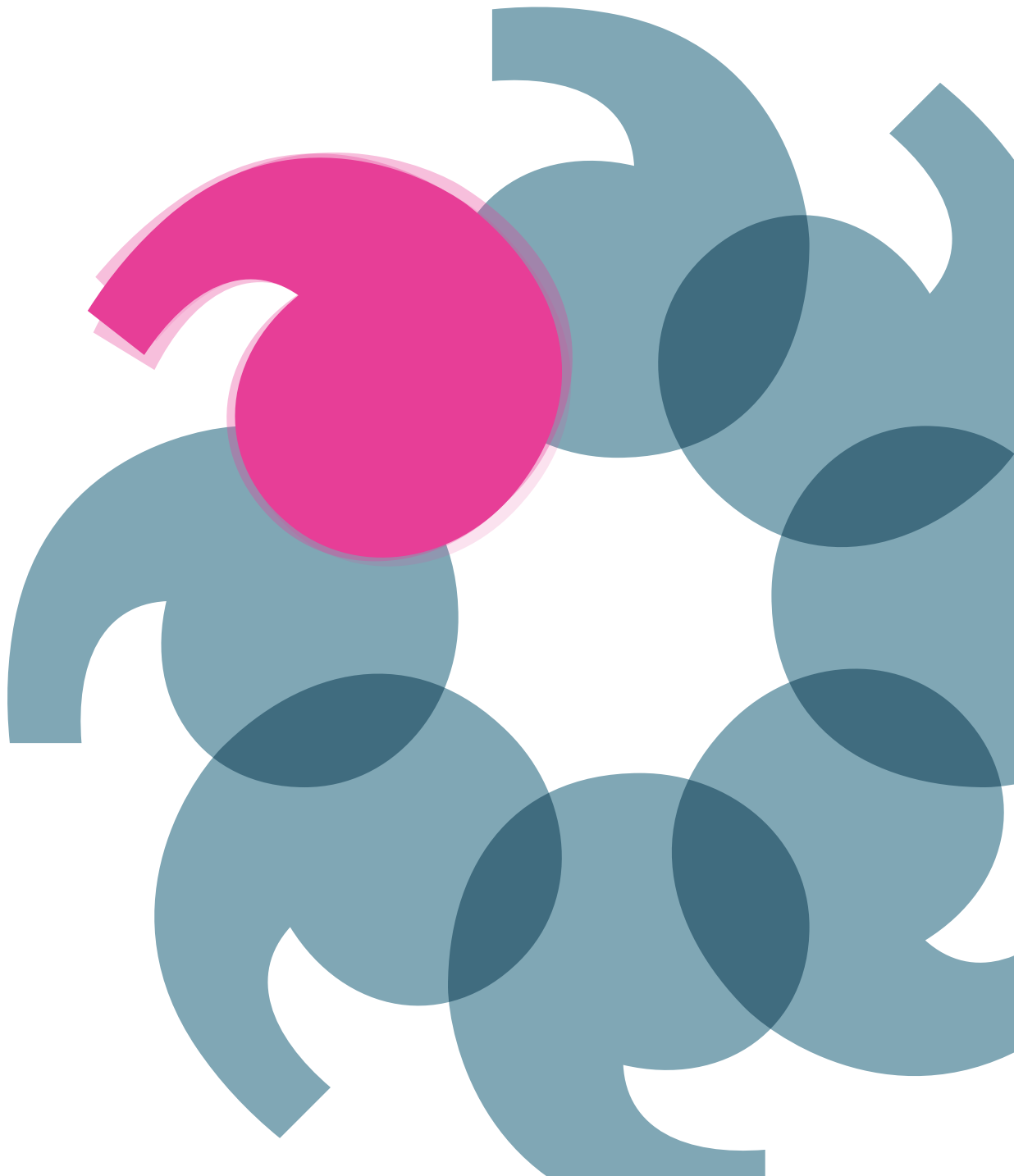


# Community research 2016/2017 Black and minority ethnic groups accessing services in Islington



## **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)

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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.

The consortium first carried out community engagement work on behalf of Islington Clinical Commissioning Group (CCG) in 2015/16. The consortium came together again to carry out community engagement work in 2016/17. This report shares the outcomes of our 2016/17 research.

The consortium had three aims when carrying out this engagement work:

- ▶ to deepen our understanding of health issues impacting on our communities
- ▶ to encourage more diverse representation within the 'Health Voice' community feedback mechanism
- ▶ to make services more accessible by providing information and signposting to Islington residents participating in the community research activities

As consortium partners, we worked together to extend our reach and develop a consistent approach to gathering evidence. 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 us to encourage service users who may otherwise have been reluctant, to give their views thereby building their confidence. Partners have a strong knowledge of how services work in practice as well as a sound understanding of commissioning processes.

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# Methodology

The CCG provided us with a list of questions that they wanted us to ask Islington residents. We grouped the questions given by the CCG into the following different themes for the purposes of the research.

1. Pharmacies
2. Well-being
3. Accident & Emergency
4. Interpreting services
5. Referrals to specialist services

There was some overlap with the themes the community research had covered in the previous year. To avoid repetition we made sure that none of the people who had participated in last year's research were included as respondents in this year's work.

## Information and signposting

Each partner organisation noted whether they had provided information or advice to service users with whom they had completed the research activity. If information and advice had been provided, partner organisations were asked to record the issue the participant needed assistance with, as well as details of any action taken by the partner organisation to resolve or address this issue. This has enabled us to demonstrate the value added to this piece of work by working with the selected partner organisations.

## One to one interviews, and focus groups

We took the questions provided by the CCG and, where we felt it was appropriate, we changed some of the language and terminology to make the questions more accessible to our target audience. We created a questionnaire that the partner organisations used to carry out one to one interviews. Partner organisations were each asked to interview 22 Islington residents. Some partners chose not to carry out the interviews one to one, instead running focus groups, each with a maximum of 6 participants. We spoke to a total of 207 residents (exceeding our target of 198).

### **Health Voice questionnaires**

Health Voice Islington is an online tool which allows service users to give feedback to Islington CCG about NHS healthcare services they have received. It is hosted on the CCG's own website. Each partner organisation completed 8 Health Voice questionnaires with Islington residents. These were not the same people who had participated in the main community research project, they were additional participants. In total 72 Health Voice responses have been gathered as part of this research project.

Health Voice comments were initially recorded on a paper questionnaire using the respondents own words as far as possible. Each organisation then entered this data on the CCG web-site, making a note of the date and number of comments added.

<http://www.islingtonccg.nhs.uk/healthvoice/>

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

Our approach built on the learning and experience gained from having delivered a similar research project in 2015/16.

Healthwatch Islington developed the tools to be used by partner organisations when carrying out the individual interviews and focus groups. Staff involved in carrying out the individual interviews, as well as those overseeing the research, attended a training session delivered by Healthwatch Islington's Information, Training and Development Manager. This training looked at lessons learnt from last year's research, provided instruction on the use of the tools for collecting data, and agreed conventions on recording that data. We also provided guidance about patients' rights, and additional information relevant to the questions on which we were consulting Islington residents.

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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# Who we spoke to

Partners were asked to speak to Islington residents that had not already taken part in last years' community research.

We spoke to a total of 207 Islington residents, three of whom were registered with GP surgeries outside the borough (two in Hackney and one in Camden). We have not included in this report the data/ comments relating to services provided by those GP surgeries (interpreting, referrals to secondary care).

Partners spoke to an additional 72 Islington residents who completed the Health Voice questionnaires. Comments from those questionnaires are not included in this report, nor are those residents' personal details included in the equalities data that follows:

## Equalities data

### Sex of respondents

Female	Male	No answer	Total
158	48	1	207

Respondents were predominantly female. Participation in the research was advertised to Islington residents who had had experience of using NHS services in the last 12 months (and 24 months for the sections on visiting Accident & Emergency Department and Referrals to Specialist Services as this is a less frequent occurrence). Respondents were largely self-selecting. Some of the partner organisations in the consortium work only with women. Almost one quarter of respondents self-identified as having a disability.

### Age of respondents

17 & under	18-24	25-49	50-64	65-79	80+	No answer	Total
1	8	113	57	20	7	1	207

### Disability status of respondents

Disabled	Not disabled	No answer	Total
46	159	2	207

### Ethnicity of respondents

Arab	30
Asian or Asian British - Bangladeshi	22
Asian or Asian British - Indian	1
Asian or Asian British - Pakistani	1
Black or Black British - Caribbean	1
Black or Black British - Eritrean	35
Black or Black British - Somali	36
Black or Black British - Any other black	7
Latin American	22

White - Greek or Greek Cypriot	12
White - Irish	1
White - Kurdish	21
White British	2
White - Turkish or Turkish Cypriot	9
White - Other	4
Other	2
No answer	1
Total	207

### Caring responsibilities

Yes	No	No answer	Total
102	103	2	207

### Breakdown of caring responsibilities

Primary carer of children under 18	87
Primary carer of adult over 65	1
Primary carer of a disabled child under 18	3
Primary carer of a disabled adult	3
Secondary carer	1
Other	7
Total	102

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# Pharmacy

Pharmacies are a primary care service which people access themselves without a referral, and without the need to book an appointment. Pharmacists dispense and check prescriptions and advise patients on the medicines that have been prescribed for them, for example, providing advice on how to take the medicines and advising on common side effects. Pharmacists will take back medicines that are no longer required so they can be disposed of correctly. Pharmacists provide a range of services related to specific health issues and can advise on minor ailments such as colds, skin conditions and allergies. Other services include emergency contraception and incontinence supplies. Most (but not all) pharmacists are also able to offer other services to their patients.

## What services have you used from pharmacies in Islington?

203 out of the 207 people we spoke to had used pharmacy services in the last year. The responses to this question corroborate earlier findings (PPG research) and confirm that the majority of respondents use pharmacies for obtaining prescribed medication, over the counter medicines and information and advice on how to take those, rather than for the additional services that particular pharmacies may offer.

Respondents with long term conditions, such as diabetes, noted their appreciation for the support and information provided by their pharmacy to manage the medication related to their specific conditions.

'I used the services at my local pharmacy for repeat prescriptions in the past 12 months. Whenever I am not feeling well, I would go to the pharmacy and they would assist me with the service relating to the illness I have got. Now and then I tend to confuse my medications and I forget to take the right medicine at the right time. The pharmacist writes an instruction on a piece of paper, letting me know which medicine to take at what time.' [respondent 37]

A small number of people reported using additional services like weight management (2 people), health checks (2 people) and flu vaccinations. Three women mentioned visiting their local pharmacy for birth control and family planning. Some people were already using the electronic prescription service (respondents 11 and 198).

'I used pharmacy service for repeated prescription. Another service I use is the weight management service to check my BMI and cholesterol level in order to ensure that they are not too high. When I was having an abdominal pain and my GP doctor was not available, the pharmacists provided me with a medicine to stop the pain.' [respondent 26]

Respondents also said that they used the pharmacy service for advice on minor ailments, 'I had a burn in my arm, without going to a GP I went to the pharmacy and got advice and a cream. I usually go there to get my prescribed medication.' [respondent 92]

## How would you rate these services on a scale of 1 to 10? With 1 being the worst and 10 the best?

Rating	10	9	8	7	6	5	4	3	2	1	N/A	Total
Number of respondents	64	32	50	31	11	11	2	0	1	1	4	207



**'I normally just pick up my medication from my local pharmacy. There is a text service which alerts me when my medication is ready which helps me a lot. My pharmacy is based on Caledonian road which is local to my house and they are brilliant. The staff have excellent customer service.'**

Respondent 67

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### Why would you give it that rating?

In the main, respondents were happy (or very happy, 146 respondents gave ratings of 8 and above) with the pharmacy services they were accessing. The main factors that influenced respondents' rating of the pharmacy services they had experienced were:

- ▶ waiting times (whether there was a long queue or the pharmacy was crowded thus delaying the patient receiving their medication, or whether their prescription was dispensed promptly)  
'Very good quick service. The staff know me and my children.' [respondent 136]
- ▶ attitude of staff working at the pharmacy, and overall customer care  
'They have good approach and they are always described to me how to use the medicine.'  
[respondent 185]
- ▶ ability to communicate with the staff  
'When the Arabic speaking employee/friend is there, customer service is good. The rest of the time they are rude.' [respondent 171]

### What other services would you use if they offered them at your local pharmacy?

The answers provided by the respondents suggest a lack of awareness of the breadth of services that are already available in community pharmacies. Services mentioned included the following: Blood tests; Blood pressure; Blood sugar tests for diabetics; Emergency prescriptions; Flu jabs; Prescription home delivery for vulnerable patients; Nutritional advice; Optometric services; Free hormonal contraception; Pregnancy; Baby clinic; Smoking cessation; Minor illnesses; Travel immunisation; Weight management & exercise; Information about sexual health.

'I would love to have the flu vaccination service as it is not currently offered and I have to travel all the way to the GP to receive one. Also, the pharmacy should provide a disposal of unwanted or out-of-dated medicines service, because I do not want to throw away medicine I have not used in the bin.'  
[respondent 25]

'The pregnancy test is a service I would use if offered at the pharmacy, because the GP asks his patient to take a pregnancy test on their own. But for a more accurate result, it would be great if the pharmacy can offer this service.' [respondent 23]

**'Diabetes and blood pressure test should be offered at my local pharmacy. The reason for this is because customers with high blood pressure, cholesterol level and those that are diabetic need to be checked up regularly. Given that the GP surgery provides this service, it is vital that pharmacy runs this service, because booking an appointment at my GP is difficult.'**

Respondent 31

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Generally participants wanted more services to be provided in pharmacies that would result in them not needing to make a visit to the GP (or to a hospital or walk-in centre). Reported difficulties in accessing GP and hospital appointments contributed to this sentiment. Respondents valued the greater accessibility of local pharmacy services.

'It would be nice if the flu vaccination was offered, rather than waiting for weeks to get one from my GP. I believe pharmacists should be given more authority to prescribe medicine to customers with stronger medicine, instead of GP or hospital doctors to treat some illness and conditions.' [respondent 26]

'I would use the blood test service to check my overall health, including my cholesterol level at my local pharmacy if offered, because it would save me a lot of time rather than travelling all way to the hospital.' [respondent 28]

'I think an emergency doctor should be made available in pharmacies. There are times when I cannot book an appointment with my GP to see a doctor. Thus, if a doctor is available, then I could go to my local pharmacy and get assessed. The doctor could prescribe me a medicine if I need it.' [respondent 41]

'First Aid Treatment for emergencies when the GP is closed' [respondent 14], 'minor treatments and advice on minor illnesses for my children, so I wouldn't have to visit the GP' [respondent 16]

There was, however, a tension between the desire to see more GP-like services delivered in pharmacy settings, and the belief that pharmacy staff lacked the appropriate medical training. Participants expressed the need to develop trust in pharmacies having the required expertise to deliver those additional services:

'I would like to see GP equivalent people with medical background in pharmacies for minor treatments, it would be helpful. I still can't trust for minor treatments. They need to make us trust them. There should be a qualified, GP like people at pharmacies.' [respondent 90]

'I haven't used until now. I know the services though. I would still prefer to go to GP or hospital. Cannot trust pharmacies'. [respondent 99]

At least one respondent remarked that if community pharmacy were to deliver more services, support to make those services accessible to people with communication needs would also have to be put in place. 'I cannot speak English, how am I going to communicate with them?' [respondent 91]

### More information is needed about the particular services available at each pharmacy

Carrying out this research has highlighted how difficult it is to find information about the specific additional services each pharmacy in Islington is commissioned to provide.

Partner organisations said that a list of pharmacies, with a description of the additional services they are commissioned to deliver, would be invaluable. Such a list would be particularly helpful for the signposting activity that complements this model of research. However, such a list does not appear to exist in the public domain.

It is also difficult to find this information online. For example, NHS Choices, when displaying the pharmacies that are close to you, provides information about whether an electronic prescription service is available at that pharmacy. However it doesn't provide information about additional services. You need to visit the website of each specific pharmacy to find this information. Not all pharmacies have a website, and many don't have their website listed on NHS Choices. The websites often have limited information available in any case. Generally you need to contact the pharmacy directly to find out which, if any, additional services they provide.

There was evidence of a lack of awareness from respondents about additional services already being offered. The vast majority of respondents (204 of the 207) had visited the pharmacy at least once in the past 12 months. This suggests that providers are also missing opportunities to clearly communicate their full offer of services to their customers. Comments from some respondents reinforced that impression:

'It would be great if they could bring medicines to home, especially for vulnerable patients. I could use the services offered. Nobody told me about this. The pharmacy could have told me.' [respondent 103]

'Pharmacies should be able to display some useful information on their notice board' [respondent 61], 'More leaflets on health related information' [respondent 71], 'She would want that services offered be announced ahead of time, as she did not know that pharmacies offered all those services.' [respondent 192]

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# Well-being

Nationally there are plans to make services more local wherever possible. This is to make it easier for people to access healthcare services and other well-being services. We wanted to find out from respondents whether there are medical services or non-medical services they would like delivered in community settings (including GP practices). For example, information on housing, employment, jobs, fitness, healthy eating (and where to access free or very cheap activities) and other wellbeing services.

## Are there more services you would like to see delivered in GP practices or other community based settings?

- ▶ The majority of participants (137 people) favoured the idea of GP surgeries acting as a mini 'one-stop shop' providing a pathway to services, in particular to social care, mental health, housing advice, and fitness services, as well as health awareness sessions on different topics of interest:

'It would be nice if my GP practice could deliver a housing service. Currently, I am living in a temporary accommodation and the house is not suitable for anyone to live, especially little children. The house has damp patches and the heater smells really bad when it is switched on. Therefore, I would like the housing service to be delivered weekly or monthly, so I can get information and support that would help me find a permanent home.' [respondent 39]

'Yes. I would like social care services.' [respondent 9]. 'I would like to see [a] once a month health awareness session provided in my GP, so that I could be informed with the latest virus, cold or other illness out there and how I could avoid them.' [respondent 24]

A second group, of 17 respondents, welcomed an increase in services available in GP surgeries, but in a more qualified manner. They felt that additional services should only be offered if they are 'health-related services. It should remain a separate health-related, doctor services institution.' [respondent 3]

'If my GP did run anything it should be a workshop on stroke in dual language!' [respondent 78] or 'health-related services like nutritionists' [respondent 16]

A minority (47 people) felt that this was not something that they needed or welcomed. Some were already accessing housing advice, welfare benefits or fitness services at established and trusted voluntary and community organisations. They didn't perceive any additional benefits from accessing these in GP surgeries, in fact concerns were raised about the independence of those services if they were delivered in GP practices, as well as the potential strain on already stretched resources.

'No. I wouldn't want various services provided there. I think that I wouldn't want somebody to control all the services together. I trust local community groups' [respondent 5]. 'No. I don't think I would like that. On the other hand I've never tried that. However I think that only doctors should be at the GP surgery' [respondent 8]. My GP 'should just stick to appointments' [respondent 76].

Respondents also saw this question as an opportunity to voice frustration about the difficulty in getting GP appointments during usual opening hours. They expressed a wish to access GP appointments during weekends, which suggests many are not aware of extended hours GP services, such as the IHUB service (we will revisit this theme in the chapter on Accident and Emergency) 'It would great if my GP was open on at least one day during the weekend so it helps working people.' [respondent 67]

### **‘These would be good to have at GPs: Domestic violence advice worker based at the GP; Interpreter based at the GP; Health advocates who can make appointments for patients who can’t speak English; Fitness and healthy eating.’**

Respondent 109

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#### **What would make you use health and fitness services in your local area?**

We wanted to hear about measures that could reduce barriers for participants to access services that will increase or maintain their physical health.

- ▶ Cost was the most significant factor
- ▶ followed by proximity or ease of access
- ▶ and availability of female only classes or activities.

Many female respondents indicated that if the fitness activity was taking place nearby, was free or low cost and provided women only sessions it would dramatically increase their likelihood of engaging in physical activities. ‘I would use the health and fitness services in my local area, if less expensive gym memberships are available and the classes must be women only as I do not feel comfortable working out with men’ [respondent 25]

Women faced additional barriers when taking part in physical activities: lack of time due to work or family commitments ‘I work and I’m a mum’ [respondent 72], studies at college or caring responsibilities for adults with long term conditions, or lack of childcare facilities at the leisure centre/gym.

- ▶ Social prescribing

Some respondents who would not otherwise have accessed fitness services were motivated to do so because it had been recommended to them by their doctor, or by another trusted medical professional. This model of referral is known as social prescribing. Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. The fees for fitness services to which patients are referred are greatly reduced.

‘I am not an active person. I need a plan and motivation. I registered 2 weeks ago to a gym but haven’t started yet. My GP directed me. Location is very important. I would also prefer women only. The one my GP sent me to is mixed but I will go anyway.’ [respondent 99]

‘I would use the health and fitness services in my local area if they offer low-cost membership or classes. As I am going to have surgery on both of my knees in the coming months, I would like to have a free or an affordable swimming class to help my mobility after the surgery, which the physiotherapist has suggested.’ [respondent 32]

Respondents who had not been aware that their GP was able to prescribe non-clinical services were positive that it could increase well-being in the community.

'If GPs are able to recommend and refer for free or affordable prices, then more people could take part.' [respondent 48]

'I didn't know that my GP could recommend well-being services. I know of a friend that has back pain and that does a swimming therapy with special exercises and free-of-charge sauna in the borough of Camden. I would want something similar for my mother.' [respondent 188]

- ▶ Availability of physical activities suitable for people with disabilities and the elderly would encourage disabled participants to take part:

'I would be happy to use health and fitness services in my local area if the monthly gym membership were not costly. In addition, arthritis and other muscular pains, and not liking swimming, are factors that prevent me from using health and fitness services.' [respondent 30]

A few respondents said they were not interested in health and fitness activities because of ongoing health problems. They were in pain and limited in the types of exercise or physical activities in which they could engage. But even in these cases it was felt that social prescribing could give people confidence that particular forms of activity were safe and beneficial,

'[I would participate] if GP could refer to local fitness areas, and affordable prices. Due to health condition I couldn't attend fitness/gym sessions.' [respondent 53]

- ▶ Lack of information about free or affordable activities within easy access of their home, was also mentioned by some participants as a barrier.
- ▶ Walking, and walking groups were suggested as an alternative for people who did not like gyms

'I am not fond of using the health and fitness service. However, I would be persuaded to use the health and fitness service if there is a walking group, since I enjoy walking on a daily basis and it might be fun to do with a group of people.' [respondent 42]

'I try to walk often. I also have a back pain so I cannot go to the gym' [respondent 89] 'I usually walk in the parks. My bones are sensitive, I need an appropriate exercise suitable for my condition' [respondent 97]

- ▶ A minority of respondents were already using health and fitness services and were happy with them, including the fees:

'Client usually attends at local fitness 3 times per week and pay £5 annual fee plus £2.50 per use, and happy to afford'. [respondent 61]

'I already use Better gym in the borough which is good. There is now a woman life guard during the women only swimming time. So now my mum and sister in law join me too!' [respondent 67]

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# Accident and Emergency

As patients it is important that we have timely access to the most appropriate service at any time. There are concerns that some delays in Emergency Departments are caused by people using them when they did not need to visit an Emergency Department. We wanted to know whether Islington residents had had to visit the Accident and Emergency Department, the condition that led to that visit and whether they thought they could have been treated somewhere else.

An A&E department (also known as emergency department or casualty) deals with genuine life-threatening emergencies, such as:

- ▶ loss of consciousness
- ▶ acute confused state and fits that are not stopping
- ▶ persistent, severe chest pain
- ▶ breathing difficulties
- ▶ severe bleeding that cannot be stopped
- ▶ severe allergic reactions
- ▶ severe burns or scalds

Less severe injuries can be treated in urgent care centres or minor injuries units (MIUs). An A&E is not an alternative to a GP appointment. If your own GP practice is closed you can access a same day appointment via the IHUB extended hours service. You can also call NHS 111, which will direct you to the best local service to treat your injury. Alternatively, you can visit an NHS walk-in centre (WIC), which will treat minor illnesses without an appointment.

When talking to Islington residents about this, we were very careful not to give the impression to the respondent that we were in any way judging or evaluating whether it had been 'the right thing to do' to visit the A&E Department. Instead partner organisations talked to participants to find out the specific medical condition or illness that led them to A&E, and whether they had gone there because they couldn't access other services.

## Accident and Emergency data

We targeted Islington residents who had visited the Accident and Emergency department in a local hospital to access emergency care in the last two years.

### Have you made visits to the Emergency Department (A&E) in the last two years?

Yes	No
99	108

## Accident and Emergency

### What condition or illness made you visit A&E?

Pain	18
Fractures	13
Collapsing or fainting	12
Respiratory problems (including asthma)	12
Heart/ chest	9
Stomach/ vomiting	7
Bleeding	6
Fever	5
Swelling	5
Earache	4
Accidents	4
Panic attack	3
Complications as a result of surgery	3
Head injury	3

Allergic reactions	3
Urine infection	3
Sore throat/ tonsils	2
Fall	2
Miscarriage	2
Depression	1
Burns	1
Went into labour	1
High blood pressure	1
Severe osteoarthritis	1
Severe dehydration	1
Migraine	1
Cut	1
Meniere condition	1

The numbers given above indicate the individual respondents reporting that particular condition. There were 99 respondents in total. Respondents may have visited A&E on more than one occasion, or reported more than condition.

The majority of participants maintained that they were experiencing conditions consistent with needing emergency care. However, some of the conditions listed probably did not require emergency care unless the patient belonged to a particularly vulnerable group. 38 out of the 99 respondents said that they had visited A&E due to conditions relating to the vulnerable groups mentioned below:

Children	Elderly people	Pregnant women	Total
25	8	5	38



**'It would have delayed things if I had tried to first book an appointment with her GP. GP services close early and it is virtually impossible to book an appointment for the same day. I would have considered going to see a private practitioner instead of waiting for a GP.'**

Respondent 190

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Did you feel you could have been treated somewhere instead of A&E?

Yes	No
19	80

Respondents mentioned their GP surgery being closed, 'It was at night' [respondent 124], the seriousness of their condition, the fact that they were following their GP's advice 'I was breathless and my GP advised me to go to A&E in such cases' [respondent 125], difficulties getting a same day GP appointment, and a lack of knowledge of walk-in services as some of the reasons why they felt they could not have been treated anywhere else.

If you have answered 'Yes', Where could you have been treated?

Walk-in centre	GP	Pharmacy
3	16	1

One participant identified she could have gone to either her GP or to a pharmacy, 'Local pharmacies and my GP clinic could have been helpful [respondent 50]. 'The GP could have treated me, because my breathing difficulty was not that serious after the doctor assessed my health condition'. [respondent 33]

If you have answered 'Yes', Why didn't you go there?

It was an evening/ weekend when GP is normally closed	6
Couldn't get/ wait for an appointment with GP during normal opening hours	8
Trust in hospitals	3
Nature of condition/ injury	3
Alternatives (including GP) didn't work	6
Researched online where it was best to go (hospital)	1

In some instances participants mentioned more than one reason when explaining the circumstances that led them to go to A&E despite being aware that they could have been treated elsewhere. This is consistent with some participants having tried more than one avenue before they ended up in A&E.

Whilst it is understandable that participants would choose to attend A&E if presented with a serious condition at night, 'It was midnight' [respondent 96] or if they suspected that they had a fracture, 'I felt that my ankle is broken as it [was swollen]. I had no alternative place to go' [respondent 113], our research suggests that there is also a lack of awareness of other available services. The IHUB service in particular, may have been able to meet the needs of many of the respondents.

### ▶ Lack of awareness of the IHUB service

The IHUB service enables Islington-registered NHS patients to access a same day appointment with a local doctor or nurse between 8am and 8pm on any day of the week, including weekends. GP practices can send their patients to this service when they have no appointment slots of their own available (and calls made to the GP practice on the weekend will be automatically forwarded to the IHUB service). However, there is evidence that respondents are not contacting their GP practice when they need to be seen at short notice because they have no expectation of being able to get an appointment. Similarly, they are not contacting their GP on the weekend because they know their GP will be closed. This means that they are not getting directed to the IHUB service.

'[I didn't go to the GP] because I cannot get an appointment from my GP when I need.' [respondent 102], 'First you die, then you get treatment from the GP!' [respondent 2], 'Even at normal times, any emergency call after 9am is closed, thus forced to phone A&E', [respondent 60], 'I didn't go to the GP because the incident took place during the weekend' [respondent 3], 'GP closed on weekends' [respondent 174].

There is also evidence that providers themselves are missing opportunities to direct patients to the IHUB service (although it is important to remember that the service was not available until October 2015).

'Pharmacy treatment didn't help and my GP didn't allow me to come with appointment', [respondent 50] 'I called them but they said they could not give [an] emergency appointment. I [would have] had to wait one week for the appointment' [respondent 94], 'I called them 3 times but they did not give an appointment and my bruises got worse' [respondent 109].

### ▶ Lack of confidence in walk-in centres

Some respondents, despite being aware that walk-in centres were an option, chose not to use them.

'I chose not to go to the local walk-in health centre, because I felt that the hospital was more professional, equipped and able to deal with my injuries than the walk-in health centre.' [respondent 29]

'It was weekend and evening. There are walk-in centres but I do not trust them. It was not that urgent but I had to go to Whittington as I had no other option. I never used a walk-in centre and do not know whether they are good or not.' [respondent 90]

'For broken collarbone, yes I could have gone to walk-in but I haven't used them before, I could not trust them. For Fever, I would not be able to go anywhere else [except the hospital].' [respondent 101]

# Interpreting services

Islington Clinical Commissioning Group commissions interpreting services within Islington GP practices. This means that they pay for the service, and monitor its use. Language Line is the provider of this service to local GPs. Face to face interpreting needs to be booked in advance. Telephone interpreting is available more or less immediately, with no need to pre-book. Both services are provided at no cost to the individual GP practices.

Hospitals also offer interpreting services. The particulars of the service vary from hospital to hospital.

## Have you used an interpreting service in the last 12 months?

Yes	No	No answer	Total
53	153	1	207

## If you have answered 'Yes', In what service did you use it?

Respondents reported particular difficulties when trying to access interpreting services when visiting the Accident and Emergency Department and as a result they relied on friends and family for interpreting:

'GP and hospital appointments. For A&E; I asked for an interpreter several times but they said they don't have any' [respondent 103]. 'GP and hospital appointments. For A&E, I usually go there with someone' [respondent 104]. 'GP and hospital appointments. A&E says they don't have an interpreter and cannot provide.' [respondent 108]

On the other hand, two participants shared that an interpreter had been provided for them when the patient didn't need it:

'I didn't need the interpreting services and so I've explained that to my GP surprised'[respondent 8]. 'Good - but I didn't need her. However. they didn't ask me.' [respondent 180]

## What did you think of the interpreting service?

Good/excellent	Ok	Bad/unsatisfied	Total
29	9	15	53

- ▶ The majority of people (29) that had used the interpreting services had had a positive experience and had found the service useful. Punctuality of interpreters, attitude (patience and being attentive towards the patient's needs) and clear explanations contributed to a good experience:

'I use translation services virtually every time I go [to the GP] (except when I go with my son). I don't believe that asking for translator services results in additional delays. The translation services are very good, I would give a "10". They were always punctual and able to help.' [respondent 191]

'I consider the services to be very good. I used the services when attending the GP and for my prenatal control visits. When I gave birth the midwife spoke English, but I took my partner who helped with the translation so I had no problems.' [respondent 199]

'I felt the interpreting service was very good. When I was about to have my surgery, the interpreter clearly outlined the procedure of the surgery and what would happen to me before and after the surgery.' [respondent 33]

- ▶ 9 respondents had found the service OK - moderately useful:
- ▶ 15 respondents had experienced some problems with the interpreting services. In some cases it had led them to totally lose confidence in the service and not use it on future occasions. The following were mentioned as some of the issues:

Difficulty in understanding the interpreter:

'Its ok, but I don't use this service all the time. They need more sylhetis, I don't understand half the stuff my interpreter says sometimes.' [respondent 79]

Lack of professionalism from the interpreter:

'Hospital: Whittington, they have one interpreter for the last 15 years. This man does not translate the things I say, sometimes he gives advice, he translates whatever he wants.' [respondent 98] 'At the GP they booked an appointment for 2-3 times but interpreters did not show up...They sometimes don't translate what I say. One of the interpreters once told me why I did not learn English... one time, the interpreter laughed at me.' [respondent 104] 'I felt the interpreter was not professional [respondent 115]

Lack of language skills from the interpreter:

'GP: Some interpreters are not good, they can't translate what I say, they can't speak. Hospital: Not very good interpreters, it is an important issue. I don't feel comfortable using some interpreters as they cannot translate very well.' [respondent 108]

Hospitals tend to rely on telephone interpreting, which is less effective:

'At hospitals they only use telephone interpreters which I find very difficult and not very helpful.' [respondent 102] 'They only use a face to face interpreter for the first appointment. For the following appointments, they use telephone interpreter which is not as good' [respondent 100]

Using an interpreter at the GP makes it harder to access an appointment:

'When I ask for an interpreter, they don't really want to arrange.' [respondent 100] 'GP: As I ask for an interpreter, minimum I wait for a month.' [respondent 98] 'My GP did not provide me with an interpreter and tells me there are none available.' [respondent 135], 'They did not give me enough time to speak to the doctor.' [respondent 162]

Same sex interpreters were not available:

'Not good at all. The interpreter is male and I do not feel comfortable discussing gynaecological conditions and the accent is different so I am not able to understand all the time.' [respondent 163]

**'I had no clue that an interpreting service was available to me. All these years I have been communicating with my doctor by pointing out where I am feeling pain.'**

Respondent 43

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### If you have answered 'No', Why not?

Friends and family	GP spoke my language	Not aware	Problems	I can speak in English
25	2	10	22	98

- ▶ The majority of participants hadn't used an interpreter in the last 12 months because they could communicate in English.
- ▶ Some respondents gave more than one reason. In particular participants who had not been aware that an interpreting service was available at their GP surgery, had been relying on friends and family for interpreting:

'I did not know that the service was available or they have not explained to me that I can use the interpreting service. They have not asked me if I needed one. If I knew about it, I would have used it because it will make it much easier to explain about my problem.' [respondent 31]

- ▶ Many respondents who were aware of the interpreting services being available relied on friends and family because health providers had refused to, or failed to, provide an interpreter in the past:

'Some years ago, I asked for an interpreter but they could not provide. Now I go with friends who can speak English. The last time I asked for an interpreter, it was two years ago and the interpreter did not show up and I tried to communicate with my GP as much as I could.' [respondent 89]

'I use my husband as an interpreter. I don't ask for an interpreter at GPs as they make the whole process harder if you ask for an interpreter[...] In the past I tried two or three times and then I gave up asking.' [respondent 99]

- ▶ Some respondents answered 'No' because they had stopped using interpreting services because of problems with the language/dialect the interpreter spoke, because no female interpreters were available, or because interpreters were unreliable. (This echoed the feedback we had already received from respondents who had answered 'Yes' but said they were unhappy with the service.)

'I speak Algerian Arabic and the interpreter speaks Egyptian Arabic and at times he did not understand what I was saying so I take my neighbour with me instead of asking for an interpreter.' [respondent 137]  
'Even though she is not able to speak English, she understands English and she felt that the translator did not communicate correctly what she wanted to say and the symptoms she was feeling and describing. She dislikes the fact that the translators speak "Spanish Spanish" rather than the Spanish that is spoken in Latin America. She would want more Latin Americans to be working as translators.' [respondent 206]

'Everytime I asked for an interpreter I was told there were only male ones available and I was not comfortable to discuss my condition with a male interpreter. [respondent 140]

'She thinks it is useful, but it does not currently work properly. The translator may be late or may not even come, and the GP does not offer telephonic translation services to make up for the translator's absence.' [respondent 186]

- ▶ In one instance a participant [respondent 91] paid for his own interpreter, as this was not provided by the surgery.
- ▶ One or two respondents answered 'No' because they had been keen to use the GP consultation as a learning opportunity for improving their English language skills. There is some suggestion that, as a result, their understanding of the consultation was not complete.

'I did not require an interpreter as I wanted to communicate with the doctor on my own, which boosted my confidence. When I did not understand some things the doctor was saying, the doctor would write notes and then I would pass it to my support worker [in my sheltered accommodation] and explain what the doctor said to me. Furthermore, I am practising my English with a volunteer worker and it is improving after each session.' [respondent 27]

### Did you experience any delay to accessing a health service because you needed an interpreter?

We were interested in finding out if the respondents experienced disadvantages as a result of booking an interpreter. We wanted to know about any additional wait, rather than the overall wait.

- ▶ 23 respondents out of the 53 that had used an interpreter in the last 12 months reported that they had experienced a delay in accessing treatment because they had requested an interpreter.

### If you replied 'Yes', How much longer did you have to wait because you needed an interpreter?

- ▶ Respondents who requested an interpreter for their appointment had to face additional wait ranging from one week to more than a month:

'I have one week delay' [respondent 96] 'one month, sometimes more than a month' [respondent 98].  
'like a week longer than a usual appointment (without translator)' [respondent 193] 'In her clinic she usually receives her appointment very swiftly, but because she requires a translator it takes 4 days. She doesn't like the fact that there are no translators in emergency services.' [respondent 204]  
'One week extra waiting at GPs' [respondent 103] 'At GP; two weeks just because I asked for an interpreter.' [respondent 104] 'Sometimes yes, two to four weeks. They ask me if I could provide one, if not, they make me wait.' [respondent 106] 'Two months, as my appointment was cancelled various times due to the lack of an available translator.' [respondent 186]

- ▶ This often leaves the patient with the choice of bringing a friend or family member and being seen earlier, or facing the additional wait.

'I did not wait I took my friend with whom translated on my behalf.' [respondent 145]

'I wait till my daughter is available so that she can come with me.' [respondent 148]

- ▶ Other respondents gave feedback on the additional wait they faced on the day of the appointment, although this is not what we were asking:

'There were two occasions where I had to wait 15 minutes for the interpreter to arrive at my appointments. There were also times interpreters did not show up and I had to reschedule.'  
[respondent 39]

'Up to 90 minutes [respondent 53] 'I waited for 15 up to 30 minutes [respondent 58] 'Telephone interpreting - I waited for over an hour' [respondent 129]

# Referrals to specialist services

Access to NHS specialist treatment is via your GP and is based on need. You can ask for a referral for specialist treatment on the NHS. You will need to see your GP if you wish to be referred to a specialist in a particular field, such as a surgeon or a gynaecologist (a specialist in the female reproductive system). All your medical records are held by your GP, who understands your health history and treatments better than anyone. Therefore, your GP can decide whether a specialist referral is necessary and, if so, recommend appropriate hospitals or clinics.

If you ask your GP to refer you to a specialist, they will probably suggest that you try various tests or treatment options first to see whether your condition improves. A specialist will only see you with a referral letter from your GP. The letter will give the specialist essential background information, such as your medical history, and it will also contain details for the specialist to pay particular attention to.

You cannot usually self-refer to an NHS specialist, except when accessing sexual health clinics or treatment in an accident and emergency (A&E) department.

## How easy have you found it to obtain a referral for specialist services or to see a consultant?

Very easy	Easy	Medium	Difficult	Very difficult	Didn't need	Didn't answer	Total
26	41	17	37	32	42	12	207

The number of respondents who found the overall process of obtaining a referral difficult (69) was only marginally higher than those that found it easy (67). Some participants had different experiences when needing to be referred on more than one occasion:

'X-ray for my arm (was easy) and blood test for fatigue (easy). For my daughter- dermatologist (very difficult),' [respondent 90]

'It depends on the doctor. I see different GPs, for one GP it is easy to get a referral; for the others it is difficult. For my arm X-ray; that GP referred me easily.' [respondent 109]

## What service did you want to be referred to?

Physiotherapy	25
Ear specialist	19
Scan or x-ray	18
Eye specialist/ ophthalmology	10
Gastrologist	8
Orthopaedics	8
Magnetic resonance imaging (MRI)	7

Gynaecology	7
Cardiology	7
Dermatology	6
Back pain	6
Pediatrics	5
Rheumatology	4
Nutritionist	3



### What service did you want to be referred to? (continued)

Speech and language therapy	3
Mammography	3
Podiatry	3
Asthma	3
Dental	3
Urology	3
Chiropracty	2
Haematology	2
Allergies	1

Epilepsy	1
Nephrology	1
Neurology	1
Pregnancy	1
Migraine	1
Oncology	1
Back infection	1
Prostrate	1
Tropical diseases	1

### What made it easy/hard to get the referral?

We were trying to discover the degree of difficulty participants had encountered when trying to get the GP to agree that there was a clinical need for the referral to take place. This had been highlighted as an issue that had come up for some participants in last year's CCG funded community research and we were keen to explore further.

The majority of respondents (112) who had needed a referral understood the question in the way we had intended, and provided ample detail of the process they had undergone (sometimes lasting months or years, sometimes without ever being successful) to secure the referral to the secondary care specialist they understood their symptoms or condition required.

The key factors that influenced the degree of difficulty in securing a referral were:

- ▶ Understanding (or lack of understanding) by the GP of the patients' condition/ medical history  
'It makes it easy the fact that I have my GP for years and he is aware of all my medical history' [respondent 8], 'My GP understands me well' [respondent 59]
- ▶ Good communication/ good conversations between doctor and patient  
'My GP is very understanding, he listened to me and referred me.' [respondent 89]  
'My GP talks to me, listens to me and decides with me. I can take part in my own referral.' [respondent 110]
- ▶ Access to interpreting  
'The doctor was reluctant to refer me to a specialist, because I assumed that the doctor did not understand what I was saying and the amount of pain I was suffering. I believe that an interpreter is needed the next time I go to the GP.' [respondent 27]

'The doctor was reluctant to write me a referral to a dermatologist. The doctor felt that my condition is not that serious and does not need to be examined by a dermatologist. I believe that not [being] able to speak English made it extremely tough to get a referral. Also, if an interpreter was available at my appointments I might have been referred, as the interpreter can translate everything I want to say and the doctor could really understand my condition.' [respondent 43]

- ▶ A 'recognisable' serious condition (including cancer) that requires attention, exploration/treatment by a specialist

'The intense pain I was suffering from simplified the doctor decisions to refer me to see a specialist right away on both occasions.' [respondent 28]

'They referred me to MRI in Whittington. They took it seriously I believe, as they were suspicious that there was a tumor kind of thing in my brain. My neighbour was surprised that they referred me so quickly. Normally they don't.' [respondent 92]

- ▶ However, in some instances patients reported to the GP symptoms consistent with serious conditions (including cancer) and the referral was either delayed or refused altogether.

'I kept visiting over and over my GP complaining about symptoms. The GP repeatedly insisted that I was fine, sending me home undiagnosed. I ended up in the A&E, after collapsing on the street, where they discovered that my cancer was back.' [respondent 13]

'I discussed with my GP several times about my heart condition but the GP prescribed anti-gastrics medication, and I later found out I had a heart problem.' [respondent 53]

- ▶ The process of initial exploration/investigation/elimination carried out by GPs in some cases before a referral, was seen by some participants as a positive, indicative of a thorough approach.

'The referral was very easy. First the doctor followed a procedure and prescribed me medicine to treat the pain. When the doctor could not treat or ease the pain, the doctor referred him to a gastroenterologist.' [respondent 26]

'It was easy to get the referral because the doctor saw the pain I was suffering from and believed a physiotherapist is needed for my condition. Before referring me to physiotherapy, the doctor tried to assess my problem. Then, the doctor made the decision to write me a referral.' [respondent 32]

- ▶ But for other respondents this process was frustrating as it led to them having to attend several GP appointments before the referral was agreed by the GP (and in some cases it never was agreed so the referral didn't take place).

'The doctor didn't think that I needed a referral and sent me back home... I kept booking appointments from different GPs until I got the referral' [respondent 16]

'For my daughter, it took 3-4 years to get the referral. I told my GP several times that the creams were not working, but he did not refer my daughter. They usually tend to prescribe pain-killers. He prescribed creams which were not helpful.' [respondent 90]

'I had back pain for 4 years, I asked my GP to refer me to X-Ray, he gave me paracetamol instead. You have to wait for the last minute until it gets serious, life threatening. Otherwise they don't refer.' [respondent 99]

**‘The hard part of getting a referral is the doctor. He is a difficult person and hard to cooperate with. The doctor does not want to refer me to a rheumatologist, because he thinks that my condition can be treated through medications.’**

Respondent 41

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► GP’s perceived attitude towards the patient

Not all patients who ask to be referred need to be, nor should they be. Some respondents did however point out that the process seemed overly dependent on the individual GP’s attitude, and that there was inconsistency, depending on which doctor you saw.

‘I don’t remember why I need referrals for other GPs but I had to wait for some months. There is one GP in my surgery he easily refers me but others not. It is difficult to get referral from them.’ [respondent 109]

A minority of participants (41) who had needed a referral interpreted this question (What made it easy/hard to get the referral?) to mean the length of time it had taken to be seen by the specialist once the GP had agreed to refer them. For these participants the length of the wait was the determining factor, with some saying it had been easy, and others that it had been hard.

### If you felt you needed a referral, but didn’t get one, did you require another treatment?

► Only 18 respondents answered Yes to this question.

Treatment required	Number of respondents
Hospital	1
Accident and emergency	2
Cancer treatment	2
Prescribed medication	12
Alternative therapies	1

► A further 15 answered No to this question but indicated that their situation remained unresolved. In other words they maintained that the referral was the only treatment they wanted, they ‘required’ no other.

‘After giving birth, I experienced numbness in both hands, but my GP never referred me to a specialist to attend the cause of my discomfort. This was a year ago. I also experienced post-natal depression and my GP did not refer me to a therapist, inquire about how I was feeling or explain the reasons for my symptoms. Currently, I have difficulty grabbing things with both hands and I cannot write using a keyboard.’ [respondent 197]

‘No, but my ear infection got worse’ [respondent 14].

'I asked for creams to treat my allergies or to help alleviate the swelling around my eyes (there are occasions in which I cannot see properly due to the swelling, in addition I suffer from respiratory problems due to the allergy). Despite these symptoms, I was not referred to a specialist.' [respondent 192]

'The doctor gives me painkiller tablets to treat my arthritis. I am not sure what other treatments apart from a referral to a rheumatologist could help me.' [respondent 41]

'For the pain in my body and bones, GP told me that it was normal, happens to anyone and he prescribed me paracetamol. I waited for a long time for the referral then they found out that I had rheumatism.' [respondent 101]

- ▶ Not all respondents who didn't get the referral at the right time took no further action. This can increase pressure on services Respondent 161, for example states 'I often have to go to A&E due to the severe pain.'
- ▶ The research also suggests that additional pressure is being put on GP's time and the availability of GP appointments, as respondents reported that they continued visiting their doctor to try to get the referral:

'No, but I kept on getting appointments from different GPs until I got the referral.' [respondent 16]

'My condition deteriorated, I visited the doctor more often and my husband had to take leave from work often to be with the children.' [respondent 136]

'No, I just ask again to be referred and she again refuses. I have to give my daughter a bath at 2:30 in the morning to ease her symptoms. I have 5 children in total.' [respondent 149]

- ▶ One respondent reported a negative financial impact when seeking alternative treatment themselves, as a result of not obtaining a referral:

'I went to seek support from Chinese treatment clinics. They provided acupuncture and massage treatments to deal with my shoulder pain. The treatment ended up costing me a lot of money and I am still waiting to be referred by my doctor.' [respondent 37]

- ▶ Another one felt she couldn't ask or seek another treatment due to language barrier:

'I never tried despite suffering from strong back pain and problems when walking. Not speaking the language, I don't know how to express myself.' [respondent 198]

### What information would help you make an informed decision when choosing where to be referred?

If you need to go to hospital to see a specialist, in most cases you have the right to choose which hospital you're referred to by your GP. This legal right lets you choose from any hospital offering a suitable treatment that meets NHS standards and costs.

The NHS Constitution gives us a right 'to information to support these [see above] choices'. The GP should give you information or tell you where to find information to help you decide where to have your treatment. We wanted to find out what types of information participants would find most useful.

The three pieces of information respondents were most keen to have are as follows:

- ▶ Waiting times
- ▶ Specialism or expertise in a particular treatment
- ▶ Location and transport links

GP's opinion, overall hygiene and word of mouth/past experience were also mentioned, but were less significant. We were surprised that only a minority of respondents saw access to interpreting services and the option of seeing a female health professional as key pieces of information to be provided when choosing which hospital to be referred to.

### **How (in what format) would you need to receive the information you need to help you choose where to be referred?**

Respondents said that their preferred way of receiving the information would be a discussion with the GP (with access to interpreting for those patients that require it) combined with access to written information (either in the form of a leaflet or a letter by post), in their community language for those patients that need it. Requests for access to online information (or to be sent information by email) was significantly lower.

'In writing format and if it is possible in my community language would help me choose where to be referred. Moreover, I would prefer to discuss my referral with the GP through an interpreter, so that I can fully understand, the information that would help me choose where to be referred.' [respondent 31]

'Discussion with my GP and getting a letter would be nice. I would not prefer online search as it might not be trustworthy and there is a language barrier for me.' [respondent 101]

'Written/letter format as I am in temporary accommodation and do not have wifi or an internet connection.' [respondent 143] but respondent 149 disagreed 'I prefer e-mail as it is not dependent on change of postal address which is easier'

Some respondents said they would have really welcomed that conversation with their GP, but that this does not happen in reality:

'I would like to discuss with my GP or want him to direct me to a website. But there was no consultation or advice, he referred me without talking to me or asking me.' [respondent 90]

'GPs don't give advice or info. I research by myself online. However, I would prefer to get info from my GP. My GP was referring me to Homerton and I was not happy, then I found a doctor in UCL, now I go to UCL.' [respondent 100]

# Information and signposting

Each partner organisation provided information to all participants in this year’s research about the services available in pharmacies, the extended GP opening hours service, currently provided by iHUB, (and how to access this at present) and interpreting services available in primary care.

In addition, where individual information and signposting had been provided to participants in this year’s community research, or to residents who had completed the Health Voice questionnaire, partner organisations recorded the issue the participant needed assistance with, and details of any action taken by the partner organisation to resolve or address this issue. This demonstrates the value of working with the selected partner organisations.

A total of 180 participants out of the 279 (207 community research participants and 72 residents who completed the Health Voice questionnaire) were provided with additional information and signposting as part of taking part in this research.

There follows a detailed breakdown in table form of the issues participants needed information and signposting about, along with the actions that partner organisations did to support them. These issues have been ordered according to frequency, with the issues that were encountered most often being listed first.

Issues	Number of participants supported	More information about the particular one to one support that was provided
Interpreting (including lack of awareness that an interpreting service was available, and how to book an interpreter)	46	<ul style="list-style-type: none"> <li>▶ Information provided about interpreting services available at GP surgeries through (Languageline) and how to request interpreters are booked.</li> <li>▶ Participants were provided with copies of HWI leaflet on ‘interpreting at GPs’ in English (and in Spanish, Arabic).</li> <li>▶ Organisations also provided advocacy and contacted GP surgeries on behalf of the client to request a note is made in the patient record that an interpreter is always needed.</li> <li>▶ Advisers in partner organisations also contacted hospitals to request interpreters are booked.</li> <li>▶ Also explained to clients the benefits of using professional interpreters, as opposed to using friends and family.</li> </ul>

Pharmacies (lack of awareness about the different services available in pharmacies)	43	<ul style="list-style-type: none"> <li>▶ Participants were provided with information about the enhanced services some community pharmacies provide. A couple of people that were caring for older people were not aware of the home delivery service, and were extremely grateful about this. Advisers called their respective pharmacies to request this service.</li> <li>▶ Advisers supported participants to find a local pharmacy that was able to carry out the healthchecks, minor ailment schemes, flu vaccinations and travel inoculations.</li> </ul>
Welfare Benefits and Housing	34	<ul style="list-style-type: none"> <li>▶ Advisers supported clients to challenge charges for dental treatment (when there had been issues about qualifying for free NHS treatment)</li> <li>▶ Advisers provided support (including form filling, contacting agencies by telephone and submitting appeals/requests of review of decisions) on the following areas: Housing (including repairs), Tax credits, Employment Support Allowance, Carers Allowance, Sick Pay</li> </ul>
IHUB (accessing appointments during evenings and weekends)	18	<ul style="list-style-type: none"> <li>▶ Advisers gave participants a copy of the '8 to 8' flyer and explained in detail the process of booking an appointment outside of usual GP surgery opening hours.</li> <li>▶ Advisers told participants to contact them and Healthwatch Islington if they experienced difficulties booking these appointments. In a couple of cases advisers made the calls on behalf of the clients as they were in need of a GP appointment outside usual opening hours.</li> </ul>
Referrals to secondary care	17	<ul style="list-style-type: none"> <li>▶ Participants were provided with guidance about the process for referrals to specialist services including the right to choose which hospital to attend, and the right to receive information to inform that choice.</li> <li>▶ Participants were advised how to best explain their condition to the GP (using an interpreter if required).</li> <li>▶ Participants who had been refused a referral were told they were able to request their GP state the reasons for refusing. Advisers explained it was possible to request a second opinion if a referral is refused based on clinical need, by simply asking to see another doctor.</li> </ul>

Complaints	13	<ul style="list-style-type: none"> <li>▶ Participants received information about the complaints process relevant to the NHS funded service they were unhappy with. The advisors also made referrals to NHS Advocacy (Voiceability) if clients required need support (language) to put their complaints across.</li> </ul>
Exercise and wellbeing services	10	<ul style="list-style-type: none"> <li>▶ Advisers provided one to one support to participants to identify fitness and well being services that met their requirements. This involved carrying out online research, contacting providers by phone and in a couple of cases accompanying the clients to the activity/class.</li> </ul>
Children's services	5	<ul style="list-style-type: none"> <li>▶ Advisors worked with participants to access support for a child with speech and language delay, 3 children at risk of being excluded from mainstream education and access to afterschool provision for working parents on low income.</li> </ul>
Access to legal advice	3	<ul style="list-style-type: none"> <li>▶ Advisors referred participants to relevant legal experts on immigration.</li> </ul>
Changing GP	3	<ul style="list-style-type: none"> <li>▶ Advisors provided information about the option of trying to see another GP within the same practice, in the first instance.</li> <li>▶ Advisors provided support to 3 participants who were unhappy with their current GP about their right to change to another practice.</li> <li>▶ Advisors researched alternative practices respondents could register with (i.e. their address was within the catchment area for the GP practice), and supported the client using the information available in NHS choices to select a new surgery to register with.</li> <li>▶ Advisors also contacted the new surgeries to confirm the documents the participant would need to take to register with the new surgery.</li> </ul>
Social care	3	<ul style="list-style-type: none"> <li>▶ Advisors made 3 referrals to adult social care services for participants to get support around adaptations in the home.</li> </ul>
Careers advice	2	<ul style="list-style-type: none"> <li>▶ Participants were provided with support to access courses/training to become a childminder and another to access volunteering opportunities that will provide her with relevant experience for future employment.</li> </ul>



Dental services	2	<ul style="list-style-type: none"> <li>▶ Advisor supported a client who was in pain and with a suspected infection (who had been told they would have to wait a week for an appointment) to access urgent dental treatment.</li> <li>▶ Provided information to two clients about dental surgeries available locally, and NHS charges.</li> </ul>
Employment	2	<ul style="list-style-type: none"> <li>▶ Advisors supported the clients on employability, including providing assistance to write the client's CV and signposted the client to training courses delivered in the community. Including setting up own business (self employment)</li> </ul>
Mental Health services	2	<ul style="list-style-type: none"> <li>▶ Advisors supported clients suffering from depression to have conversations with their GPs and discuss a referral to counselling services</li> </ul>
Informal counselling	1	<ul style="list-style-type: none"> <li>▶ Staff supporting one family member in particular that was preventing an ill person from accessing the health care they needed due to stigma related to that illness.</li> </ul>
Sexual Health services	1	<ul style="list-style-type: none"> <li>▶ One participant was not aware about the services available in sexual health clinics (in particular about STDs and contraception) and was signposted to Archway Sexual Health clinic. An appointment was booked as well requesting an interpreter.</li> </ul>

# Case studies

### **Participant 32, a woman in her eighties who self identified as disabled**

The client was housebound due to long term health conditions and disabilities, which had been deteriorating gradually. As a result, her needs and her care plan required assessment. The advisor from the partner organisation also felt that the client required more support with some daily tasks at home, like cleaning. The advisor contacted adult social services and requested a new assessment.

The client needed to have a knee operation. The staff from the partner organisation accompanied her to the hospital and stayed there until the operation was over (it was four hours long). They liaised with the occupational therapy team at adult social services, explained the procedure the client had undergone and the need for adaptations to the client's home when discharged.

### **Participant 145, a woman aged between 50 and 64 and primary carer of a child under 18**

The client was not aware of the interpreting service available in GP surgeries despite always needing an interpreter to be able to communicate with her GP. Her friend had been accompanying her to appointments, and translating, whenever she was available. During her last visit she tried to discuss with her GP a referral to a gynaecologist, as she had been trying to become pregnant. She was not able to get referred as she was not able to communicate with her GP. The partner organisation explained in detail the interpreting provision available in GP surgeries and explained how she could book an interpreter for her next appointment. The client was also given a copy of Healthwatch Islington's own guidance.

### **Participant 207, a woman aged between 25 and 49**

The client was frustrated because she had an ongoing health issue. She had been talking to her GP about it, with the hope of getting a referral to a specialist consultant, to explore the cause of her problem further. Her doctor had refused her request on the assumption that 'she is ok for the sole reason that she was "young"'. The partner organisation explained to the participant that she had the right to ask her doctor for a written explanation of why he did not agree to make the referral. In addition, the partner organisation provided supporting information she could take with her the next time she saw her GP. The advisor also mentioned that, should she obtain the referral, she had the right to choose which hospital she would be referred to (and provided some information to help her make an informed choice).

### **Healthvoice questionnaire participant 70, female**

The client had been trying to arrange an appointment with her GP on a number of occasions without success because the receptionist always sent her back home. The participant complained about this to the partner organisation. The advisor wrote a letter to the receptionist requesting an appointment was booked with an interpreter. The participant took the letter to the GP clinic the day she completed the community research interview and she managed to secure an appointment with an interpreter. The participant had spent the whole year suffering with arthritis and rheumatism without being able to access treatment, because of the barriers put up by the GP receptionist.

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# Recommendations

1. The Medicines Management team at Islington Clinical Commissioning Group (CCG) need to provide further information to pharmacists on the GP offer, so that people using the pharmacy who say they need a GP appointment but are struggling to get one can be made aware of:
  - The Walk-in Clinic
  - The extended hours GP offer
2. IHUB, the extended hours GP provider, needs to promote its service more widely, and to translate materials into a few key languages to increase uptake. IHUB should liaise with Healthwatch Islington and/ or the Diverse Communities Health Voice consortium about the languages which would have the most impact on uptake.
3. For future engagement work, the CCG should provide the organisations delivering the engagement activity with publicity materials for some of the key services in the borough to increase uptake. (examples could include extended hours GP services and self-referral for physiotherapy and podiatry).
4. The CCG should consider greater scrutiny of uptake and quality of interpreting in hospital services, including whether face-to-face or phone based and whether patient is offered a choice of gender. The CCG should extend this quality monitoring to the service offered in primary care.
5. As hospital interpreting is currently being re-commissioned the CCG should ask hospitals what patient involvement there has been in the procurement, and how patient feedback on existing interpreting services has informed the specification.
6. For thorough Equality and Diversity training to be undertaken by all reception staff so that they are better able to empathise with the needs of the diverse population in the borough.

The consortium also discussed whether some GP practices have too many patients on their list. There is no limit on the number of patients that a practice can register but we will log this concern with Healthwatch England and the Care Quality Commission.

Finally, there was a lot of concern raised about the impact of Department of Work and Pensions assessments on residents with disabilities. This was outside the scope of the report but many participants had raised these concerns with partner organisations. It was noted that charges for patient letters for the assessment process varied dramatically, that some GPs simply provided a list of medications with no explanation as to the patients' needs and that this was therefore not useful to the application process. It was also noted that not having access to an interpreter when speaking to the GP exacerbated these problems. In the longer term it would make sense for the Department to request this information from GPs and we will write to them suggesting this, copying in Healthwatch England. However, in the short term, we would like to suggest that the CCG looks at whether a 'hardship' fund could be set aside to cover the cost of these letters, whether the CCG could encourage practices to set consistent tariffs for the letters and to follow a template so that letters do not get rejected by the Department for not providing sufficient information.

**healthwatch**  
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