively improve their health. Some respondents felt that reviews would be improved if there was a greater emphasis on prevention (as opposed to management of the existing condition). Respondents also said they would value practical advice about living with their condition. Other responses indicated a desire for empowerment. Patients wanted a greater understanding of their condition(s) and its patterns of manifestation, so they did not suffer unnecessary additional stress. Some patients wanted better access to their medical history. Other said that they wanted their annual review to facilitate referrals to secondary care. A number of people said they would value a greater degree of interaction than they experienced currently.

"I usually just have my blood taken and the doctor just calls to say if it was good or not. It would be nice to also have a conversation on some lifestyle changes I could make and how to improve my condition."

– Male 50 to 64, Diabetes

"I would like to know if I am using the right inhalers and in the right way. I would also like to know how to keep myself well in the heat as that is when I have the most flare ups, and how to manage them."

– Female 50 to 64, Asthma

"I was on lifelong medication for my stroke, but I stopped taking it without consulting my doctors because of the stomach issues it was causing me. Attending allowed me to discuss the stomach pain with healthcare professionals, explore alternatives, and find ways to manage the side effects, rather than just stopping the medication with no plan to manage my condition. Now, I would attend so I could discuss how to effectively manage my condition and hoping to make informed decisions regarding my health."

– Female 25-49, Stroke

GP surgeries, local clinics and hospitals may contact people in different ways. How would you like to be invited for a routine health check? (select all that apply)

Phone call	175
Text message	195
Letter	249
Email	48
Other	3
I wouldn't want to be invited	7

What is most important to you about staying well? (select all that apply)

Understanding how to manage my condition	289
Avoiding getting sick	254
Being able to continue doing the things I enjoy	175
Being able to keep active	172
My mental health	154
Manage my condition with diet and exercise	141
Understanding how to use the medication	138
Other	4

There are many ways that people look after their physical and mental health. If you wanted to know more about free local NHS services, council services or community groups how would you like to get more information?

Discussion with a health professional	191
Leaflet or written information in my community language	143
Conversation with a trusted community organisation	143
Sent to me by letter	119
Leaflet or written information in English	76
Sent to me by email	59
Sent to me by SMS (text message)	50
Conversation with my support worker/keyworker	48
Online - website, app	0
Other	2

# Physical Activity

## Activity levels

Do you do any physical activity (like walking or a fitness activity/sport) in the week that raises your breathing rate or increases your heart rate?

Yes	No	No answer
339	162	3

## What physical activity or fitness activity is it?

Walking was by far the most commonly identified activity. Other physical activities included housework, gardening, and pushing a buggy. Fitness activities included swimming, football, tennis, badminton, Zumba, Pilates, exercise with weights, exercise prescribed by physiotherapist, yoga, running, prostate exercises, chair exercises, skipping, push-ups, and exercise classes.

## In the past 7 days, on how many days did you do the above activities?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
5	21	41	90	41	47	20	72

## How much time did you usually spend doing the activity on each day you did the activity?

Respondents sometimes answered this question by specifying a range of time (60 to 90 minutes, for example). Others specified a maximum amount of time (up to an hour, for example). Where ranges were given, we took the mid-point (75 minutes where 60 to 90 minutes was the range, for example) and where a maximum amount of time was specified, we used that number. Some respondents gave an amount of time but also said that they took a rest in the middle. We counted the number given and disregarded the fact that some of the time was spent resting. A small number of respondents that reported doing physical activity did not supply an amount of time spent.

Bearing in mind the caveats expressed above, the average amount of time each respondent spent exercising on the days they did exercise was just over 60 minutes. 60 minutes (or an hour) was also the most commonly given answer.



## Perceptions of physical activity

### What aspects of physical activity appeal to you the most?

Respondents were invited to give a free response to this question (and to follow that up by selecting up to three options from a predefined list). The free responses identified the same benefits as on the predefined list, but many respondents also spoke of the barriers that prevented them enjoying physical activity as much as they would like to.

“I used to walk lots as I felt good and was strong. But since my lung disease started and [I had the two operations], I am unable to walk for long as I become dizzy and feel very weak and likely to fall. But still, I try to walk as much as possible but slowly and with stops and rest.”

– Male 50–64, Lung disease and breathing difficulties

“To get my energy levels up for the day which helps me feel good and helps my mental health. I also get to see people on my walks and talk to them which is nice.”

– Female 80+, Diabetes, asthma, hypertension, arthritis

What aspects of physical activity appeal to you the most? (Please tick a maximum of three boxes)

Mental health benefits: to improve mood and mental wellbeing	228
Build strength: to improve strength and balance	156
Alertness: to improve alertness and reduce tiredness	124
Physical health benefits: to help manage or prevent health conditions	103
Social interaction: to connect with others and make new friends	93
Weight management: to support achievement of a healthy weight	79
Fun: to enjoy being active	74
Accomplishment: to achieve a sense of accomplishment	24
Skill development: to develop new skills or abilities	14
Other	16

## Barriers and Facilitators

### What would encourage you to become more active?

Respondents were invited to give a free response to this question (and to follow that up by selecting up to three options from a predefined list). Many respondents spoke of barriers, saying that better health would encourage them to become more active. The social aspect of being active was emphasised. Particular groups had strong connections to community centres and expressed willingness to get more active if those centres took the lead by hosting sessions. Others said there was a need for culturally appropriate sessions (sessions for women or men only, though some people also mentioned language and cultural barriers more broadly). Respondents were often unsure of the appropriateness of different types of activity and wanted more direction from health professionals.

"If facilities were cheaper and closer to me. For example, swimming is very costly."

– Female 25-49, Thyroid, diabetes, high cholesterol, high blood pressure

"If I was told which types of exercise would be best for me such as running or stretching as I feel I am not very educated. Also, if there were more facilities that were women's only."

– Female 50-64, Diabetes, high cholesterol, low blood pressure

"A non-judgemental space. I feel like people at the gym are always watching you, especially the ones that are already fit. The instructors are always talking to these people too."

– Male 25-49, Hip and joint pain

What would encourage you to become more active? (maximum of three choices)	
Advice from a healthcare professional	290
Advice from a trusted person in your community	153
Someone else being active with you: having someone to exercise with	129
Supportive friends and family: Encouragement from loved ones to stay active	100
Seeing others being active: others you can relate to being active in your area	53
Fitness goals: working at fitness targets from healthcare professional or app	49
Online communities: engaging with online groups for fitness motivation	19
Advice from a religious leader	7
Other	10

## What, if any, are the main barriers you have faced to being active?

Respondents were invited to give a free response to this question (and to follow that up by selecting all the options that applied from a predefined list).

"I don't really face any barriers other than my family being worried for me to go out, but there is also no space to exercise at home."

– Male age unknown, Heart condition

"I have lupus and arthritis which limits my ability to exercise without experiencing pain."

– Female 50-64, Arthritis, asthma

What, if any, are the main barriers you have faced to being active? (all that apply)	
Physical health concerns: existing health issues that limit exercise	274
Low motivation: not feeling motivated enough to engage in exercise	158
Bad weather conditions	121
Worried about hurting myself/ injury	78
Cost	73
Time pressures due to caring responsibilities	59
Lack of culturally suitable facilities (women/men only; or age related)	58
Lack of space at home (in bad weather)	56
Time pressures due to work	54
Mental wellbeing: feelings of low mood or other mental wellbeing factors	52
Confidence: low confidence in being active in public spaces	46
Distance to facilities	39
Inconvenient timing: exercise opportunities not aligned with your schedule	36
Lack of physical activity sessions/facilities appropriate to your fitness level	31
Lack of support: not having encouragement from friends or family	28
Lack of awareness of opportunities	26
Lack of disability-friendly facilities	25
Personal safety concerns (when exercising in public spaces)	21

## Healthcare professional support

When receiving support on getting active from a healthcare professional, what would be most helpful (please, select only one answer from the list below – the top priority for you)

Personal advice on what kind of activity would be safe and sensible, with respect to your health	209
Advice on what activities you can do	102
Information about local options for activities, groups and organisations	60
Advice on why being active is important	56
Advice around staying safe when being active, with respect to the local community/ your environment.	40
Information about self-guided options, such as how-to-guides, 'apps', websites and videos.	20
Other	3

# Impact monitoring

How was the resident given advice and information?	
Conversation in community language	297
Conversation in English	135
Leaflet or written information translated into community language	46
Leaflet or written information in English	20

"I learned a lot of new information and useful free courses and activity sessions, and I enjoyed the discussion"  
 - Female 25-49, Asthma

As a result of the information you have been given do you have:	Yes	Partially	No
A better understanding of the services and support available?	399	77	20
A better understanding of your health condition?	392	71	32
Was the information you were given helpful?	421	62	14
Do you feel you could act on the information you have been given? Do you feel you know what steps to take?	366	104	23

About 80% of the participants said they had a better understanding of the services and support available thanks to the information they had been given. Another 15% of participants felt that this was partially the case. The breakdown was similar regarding getting a better understanding of their health condition.

Over 80% of participants who responded said they found the information helpful, with most of the rest saying it was partially so. The small number of participants who said the information wasn't helpful felt that it wasn't specific enough to their particular health condition(s), preferred to get this information from their GP, had no interest in exercise, or were disenchanted with health services in general.

# Feedback from partners

We shared our draft findings with partners at a Diverse Communities Health Voice network meeting in March 2024. This gave partners an opportunity to respond, and to share other observations.

## **Effective information provision on managing long term conditions and on exercise**

The issue is not that there is insufficient information about the management of long term conditions/exercise. In fact, there is an abundance of information. However, this information is not given to patients at the right time (it is not given during the annual review/health check-up).

## **Accessing information online**

Feedback from partners was that, when you access information online, there are many websites to look at and it is not necessarily clear which websites are the trusted ones. This can be very confusing for residents. A much better approach would be that the doctor/health professional conducting the annual review/health check gives patients this information, thereby validating it. Ideally this provision would be supported with printed information that the patient can refer to later to refresh their memory.

“When there is a leaflet in your hand after you come out of the appointment, you are more likely to act on it/follow up than if you have to go on the internet to find out information for yourself.”

– Jannaty

The difficulty residents experience in accessing information online (the NHS website, for example) varies from one community to another. For example, many people supported by Islington Somali Community cannot access the internet due to a range of barriers and, when they can, they find that the language is not very accessible (the terminology used is medical and not easy to understand).

In terms of other feedback on the NHS website, partners felt that the information available here is often too concise. Residents would like more detailed and more extensive information about specific conditions.

## **Preferred ways to access information for the communities DCHV partners support**

People like to be given information face to face in a context where they can ask questions and learn more about their own particular condition(s). This could take place via workshops or one-to-one conversations as part of the annual review /health check appointment.

## **Sharing test results with residents after an annual review/ health check-up**

Partners reported issues with sharing information about blood tests and other test results after the annual review or NHS health check:

- ▶ Sometimes people don't hear anything and when they enquire are told to assume everything is ok.
- ▶ Sometimes residents get the results via a letter which is difficult for them (and their advocate from DCHV) to translate. It is difficult to understand the results or whether any further action is required. In one example, the DCHV partner called the surgery on behalf of the resident, and they were told by the member of practice staff that they couldn't interpret the results either. They were advised to book an appointment with the GP for the letter to be explained.
- ▶ Partners wondered whether the letter explaining the test results could be translated into community languages if the resident was known to need language support. It was also noted that interpreting wasn't always available when having these conversations with the GP/health professionals.
- ▶ A suggestion was made to send an SMS in plain English to residents confirming whether the test results were ok or whether further action was needed (and what that would be).

Eritrean Community in the UK observed that it is hard for residents with long term conditions who are housebound to have a face-to-face conversation (where they can ask questions) about increasing safe levels of movement for their condition(s). A suggestion was made that this could be delivered as part of home visits from relevant health professionals. Partners felt that these conversations are not taking place at present. Guidance from Public Health suggests that the threshold above which housebound residents should involve health professionals before increasing their levels of movement is very low.

### **The importance of validation from a health professional before introducing physical activity/movement**

One partner shared an example of one of their clients who had had stents put in their heart. They were regularly attending the 55+ men's badminton group but didn't take part in the physical activity because they were worried their stents would fall out or move. They sat around and at least got the benefit of the social interaction but refused to take part despite the group leader saying they had had stents themselves and they were happily and safely taking part in the sport. They advised the resident to go back to their GP or speak to another health professional about their worries so that they could also benefit from the physical activity.

- ▶ Learning/system change: it's not only about the initial conversation when they are diagnosed or have the stents put in; it is about residents being able to go back and speak to a health professional about any queries or concerns.

### **Outdoor gyms, parks and green spaces**

Outdoor gyms are free and available in a number of Islington's parks and green spaces. Partners voiced concerns about those spaces often being taken up by groups of young people, so clients could feel less confident to access them.

Jannaty recommended the introduction of planned routes in parks/green spaces for

people with long term conditions. These groups will need to take regular rest breaks so routes should factor in a series of places to sit. They also said that there should be better signposting to places where people can ask for help if needed (park ranger's office/caretaker).

### **Difficulties accessing discounted gym membership**

Partners shared experiences of calling on behalf of clients to find out about concessionary rates and being given confusing and/or contradictory information. Indeed, two examples were shared when direct intervention from John Thorne, Leisure and Physical Activity Manager at Islington Council was needed in order for clients to access discounted rates. This is a barrier that needs to be broken down.

"There is a lot of contradiction when you contact Better Gyms – they don't tell you about discounted membership and how to access it."

### **Cultural barriers to accessing sports/activities**

It was reported that women-only swimming sessions were scheduled on Friday evenings at a time that is difficult for women with caring responsibilities to attend. Partners suggested that women-only sessions be offered at other times (for example, during school hours). Partners also suggested that there should be better access to women-only swimming lessons and to low cost/affordable swimming lessons. This would be particularly helpful for those adults with long term conditions who don't know how to swim but would benefit from this low impact exercise.

### **Other outcomes stimulated by project participation**

- ▶ Arachne Greek Cypriot Women's group shared that they have run walking groups as an activity linked to this research (many of the research participants had been given information about the walking groups run by Arachne they could join). Even with an 'accessible and low impact' form of activity like walking there were a number of challenges. People were worried the walk would be too long and that they would not be able to complete it. To address this Arachne led conversations around encouraging residents to do an amount of walking that was suitable for their condition and allaying people's fears around the pace of walking and not being able to stop and rest.
- ▶ Jannaty shared an initiative taken by five of the people they support, who regularly attend activities at Jannaty's office and share the same bus route. They have begun to build free exercise into their weekly routine by getting off the bus two stops earlier and walking together to Jannaty.
- ▶ Disability Action in Islington shared that people really enjoyed talking about a part of their life they don't often get to speak about. This group feels that they are often not consulted about their views on physical activities. Most people don't see them as a group that wants to be physically active, so they really appreciated being asked the research questions. As a disabled community they often get left out of conversations about physical activity. They saw this as a pleasant subject to talk about, compared to welfare benefits or housing, for example.



# Recommendations

We've identified three key recommendations but are not suggesting that this is an exhaustive list. We anticipate that other findings and observations within this report will also be of value to commissioners when considering how services can be developed.

- 1.** Good quality information empowers residents with long-term conditions to take charge of their health. Feedback indicated that patients wanted more information about the management of their conditions as part of their annual review. For the communities DCHV partners support, the preferred way to receive information is face to face. Many residents with long-term conditions also want personal advice on what kind of activity would be safe and sensible, before becoming more active. This information should be provided by the doctor or other health professional as part of the review process. This would validate the information (feedback from respondents made it clear that there was a lot of respect for the knowledge of the GP). It would also allow the patient to ask questions to check their understanding.
- 2.** The offer for discounted gym membership needs to be communicated in a more transparent way to residents by providers. Relevant staff at Islington Council should ensure that this is taking place.
- 3.** Commissioners should explore ways to improve access to women-only swimming lessons and to low cost/affordable swimming lessons. This would be particularly helpful for those adults with long term conditions who don't know how to swim but would benefit from this low impact exercise.



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