

**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in The Council Chamber, Town Hall, Upper Street, N1 2UD on, **5 September 2023 at 7.30 pm.**

Enquiries to : Boshra Begum
Tel : democracy@islington.gov.uk
E-mail : democracy@islington.gov.uk
Despatched : 25 August 2023

Membership

Councillors:

Councillor Jilani Chowdhury (Chair)
Councillor Joseph Croft (Vice-Chair)
Councillor Janet Burgess MBE
Councillor Tricia Clarke
Councillor Fin Craig
Councillor Mick Gilgunn
Councillor Caroline Russell
Councillor Claire Zammit

Substitute Members

Substitutes:

Councillor Benali Hamdache
Councillor Dave Poyser
Councillor Heather Staff
Councillor Flora Williamson

Quorum: is 4 Councillors

A. Formal Matters	Page
1. Introductions	
2. Apologies for Absence	
3. Declaration of Substitute Members	
4. Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council's area.

(e)Licences- Any licence to occupy land in the council's area for a month or longer.

(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Minutes of the previous meeting	1 - 6
6. Chair's Report	

7. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

8. Health and Wellbeing Board Update

B. Items for Decision/Discussion

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9.	Scrutiny Review of Access to Health and Care Services in Islington - Approval of Scrutiny Initiation Document	7 - 10
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13.	Work Programme 2023/2024	97 - 98

C. Urgent non-exempt items (if any)

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Confidential / Exempt Items

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F. Urgent Exempt Items (if any)

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be

agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 5 October 2023
Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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Agenda Item 5

London Borough of Islington

Health and Care Scrutiny Committee - Monday, 3 July 2023

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Monday, 3 July 2023 at 7.30 pm.

Present: **Councillors:** Chowdhury (Chair), Croft (Vice-Chair), Burgess, Clarke, Craig, Gilgunn, Russell and Zammit

Councillor Jilani Chowdhury in the Chair

102 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed all to the meeting and introductions were given.

103 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None.

104 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None.

105 DECLARATIONS OF INTEREST (ITEM NO. 4)

None.

106 MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)
RESOLVED

That the minutes of the meeting held on the 24 April 2023 be confirmed as a correct record and the Chair be authorised to sign them.

107 CHAIR'S REPORT (ITEM NO. 6)

The Chair welcomed Clare Henderson, the Director of Integration for North Central London ICB who presented on item 10, an update on GP Surgeries.

108 PUBLIC QUESTIONS (ITEM NO. 7)

None.

109 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)

Councillor Turan, Executive Member for Health and Social Care, provided an update on local health and wellbeing issues.

Councillor Turan noted that there was no Health and Wellbeing Board since the last committee meeting and therefore there were no significant updates. The committee were informed that last week the council received the a letter regarding the patient survey for a consultation with the Northern Medical Centre from the ICB around the sudden closure. It was recommended in writing that the letter be edited to include simple easy to understand language. Councillor Turan has also fed back about making the timescales to respond to the consultations clearer in the letter.

From the 1st of July 2023 the procedure for complaints about NCL practices they will need to contact NCL Integrated Care Board instead of NHS England.

110 **ARRANGEMENTS FOR HEALTH AND CARE SCRUTINY COMMITTEE 2023/24 (ITEM NO. 9)**

The report was noted.

111 **UPDATE ON GP SURGERIES FROM NHS INTEGRATED CARE BOARD (ITEM NO. 10)**

Clare Henderson, the Director of Integration for North Central London ICB introduced the presentation. Clare was also supported by her colleagues Liam Beadman, Assistant Director Primary Care at North Central London ICB and Dr Rosi Marsh, a General Practitioner in Islington.

The committee were given a presentation covering a background to the practices in Islington, issues around access, equality and workforce, the current work around estates, the work that's going on around the practices to make them a thriving part of the NHS.

The following points were noted in the discussion:

- Islington has 31 GP practices operating from 29 sites.
- All practices are grouped into five Primary Care Network (PCN) which are split out into localities so two in the north and two in the centre and one in the south.
- There has been an evolving model of GP's over time and the pandemic has had an effect on demand, increased inequalities, increased the digitisation of appointments. Towards the end of the pandemic there was an unexpected spike in infectious diseases in the child population
- There has been a gradual rise in the number of appointments over time.
- There has been a trend of increased digitisation of appointments over time.
- Primary care has also been affected by industrial action from nurses and junior doctor staff in recent months which has affected the levels of activity.
- The National GP Access Recovery Plan recognises that there is an issue with appointments in some GP practices, this plan is a priority for the next year and 30% of the incentivised funding of GP practises is based around this plan. Key parts of the plan include the improvement of telephony services, increasing patient feedback such as re-running the friends and family survey that was put on hold during the pandemic.
- Embracing modern general practice by looking at empowering patients and increasing capacity to meet demands such as the ageing population.
- Capacity and workforce within GP's:
The number of GP practices shows a downward trend, Islington has tried to address this with GP Trainees which has been working well with local training hubs to attract trainees in to try to replace the ageing workforce.
- ARRS roles which was an initiative launched in 2019 to try to increase the number of the types of people who work in general practice, now we have a great number of clinicians and general practitioners that work in GP's now with the appropriate skillset to deal with problems quicker than making a GP appointment. Examples include Clinical Pharmacists

Health and Care Scrutiny Committee - 3 July 2023

who work with GP's in clinical management and medication reviews, team of social care prescribers who can navigate non-medical problems. ARRS roles can take appointments directly from patients and be there for oversight to alleviate demand from GPs.

- All but one of the practices in Islington has been rated 'good' by the CQC.
- Good success this year in work with people with learning disabilities and mental illness, ensuring they have annual health checks exceeding the national targets.
- Barnsbury Medical Practice in the south of Islington previously had been performing poorly, after the Islington GP federation took over the practice there has been improvement, resulting in 'outstanding' rating by CQC.
- Innovation and utilising community resources: Mildmay Community Centre coordinated Pilates classes, looking at shared administrative resources for groups of practices.
- PCN's in the south of Islington have developed a system where they have a small group which works over the weekends, online consultations can be triaged to deal with the influx of consultations which are dealt with on Mondays.
- Islington GP Federation, established 7 years ago supporting Islington GP practices, developing and designing pilot projects, coordinating IT within the NHS, hosts the training hub.
- Infrastructure and Estates: working well with the Council to try to put in new GP premises in the new council sites being developed.
- Primary Care is mostly placed in private land, with premises which are not built for purpose.
- Appointments have increased to 80/90% in general and nationally primary care is being used more.
- Positive progress on the City Road practice.
- A member raised concern around misgendering and incorporating this with the wider visibility project with NHS IT systems, ensuring a flagging system patients can be catered to appropriately. However, there are issues around practicalities regarding changing details across all systems.
- Good work around helping the homeless such as Better Lives centring around drug misuse.
- A change in the traditionally young to older population in Islington. The ICB will have weekly ADT meetings aimed to identify rising risks and complexity in cases, several practices are also in attendance.
- Rapid response services visit housebound patients on the day.
- Locally commissioned service in Islington extended across central London centred the active approach to address changing population.
- Mixed feedback from patients as some patients prefer telephone appointments, however it is important that any patient that requires a face-to-face appointment can be seen.
- The Chair raised concerns from residents on the discontentment with 8am call times for an appointment and difficulty filling in e-forms. The committee was informed that to alleviate some of the queue waiting time there will be options in the access plan for instance requesting a call back when and information on where a patient is in the queue.

RESOLVED that the presentation be noted.

112 **Q3 PUBLIC HEALTH PERFORMANCE REPORT FOR CORPORATE KPI'S (ITEM NO. 11)**

The Director of Public Health provided an presented the Q3 Public Health Performance Report for Corporate KPI's.

The following points were noted in the discussion:

- Suicide prevention is a key priority for Islington Council and are now below the national average and 115 people have now been trained up to deal with suicide prevention in Islington.
- There has been a lot of hard work with the probation services with opportunities to take this work further and join up with other services. There is support for Drugs and Alcohol within probation services too.

RESOLVED that the report be noted.

113 **SCRUTINY REVIEW - SELECTION OF TOPIC (ITEM NO. 12)**

In the interest of time the Chair brought this item forward.

The Chair introduced this item and informed the committee of his suggestion for the Scrutiny Review 2023/2024 which centred around Healthcare and the Adult Social Care front door service, and access to adult social care.

The following points were noted in the discussion:

- Other topics suggested were scrutinising the OT assessments that were currently in place for residents that were looking to receive additional points for housing allocation, it was suggested that this should sit with Health rather than Housing.
- Another scrutiny topic suggestion was around diving into drug and alcohol issues, a visit to the west midlands police services around their pre-arrest system which directs people to health, housing, debt support, a complete wrap around service.
- Other topics suggested centred around the dementia services, mental health issues.

RESOLVED

That the scrutiny topic for 2023/2024 would centre around Healthcare and the Adult Social Care front door service, and access to Adult Social Care.

- Democratic services colleagues to circulate a fuller scope of the topic as a draft scrutiny initiation document to be agreed at the next Committee meeting on 5th September 2023.

114 **WORK PROGRAMME 2023/24 (ITEM NO. 13)**

RESOLVED that the work programme 2023/2024 be agreed.

Health and Care Scrutiny Committee - 3 July 2023

The meeting ended at 10pm

CHAIR

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SCRUTINY INITIATION DOCUMENT (SID)
Title of review: Access to Health and Care Services in Islington
Scrutiny Committee: Health and Care Scrutiny Committee
Director leading the review: John Everson & Jonathan O’Sullivan
Lead officers:
Overall aim of the review: To consider if residents are able to access health and care services in Islington effectively; specifically GP appointments, and the Adult Social Care “front door”.
<p>Objectives of the review:</p> <ul style="list-style-type: none"> • To review if health and care services in Islington are easy to access. • To consider if all residents are able to access health and care services equally, to assess the reasons why some groups may find it difficult to access services, and to consider the support available to help people access services. • To consider the capacity and demand for health and care services in Islington; and if there are opportunities within the local system to help manage these issues. • To review opportunities for improving access to health and care services; considering if communications and systems meet the needs of Islington’s diverse communities, and if there is scope to develop these further. • To evaluate best practice in facilitating access to health and care services.
<p>How does this review contribute to the Council’s priorities?</p> <p>This review will contribute to the following priorities in the Islington Together 2023 Plan:</p> <p>Fairer Together: Everyone in Islington who needs extra help can access the right support for them at the right time and in the right place.</p> <p>Healthier Islington: People in Islington can live healthy and independent lives and enjoy London’s greenest, cleanest and healthiest neighbourhoods</p>

Scope of the review and evidence to be received:

The review will focus on...

Access to GP Surgery Appointments

- Do residents find it easy to book GP appointments in Islington?
- How do residents book GP appointments in Islington; and how are appointments defined?
- Do patients face challenges in booking appointments?
- If there is appropriate access to out of hours GP services
- The use of online GP services and how these are publicised to the local community; are online forms easy to use and accessible, and are they effective in saving time and resources?
- How are GP surgeries consulting patients around their preferred options (i.e. in person, telephone, or virtual appointments);
- What challenges do GP surgeries face in terms of demand and capacity; how is this measured and monitored, and are there opportunities in the local system to help ease these pressures.
- Are all communities able to access GP appointments equally?
- What challenges are associated with missed appointments, and how can local services help to address this?

Access to Adult Social Care

- Do residents find it easy or difficult to access the Adult Social Care "front door"
- Are there effective signposting services to help people access the care they need?
- What is the council's approach to triaging those seeking Adult Social Care services; what systems does the council have in place to support and manage referrals?
- Are all communities able to access social care services equally, what information, advice and support is available to support referrals? Is advice and information accessible, in line with best practice and government guidelines?
- What more can be done to support "hard to reach" groups?

Opportunities for improving access to Health and Care services in Islington

- What opportunities are there to increase and facilitate access to health and care services in Islington?
- What is the role of the Voluntary and Community Sector, and how can they support access to services and the join-up of health and care services? Can more be done to support these signposting services?
 - Are communications and systems resident focused and appropriate for the needs of Islington's diverse communities?

The Committee will receive the following evidence:

1. Meeting - 3 July 2023

- Presentation from NHS North Central London Integrated Care Board on GP access

2. Meeting – 5 September 2023

- Adult Social Care to present on Adult Social Care “Front Door” (including an overview of the current system and relevant performance data, such as call-handling).
- Healthwatch Islington to present on primary care access issues and GP websites
- Overview of GP provision (including statistics on number of GPs, GP/patient ratios, etc.)

3. Meeting – 5 October 2023

- ASC Officers - Equalities information on access to services – are any groups under-represented, is there outreach/engagement with hard to reach groups?
- Evidence on Access Islington Hubs – what is their role, do they help to increase access to health and care services?

4. Meeting 3 – 14 November 2023

- Islington GP Federation

5. Meeting – 18 December 2023

- Voluntary Sector on their role and signposting – Age UK

6. Meeting – 23 January 2024

Details of any visits

- Workshop / focus group with residents on their experiences of accessing services;
- Meetings with under-represented community groups on difficulties with accessing services;
- The views of older people - Islington Pensioners Forum? Visits to day centres / sheltered accommodation?
- The views of younger people – Youth Council? Do young people find it easy to access health services?
- Help on your Doorstep?

Written Evidence

- Healthwatch Islington reports on GP access and websites
- Online survey for residents on their experiences of accessing services (via Lets Talk Islington);
- Data on website statistics, patient and service user feedback, “mystery shopper” exercises, and so on.

Review timetable (list specific meeting dates if possible)

1. SID to be agreed: 5 September 2023
2. Witness evidence to be received: September 2023 to January 2024
3. Draft recommendations to be considered: 4 March 2024
4. Report to be approved: 15 April 2024
5. Report to be submitted to Executive: June 2024
6. Provisional date for Executive response: September 2024
7. Provisional date for 12 month update report back to the Committee: September 2025

Additional information:

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.



Together
we're making health
and social care better

healthwatch
Islington

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“In the last ten years, the health and social care landscape has changed dramatically, but the dedication of our staff, volunteers and partners continues. We’re working hard to make sure we hear from a broad range of residents and that the experiences you share with us are heard, and used to make NHS and social care more equitable.”

Emma Whitby, Healthwatch Islington Chief Executive

Message from our Chair

It gives me great pleasure to introduce our annual report for 2022-23. It's been a great year of growth for Healthwatch Islington.

This year, we've worked with Healthwatch across North Central London to promote the importance of a healthy lifestyle. Talking to residents about the dangers of high blood pressure (which affects as many as one in five of us in Islington and can lead to stroke and heart attack), we reached around 800 residents through stalls at Chapel Market, events with local community partners and targeted work with our Diverse Communities Health Voice (DCHV) partners.

We worked with these same partners and with Mind to promote Motivational Interviewing (a form of counselling that helps people to make positive behaviour change). In addition, through our Mental Health Partnerships Coordinator, we linked DCHV partners with Population Health Nurses to offer health checks to 100 residents in local community settings. This developed into more focussed mental health themed workshops covering topics including sleeplessness, drug use and depression. These sessions have been very much welcomed by residents.

Together with statutory partners (Camden and Islington NHS Foundation Trust, Whittington Health, our local GP lead for mental health, and Islington Council) and voluntary sector colleagues (Diverse Communities Health Voice partners, Maya Centre, Nafsiyat and Mind) we have produced a guide to promoting diversity and inclusion. Commissioners are asking potential providers of local services to reference this guide when bidding to deliver services in the borough.

We've extended our digital inclusion work, to include supporting four organisations



Ralph Hughes
Healthwatch Islington Chair

to support residents in a wider range of languages, and we've secured £17,000 worth of free or subsidised equipment to support residents for whom finances are one of the barriers. We also piloted a scheme to support 50 residents in North 1 Primary Care Network to get online.

We continued our community engagement raising around £150,000 to diversify our reach by sub-contracting community partners. We investigated primary care access, awareness of cancer screening and lung disease in a range of ethnic minority communities and experiences of residents who identify as LGBTQI+. We'll be following up on the findings in the coming year.

Finally, two of our trustees moved on from Healthwatch Islington. Jana Witt had been with Healthwatch since it started and made a wonderful contribution to our culture and achievements. Angelica Larkin joined us in the pandemic, only meeting colleagues in person two years into her term, but she showed a real passion for supporting our staff team. We wish them both all the best. It is an honour to step into the Chair at Healthwatch Islington, and I'll be supported by Vice Chair Chloe Wright and our committed and knowledgeable Board.

About us

Healthwatch Islington is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

Improved health and social care outcomes for local residents.



Our mission

- **To collect knowledge** that reflects the diversity of needs and experiences within the borough and encourage people to feedback their honest views on services.
- **To use the evidence** we gather to influence service delivery, provision and commissioning for the benefit of local people to improve their experience.
- To reach out to **empower our local community** to be informed about and involved in local services and exercise choice in taking up services.
- **To support the independent assessment and audit of local services.**

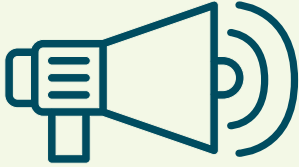


Our values

- We want to engage communities on issues that matter to them, in ways that are accessible and meaningful to them.
- We don't ask people to give us their opinions or feedback on services without offering them information or support in return.

Year in review

Reaching out



1,133 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

390 people

came to us for clear advice and information about topics such as mental health and the cost of living crisis. There were 4,945 visits to the advice pages on our website.

Making a difference to care

We published

7 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Mystery shopping pharmacies

which investigated how accessible local pharmacies were for residents with wheelchairs, baby buggies, or limited mobility.



Health and care that works for you



We're lucky to have

49

outstanding volunteers who gave up 135 days to make care better for our community.

We're funded by our local authority. In 2022-23 we received

£156,100

which is the same as the previous year.

We employ (as of 31 March 2023)

9 staff

who help us carry out our work. Some staff work part-time so this is equivalent to 6.4 full-time staff.

How we've made a difference this year

Spring



We visited 40 local pharmacies to ensure they were accessible for people in wheelchairs or with limited mobility.



Our feedback helped improve access to Long Covid support for patients who lived in one borough but used services in another.

Summer



We gave free blood pressure checks to well over 600 residents at Chapel Market and CallyFest to raise awareness of the dangers of high blood pressure.



Our Inequalities Toolkit inspired 8 organisations to each pledge 3 actions to become more inclusive. Commissioners will ask new providers to make pledges.

Autumn



Our volunteers rang GP practices as though booking an appointment to find out how much recorded information they had to listen to and whether it was up to date.



We gathered feedback on support to stop smoking and pulmonary rehabilitation services from almost 100 residents that didn't have English as a first language.

Winter



We brought residents and practices together to look at GP websites and how they could be made easier to navigate for less digitally confident patients.



We shared our report on cancer screening services with commissioners, stressing that the provision of clear information to patients was vital.

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to everyone that has shared their experiences and inspired change. Here are a few of our highlights:

How have we made care better, together?

Interpreting services

We drew attention to failures by services to consistently offer interpreting support and worked with commissioners to bring change.



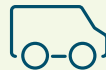
Mental health

We spoke to 50 young adults from vulnerable backgrounds to learn which mental health support services they would find most useful. This helped shape future provision.



Social workers' phones

We told Islington Council it was difficult to get through to the social work team. They made the changes we recommended and now far fewer calls go unanswered.



Patient transport

We told commissioners that more needed to be done to make the service accessible, and that eligibility criteria needed to be clearer so patients could appeal when transport wasn't offered.

NHS dentistry

We warned decision-makers that unregistered patients had less access to NHS treatment, irrespective of their level of need. We also helped many people in pain to find a dentist.





Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Improving the messaging on GP phone lines and websites

GP websites can be hard to navigate and present many barriers to patients who are not confident online. This year, Healthwatch digital champions, digital learners, and research volunteers have come together to identify ways to improve how information is presented on GP websites and on GP phone systems. Based on this feedback, commissioners are producing template resources that will make it easier for individual practices to provide key information in more accessible ways.

Staff and digital champions ran one-to-one and group sessions with residents who wanted to improve their confidence online. Participants included patients belonging to a group of seven practices in North Islington. We also ran website audit workshops for practices in Central Islington. As well as learning the skills they needed to interact in the digital space, learners were invited to give feedback on the experience of finding their way round the GP websites.

Healthwatch volunteers rang all Islington practices to see how long recorded messages were, whether the information was up to date, and note what information was included. Another research volunteer analysed the feedback on GP websites and reported back to commissioners. Observations included:



- Extended access/out of hours appointments were easier for people to find on GP websites when listed under headers that used more patient-focussed language such as 'What to do when the practice is closed'.
- Although there were some good examples, it wasn't always possible for patients to easily learn when they could see a healthcare professional face-to-face. Sites should ensure these appointments are clearly advertised with easily followed routes to book.
- Some practices used recorded messages to let patients know that it was possible to self-refer to services such as physiotherapy, podiatry and NHS talking therapies without needing to wait for a GP appointment. More practices should do this.

What was the impact of our work?

Decision-makers responsible for GP services have worked with us to produce 'Getting the best out of your practice website and phoneline' a resource being distributed across general practice in Islington to support providers to improve their messaging.



"This piece of work from Healthwatch has been really valuable. We can use it to work with providers to improve access."

**Sarah Pallis, Primary Care Development Officer, Islington Directorate
NHS North Central London integrated Care Board**

Helping increase uptake of cancer screening services

In Islington, participation in bowel, breast, and cervical cancer screening programmes is below the national and the London average. Health professionals responsible for screening services wanted to understand why participation rates were low and how they could make screening services easier for people to use. They asked Healthwatch for help.

We spoke to 362 residents from communities experiencing health inequalities about their experiences of cancer screening services. We also gathered views from 74 residents via an online survey and at community events. We shared what we learned with key decision makers.

Some of our findings:

1. Feedback on breast and cervical screening demonstrated the importance of a warm, friendly welcome from practice staff and the provision of clear information about the screening process and its benefits. This was particularly important if the patient was feeling nervous or anxious and was a significant factor in defining the patient experience.
2. Lack of information provision was sometimes due to a failure to offer interpreting.
3. Patients valued being shown how to check for breast masses.
4. People who were sent a home testing kit for bowel cancer but didn't use it either found the testing process distasteful, found it impractical, didn't get enough information, or did not understand what the home testing kit was.
5. Some residents needed language support from either a community organisation or a family member to use the home testing kit. Those without recourse to this support may struggle to use the kit or to understand the benefits of doing so.

What difference will this make?

Colleagues working for Public Health found our report on cancer screening services very helpful. They've drilled down further into data about uptake and are developing a model of 'call and recall'. This means they will be proactively phoning non-attenders to provide clear information whilst talking through the benefits of attending.



"Modesty is so much a part of my culture and I find it hard to overcome years of conditioning about certain things being kept for myself or for my marriage. I realise it's important to attend but it's hard to reconcile those conflicting thoughts."

Somali resident reflects on barriers to attending screening appointment

Three ways we have made a difference for the community

Throughout our work we gather feedback on services. We also strive to improve access by sharing information about available support.

Bringing mental health services out into the community

Statutory services sometimes need help to engage with residents. Our mental health partnership coordinators bring clinical staff together with local people from diverse communities.



iCope provide Cognitive Behavioural Therapy for patients with moderate depression, anxiety, and sleep issues. We arranged for the iCope team to deliver a session on managing sleep at Islington Bangladesh Association for a group of 24 women. They explained how CBT can help look at triggers that may affect someone's sleep pattern. They discussed sleep hygiene and ways to improve sleep. Everyone found the information helpful and came away knowing more about the mental health support available in the borough.

Getting services to involve the public

Services need to understand the benefits of involving local people in decision making.



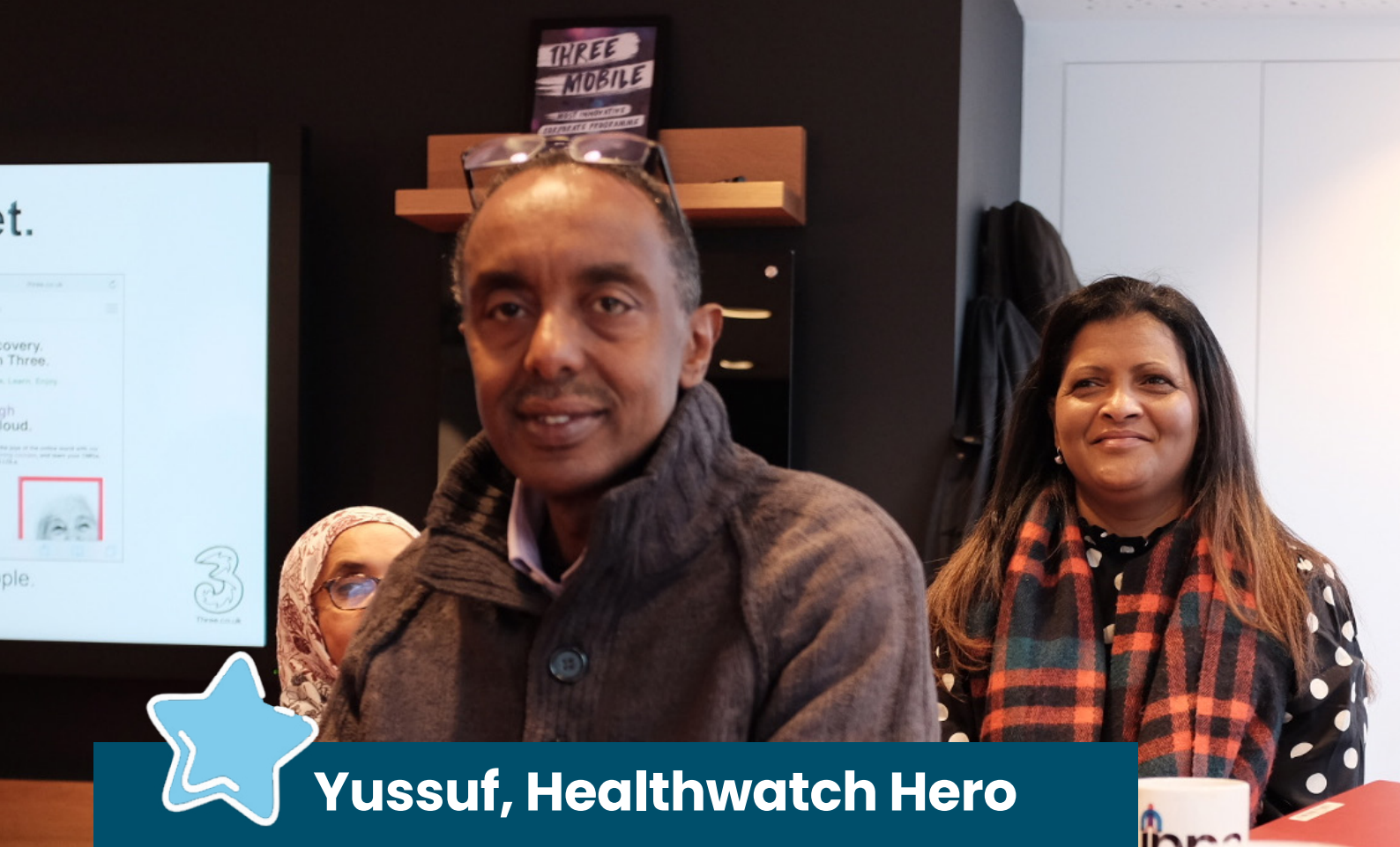
Evidence Islington is a new partnership between Islington Council, Healthwatch, local community groups, and two local universities. Its purpose is to support the council to use feedback from residents more effectively when decisions about services are being made. This year we successfully recruited 8 residents to the Evidence Islington co-design group. They will help develop the resident engagement plan for the full five year project, as more members of the public get involved.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.



Back in 2020 residents from migrant communities told us that mental health support services didn't meet their needs. We raised this many times and now, thanks to the launch of our Inequalities Toolkit, commissioners will ask potential providers to better consider issues of inclusion when bidding to deliver services in the borough.



Yussuf, Healthwatch Hero

Celebrating our work with diverse communities.

"I would like to express our utmost appreciation for the outstanding collaboration Islington Somali Community has had with Healthwatch Islington over the past few years, which is still ongoing. Through health projects on cancer awareness, GP and pharmacy services, smoking cessation, and COVID-19 vaccine awareness, our clients and service users have benefitted immensely. Your dedication and expertise in these areas have made a significant positive impact on our community, and we are incredibly grateful for your understanding and invaluable contributions to the lives of our community. All of your support and services in raising awareness within our community of health issues, including accessibility of health services and supporting clients to understand their choices and rights, were beneficial and had a great impact on people's wellbeing.

The questionnaire provided by Healthwatch Islington in the areas of GP and pharmacy services has been invaluable. Conducting these surveys has led to discussions and feedback leading to identifying gaps in service provision and advocating for improvements, ensuring the possibility that our community members receive quality and accessible healthcare. The collaborative sessions conducted by Healthwatch Islington have empowered individuals with the knowledge and skills to navigate the healthcare system effectively, and to make informed decisions about their health which will result in enhanced patient experiences and improved health outcomes."

Yussuf Ahmed, Co-ordinator at Islington Somali Community



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Working with Islington Mind and Outcome to hear the views of LGBTQI+ residents on healthcare, social care, and mental health support.
- Engaging with communities that are less able to get their voices heard through our Diverse Communities Health Voice partnership.
- Bringing those partners together with health commissioners to discuss the findings of our research and agree an action plan for improving equity of access.

Residents rate pharmacy services highly

We gathered views on pharmacy from almost 150 people from communities experiencing health inequalities as part of this year's community research. People rated pharmacy services highly. They reported good experiences and positive relationships with pharmacy staff.

Many people wanted to see pharmacies offering more preventative and diagnostic services. Health checks, blood tests, and cholesterol tests were services people said they could access more easily at a pharmacy.

Few people had heard of the scheme that helps residents on low incomes to afford over the counter medicines. We told commissioners that it needed to be better promoted.



“The head pharmacist is so helpful. He not only gives advice on any issues I have, from skin conditions to diabetes, but he always tries to get me the cheapest medication with the best result.”

Eritrean woman, aged 65+



Hearing from the LGBTQI+ community

Outcome is a community mental health space run by and for LGBTQI+ people. We gathered feedback on health services from 22 people using the space. The issue of visibility, of being recognised and welcomed as an LGBTQI+ person, was important across all the services discussed.

It was felt that asking about orientation/ gender identity when people register for services was the easiest way to pass on this information. Visual cues that services will treat people equally, such as leaflets and signage about LGBTQI+ support were ways of letting people know they were in a welcoming space.

We heard views on a wide range of services and shared the insight with commissioners.



“I am openly LGBTQI+ and feel seen. The GP refers to my partner with the right gender...The receptionists are very nice and know that I am LGBTQI+ I feel very comfortable there.”

LGBTQI+ resident



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Supporting vulnerable patients to overcome barriers to care
- Helping digitally excluded residents to book GP appointments
- Helping people access NHS dentistry
- Supporting people to look after their mental health during the cost of living crisis

Raising awareness of the dangers of high blood pressure

We gave blood pressure checks to over 800 residents whilst sharing advice and information about the dangers of hypertension.

Salty and fatty foods, lack of exercise and smoking and drinking alcohol all contribute to the risk of high blood pressure, and residents from poorer households and from African, Caribbean, and South Asian backgrounds are more likely to be impacted. Left untreated, high blood pressure can lead to stroke and heart attack. You won't know you've got it unless you have a blood pressure check.

In July, we hosted a week-long stall at Chapel Market and gave checks to over 600 people. The market is generally used by residents on lower income brackets. We gave out information leaflets and advised on lifestyle changes that could lower risk. We also worked with our partner organisations to carry out targeted engagement with communities at higher risk.



"I suspected I had high blood pressure, and now I know for sure. I will go to my GP."

80+ year old Somali man

We advised residents with high blood pressure readings to visit their GP or a local pharmacy to get tested again by a medical professional.

Going the extra mile for more vulnerable residents

We give advice and information to people who are struggling to access health and care services. Armed with that information, most people are able to take the next steps themselves. However, some residents face barriers that are difficult for them to overcome on their own. We give them the extra support they need.

For example, Paul was an older resident with limited mobility and many other health issues. He lived alone in a flat owned by a registered social landlord. Paul was known to Islington Social Services, who had agreed to install a Telecare system so he could get help in case of a fall. They needed a key fob to carry out the work and would not install the system without one. But Paul had lost his key fob and had been waiting for a replacement. He made a payment for this to his housing provider but he still didn't receive one. He was referred to Healthwatch by the Help on Your Doorstep service.

Once we were made aware of the situation, our advice and information worker wrote nearly 30 emails and made over 40 calls on Paul's behalf to get him the support to which he was entitled. In the end, we were forced to make a formal complaint. As a result, a new fob was hand-delivered and Social Services were able to book an appointment to go ahead and install the Telecare system.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Phoned practices to evaluate the quality of the prerecorded information given to patients while they wait to get through to the GP
- Took blood pressure readings, shared information, and gathered views on services at a range of community events
- Provided face to face and online support to residents who wanted to improve their digital skills
- Reviewed GP websites to assess their accessibility and shared that feedback with commissioners

Julia - Health Champion and Digital Champion

"I feel good. I like helping people, learning from them and teaching. It's a positive experience.

Everything is going online, and a lot of people struggle with digital. I just feel like helping people, making things better for everyone. I can help someone. Not everyone is capable of knowing everything. I really enjoy it.

There are many challenges. One of the biggest challenges is remembering passwords. Also, there are many apps. In terms of learning how to use apps, it's about repetition. In this role, communication and interaction with people from different backgrounds is very important. In the future, I'm going to communicate with different people and I need to behave professionally, so volunteering at Healthwatch Islington helps me to prepare for my career."



Digital Champion (who loves volunteering but prefers to remain anonymous)

"I am a Digital Champion for Healthwatch Islington and find it both challenging and rewarding. I enjoy the variety of questions, big and small, which learners bring to sessions. Some want to focus on one topic for the whole session, others have a million questions and some have a specific problem they want to try and solve, all of which keeps me on my toes! I also enjoy being able to demystify things which learners find daunting and giving them the confidence to try new things safely online. Delivering remote sessions has added to my own skills and confidence so it's win-win!"



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

 www.healthwatchislington.co.uk/volunteer

 info@healthwatchislington.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£156k	Staff costs	£242k
Additional income	£341k	Partners project costs	£157k
		Other project costs	£5k
		Other operating costs	£24k
Total income	£497k	Total expenditure	£428k

Additional income comes largely from statutory bodies and from Trusts. For example:

- **£133k** received from the Integrated Care Board for community research
- **£72k** received from Trusts and Primary Care Networks to support digital inclusion
- **£44k** received from Islington Council for mental health partnership work
- **£22k** received from the Integrated Care Board for hypertension work

From 2020 to 2023 our income increased by over 90% from £255k to £497k and staff costs increased by 45% (from £167k to £242k). The trustees remain comfortable with our solvency as a result of the track record of operating surpluses over the last three years and cash balance at our bank of £206k as at 31st March 2023.

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Top three priorities for 2023-24

1. Continuing our work to improve access to GP services.
2. Gathering feedback on home care services.
3. Working together with statutory providers and communities experiencing health inequalities to improve access to mental health services.



Statutory statements

Healthwatch Islington, 6-9 Manor Gardens, N7 6LA

Healthwatch Islington uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of seven members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met six times and made decisions on matters such as our recruitment strategy and our strategic plan.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain peoples experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, a webform on our website and through social media, as well as attending meetings of community groups and forums. Our partnership work allows us to greatly extend our reach. We ensure that this annual report is made available on our website.

Responses to recommendations

There were no providers who failed to respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

We invited commissioners to a meeting to discuss our research findings for the current year and then presented these to the Integrated Care Board. Senior Management teams are now following up and will update us on how residents voices captured through our work are influencing in the year ahead. Work discussed includes GP website accessibility, GP phonelines, awareness of the primary care offer and our rights to access, Long Covid support, the council's employment offer, and NHS dentistry.

This year we formally launched our Challenging Inequalities toolkit. This work is based on feedback from residents several years ago and we are using those findings to influence the commissioning and provision of more inclusive services.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

We made no Enter and View visits the year. Other methodologies better suited our work. For hypertension and community research we had a focus on reaching out in to the community, and for primary care we had a focus on viewing websites. We did mystery shop pharmacy and GP phone lines.

In the year to come, we'll be thinking about the best ways to ensure our primary care recommendations are taken up as well as focusing on gathering views on home care. We don't expect these themes to require Enter and View methodology. We anticipate online focus groups or phone interviews being the best way to hear from people.

Health and Wellbeing Board

Healthwatch Islington is represented on the Islington Health and Wellbeing Board by our Chief Executive, Emma Whitby. During 2022/23 the Board met on two occasions and Emma shared information about local priorities and residents' concerns.

Healthwatch Islington is represented at meetings of the North Central London Integrated Care Partnership and North Central London Integrated Care Board by our Chief Executive, Emma Whitby.

Thanks for your support

In 2023/24 we will be continuing our work, with primary care, home care, mental health, hypertension and childhood immunisations identified as priorities.

If this report has found you, get in touch and tell us about your experience, ask about our digital learning, or come and volunteer.

healthwatch Islington

6-9 Manor Gardens
London
N7 6LA


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Residents from communities experiencing health inequalities share feedback on GP access, pharmacy services, and Long Covid services in Islington



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

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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 a partnership, we work together to gather insight from the residents our organisations represent to inform service provision and commissioning, increasing equality of access.

The Integrated Care Board asked Healthwatch Islington to gather feedback from these groups on their experiences of accessing GP, pharmacy, and Long Covid services for our Community Research and Support project 2022/23.

Research was conducted via one to one structured interviews and/or focus groups based on survey questions. One of the principles of our partnership is that we don't ask people to share feedback without offering them information or support in return. Information and signposting support was provided in appropriate community languages. Additional information was developed and shared on the range of services available from pharmacies, and the support available for patients with Long Covid.

Participating organisations:

- ▶ Arachne Greek Cypriot Women's Group
- ▶ Community Language Support Services
- ▶ Choices
- ▶ 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

Number of residents we heard from:

- ▶ GP Access - 212 respondents
- ▶ Pharmacy services - 147 respondents
- ▶ Long Covid - 31 respondents

Summary of our findings

Access to GP services

- ▶ Just over two thirds of respondents said that they were able to get a GP appointment when they needed one.
- ▶ Over half of respondents found the experience of booking an appointment difficult. Many struggled to get through by phone. The triaging process was a barrier. Difficulties contributed to patient anxiety.
 - Improvements proposed included: more appointments, less time waiting on the phone, greater flexibility in when it was possible to call, walk-in appointment booking, provision of interpreting/ advocacy services.
- ▶ Feedback on appointments themselves was more positive. However, access difficulties could make these interactions feel more pressurised.
- ▶ Respondents reported a lack of face-to-face appointments.

Pharmacy services

- ▶ Respondents rated pharmacy services highly and reported good experiences as well as positive, ongoing relationships with pharmacy staff.
- ▶ About two thirds of respondents said that they would go to the pharmacy instead of the GP to access additional services, now that they knew about the range of services available.
- ▶ Respondents saw pharmacy as the most accessible health service: they wanted to see pharmacy playing a bigger part in the delivery of diagnostic and preventative services which they felt were less accessible when offered via the GP or hospital.

Long Covid

- ▶ Respondents with symptoms of Long Covid who approached their GP for help (17 of the 31 participants) were generally positive about their experience though there were limits on the support that was offered and a small number reported a poor experience.
- ▶ Most respondents that didn't approach their GP didn't think the GP could help. Some didn't want to waste the GP's time or had decided to manage the condition themselves. Others said that access difficulties were the deciding factor.

Recommendations

- 1.** The 2022 GP patient survey showed that over four in five patients called their practice by phone when they last tried to get an appointment. It is important that we get phone access right. Patients are waiting too long on the phone and if all the appointments have gone by the time they get through they are being asked to call back the next day and try again. This shouldn't happen and we hope it will be addressed in the new GP contract that starts in 2024. In the meantime we should ensure that patients won't be made to keep calling back tomorrow if they can't be issued with an appointment when they get through.
- 2.** What more can be done to ensure that I:HUB (out of hours GP) appointments are routinely offered? At the moment it seems you're more likely to get one if you know it's there.
- 3.** Why can we no longer use Patient Access/ online platforms to book an appointment from a range of available dates? Before the pandemic this was possible. This must be more inclusive for people for whom phone access is difficult because they can't answer their phones at work, their mobility makes it slow for them to get to the phone, or who don't get paid when they take time off so need to know when they will be seen (self employed/ zero hours contractors).
- 4.** Phone triaging disadvantages those who are less able to articulate their needs, or who need an interpreter. It is important that language support is offered to those that need help to make their case.
- 5.** The Self-Care Pharmacy First Scheme has a name that does not help people understand what it does or who it is for. Assuming that this service continues in some form, it needs to be better promoted as it is likely that many of the residents we spoke to would have been eligible to access the service if they had known of it.

Access to GP services

All participating organisations gathered feedback on GP Access. Residents needed to be registered with an Islington GP and/or be living in Islington to participate. All 212 respondents were living in Islington and 211 were registered with an Islington GP.

Were you able to get a GP appointment when you needed one?

Yes	No	Not answered	Total
144	67	1	212

Just over two thirds of respondents said that they were able to get a GP appointment when they needed one. Just under a third said that they weren't able to.

If no, please tell us why were you not able to get the appointment?

Most respondents said that the reason they were not able to get an appointment was because it was so difficult to get through to their practice by phone. This was compounded by limited availability of appointments. 46 of the 67 respondents who couldn't get an appointment gave these as the reasons. Phone lines are often busy and waiting on the phone can take a long time. A number of practices only make appointments available during a short window early in the morning so everyone phones at this time. Respondents told us that by the time they got through there were often no appointments available.

"No appointments and I would be told to call back the next day, early in the morning. I'd call early the next day, 16 or 17th in line to then be told no availability and to call back again tomorrow."

- Kurdish woman 25-49

"Sometimes you have to wait so long your battery goes dead."

- African Caribbean man 25-49

Other reasons given were varied. Language barriers made online booking forms and phone appointments inaccessible for some. Other respondents didn't consider a phone consultation to be an appointment. Those who wanted face-to-face appointments, or needed them because of language barriers, were frustrated by a lack of availability.

"It's hard because there is not much face-to-face availability with the doctors post COVID, so I have not been able to get an appointment."

- Eritrean man 25-49

How was the experience of making the appointment/s?

Easy	Neutral/Mixed/Unclear	Difficult	Not answered	Total
62	32	115	3	212

We asked respondents to describe the experience of making an appointment. Only 62 described positive experiences whilst 115 people described difficult ones. It was also noticeable that sentiments were polarised. Comparatively few respondents expressed neutral or mixed sentiments.

Positive experiences

60 of the 62 respondents who described an easy experience also answered yes to question 1 (Were you able to get a GP appointment when you needed one?) These respondents felt that it was not that difficult to get through to their practice by phone and if they needed to call early in the morning to book an appointment, this was not a barrier. Many people who responded positively also described a high level of satisfaction with their GP in general.

"Whenever I call the GP I can get an appointment. Sometimes I need to call earlier in the morning to get the appointment on the same day."

- Arab woman 50-64

One respondent said that it was much easier to book online at her practice, as the online booking system worked well.

"The experience was easy for me because my GP has an app and website that is very easy to use. I can often get an appointment for the phone or videocall for the same week. However, if I try to get the same appointment by calling the GP, I may be waiting for a month."

- Somali woman 18-24

Negative experiences

"Since Covid it is difficult."

- Bangladeshi woman 25-49

Most negative experiences were related to the difficulties respondents experienced getting through on the phone, exacerbated by the feeling that there weren't enough appointments available. It can also be difficult to make a case to be seen by the doctor when not speaking/writing in your first language. There is some risk that these patients will not be triaged appropriately when booking an appointment. Some respondents felt that the triaging process contributed to their negative experience.

"I could not explain myself fluently enough to advocate for myself so I had my children try to advocate for me but it was fruitless."

- Eritrean woman 50-64

"It's also irritating because they ask a lot of questions to determine whether or not you deserve to be seen it feels a bit like an interrogation but it's because of a sickness so there should be some sensitivity. Phone appointments are also useless. It's a face-to-face service and it should be."

- Arab man, 50-64

Related to this point, a small number of respondents felt that practice staff had been unwelcoming or dismissive. Though this may be related to the frustration of being unable to get an appointment, the observation was made in relation to both phone and in-person communication.

There was some evidence that these difficulties navigating the appointment booking process were contributing to patient anxiety. In a companion piece of research, feedback from residents across ethnic groups who identified as having a mental health need and being from LGBTQ+ communities [LINK] suggested the same.

"It is very frustrating and time consuming. It makes me anxious and very worried about my health. I have high blood pressure and diabetes."

- Somali man 25-49

When describing the experience of booking an appointment, many respondents identified issues that were not related to the booking process, but rather the appointment itself. Long waiting times and the inconvenience of not knowing when the doctor would call were frustrations that were widely shared.

"When you get a phone consultation in the morning, they call you back at any time in the day and I may miss it because I am occupied. There is no clarity about when they will call."

- Somali woman 25-49

Similar issues have been identified previously by respondents from communities experiencing health inequalities [pages 14, 20-21 '[From digital exclusion to inclusion](#)'] and respondents more broadly ["[Getting to see a GP - Your experiences](#)" page 11]

Communication difficulties caused by language barriers have been made more acute by the prevalence of phone appointments. Residents emphasise that it is easier to understand and make oneself understood during a face-to-face appointment. There is less confidence in the accuracy of a diagnosis that is made over the phone.

"I'm not happy because the GP only offers phone appointments, and I'm suffering physically because I can't show my swollen feet and thyroid issues well over the phone and would prefer face to face."

- Eritrean woman 50-64

One or two respondents had challenging relationships with their GP and that had contributed to a feeling of dissatisfaction

What would make it easier for you to make appointments?

Responses have been grouped by thematic area and listed in order of popularity (by the number of respondents who gave the same or similar answers)

Changes to the appointment booking process	
Allow phone booking at any time rather than within a limited time window	19
The ability to walk in to the practice and book an appointment	15
Shorter waiting times on the phone	14
Online booking system working/working properly/easier to access	7
Online booking should not be the only/default option	5
Ability to book a planned appointment (rather than for immediate help when ill)	1
Answerphone service (ability to leave a message)	1
Better information about how the booking process works	1
Texting or email as a means of booking an appointment	1
To be able to call early in the morning at a set time*	1

*Processes vary between practices so whilst many practices offer limited time windows in the morning for booking an appointment, not all do.

Changes at the GP surgery	
More appointments/greater capacity/more staff	28
Better follow up/communication between health service professionals	2
Greater availability of face-to-face consultations	2
More responsive service	2
Changing my GP surgery	1

Changes to decision making processes	
There is a need for a priority patient list	6

Better customer service and communication with patients	
Provision of interpreting/advocacy services	14
Improving customer service skills of reception staff	7
Listen to me/take me seriously	3
Easier communication	1

A better experience waiting for the appointment	
Shorter waiting times until the appointment	5
A set time for phone appointments	1

Other things that would make it easier to make appointments	
Make it better in general	5
Actually getting an appointment at the end of the booking process	2

Other responses	
Nothing needs to be improved	31
Don't know	12
No answer	27

Although most of the issues identified are self-explanatory, 6 respondents said there was a need to establish priority patient lists. This was because they felt that age and vulnerability were not sufficiently considered when triaging decisions were made.

"It would make it easier if they didn't prioritise urgency based on arbitrary ideas. I am an elderly woman with many conditions so this is not a useful measure of anything as a lot of things that may not be urgent to a young healthy person could be detrimental to me."
 - Somali woman 65-79

How was your experience of the appointment itself?

Positive	Neutral/Mixed/Unclear	Negative	Total
92	37	40	169*

* Respondents who didn't get an appointment or who were still waiting did not answer this question.

Feedback on the experience of the appointment itself was much more positive. Qualities respondents identified and associated with a positive experience included kindness, helpfulness, a good and ongoing relationship with the GP, provision of interpreting support, being given enough time/ feeling listened to, clear communication, and being referred on to other services where appropriate.

"An interpreter is always provided for me upon request and I am very happy with the ability to have my concerns communicated - I have no issues with my appointments because of this."

- Eritrean man 50-64

"I have a great experience. The GP gives me a good space to explain my health condition."

- Afghan woman 50-64

Lack of face-to-face appointments

Just under a quarter of respondents gave negative feedback on their experience of the appointment. The lack of adequate face-to-face provision was identified as a big issue. It was clear that some respondents did not consider a phone consultation to be a real appointment. Feedback also demonstrated that phone appointments were not just problematic for residents with language support needs, they presented access problems more broadly. Respondents felt that they had less control of the conversation with the GP. The interaction could feel more superficial, 'fast and impersonal', 'doctors do not take the time to ask you in detail and cut you off quickly because it's over the phone.'

"I have yet to be seen properly. I've been offered phone appointments but declined as face-to-face is preferred."

- Arab woman 50-64

"The quality of the appointment depends on whether or not you're seen face-to-face or not. Face-to-face is obviously a lot better, phone calls are not useful."

- Somali woman 65-79

Difficulties getting seen can make the interaction with the GP feel more pressurised

Other respondents identified a lack of continuity, seeing a new doctor each time and a sense of frustration from having to retell their story. Some spoke of dismissiveness. Because respondents had found it so difficult to get an appointment in the first place, a greater sense of expectation was placed on the appointment itself.

“It takes so long to get an appointment for me that sometimes it's almost insulting to be dismissed when I finally am seen and also told my issues are not a big enough deal given the effort it took.”

- Somali woman 25-49

The fact that it is only possible to discuss one issue during an appointment is harder to accept when you've had a long wait to be seen already and expect to wait a long time to be seen again. In a companion piece of research, feedback from residents across ethnic groups who identified as having a mental health need and being from LGBTQ+ communities suggested the same [LINK].

“GPs don't give me enough time. If I have two issues they will consider only one. It's frustrating and I argue with them at times.”

- Somali man 25-49

Other feedback from respondents reporting a negative experience also indicated that the interaction with the GP could feel pressurised.

“My experience depends on the GP. Even when a GP is sympathetic, I find that I need to do my own research to ask the right questions, or they have me out of the door within 2 minutes.”

- Somali woman 18-24

Pharmacy services

IMECE, Arachne, Community Language Support Services, ECUK, Islington Bangladesh Association, Islington Somali Community, KMEWO, and Choices gathered feedback on pharmacy services. Residents needed to be registered with an Islington GP and/or be living in Islington AND have used pharmacy services in the last 12 months to be eligible to participate. 146 respondents were living in Islington and 145 were registered with an Islington GP. 147 residents participated overall.

ECUK also spoke to 12 residents who hadn't used pharmacy services in the last 12 months to highlight the pharmacy offer. Their feedback is not included here but is included in the signposting section of this report.

What services have you used from pharmacies in Islington in the last 12 months?

Core pharmacy services and the number of respondents who accessed them	
Repeat Prescription Service	80
NHS Prescriptions	53
Advice on treating minor health concerns/healthy living	13
Discharge Medicines Service (on discharge from hospital)	4
Disposal of unwanted/out of date medicines	2

Additional pharmacy services and the number of respondents who accessed them	
Flu vaccination	21
Blood Pressure Check Service	18
COVID vaccination	16
New Medicines Service	10
Community Pharmacy Consultation Service	4
Appliance Use Review	1

Pharmacy services that none of the respondents had used

No one we spoke to had used any of the following available services: Smoking Cessation, Emergency Contraception, End of Life Service, Stoma Appliance Customisation, Anticoagulation Monitoring Service, Self-Care Pharmacy First Scheme. The Self-Care Pharmacy First Scheme has a name that does not help people understand what it does or who it is for. It is possible that respondents had accessed the service without realising that this was what it was called. However, assuming that this is not the case, the service needs to be better promoted as it is likely that many of these residents would have been eligible to access the service if they had known of it.

How was your experience of using those services?

This was put to respondents as an open question. Some people chose to simply rate how good their experience of services was. In cases where people had accessed more than one service this rating was applied globally. Other respondents made more specific observations, sometimes drawing distinctions between different pharmacy services.

Satisfaction ratings with pharmacy services in Islington by number of respondents:

Very good	Good	OK	Not answered	Total
11	51	25	3	90

Most residents rated pharmacy services highly and reported good experiences. 25 residents said services were OK, as opposed to good or very good, but this was not an indicator of dissatisfaction. No one gave a negative rating.

The other 57 respondents gave a more detailed comment describing their experiences. They spoke of their satisfaction with the service and the positive relationships that they enjoyed with pharmacists. We heard the same from residents across ethnic groups who identified as having a mental health need and being from LGBTQ+ communities [LINK]. Some residents gave feedback about specific pharmacy services. We will share a range of those here to give an indication of what was valued in services and what respondents felt could be improved.

Advice on treating minor health concerns/ healthy living

Respondents felt that this service was convenient and useful. It saved people having to contact the GP, and this was valued. The system wants patients to use pharmacy when appropriate to reserve GP capacity for those that need it, and many respondents are already using services in this way.

"It was very helpful. I actually don't use the pharmacy that I collect medication from. I became aware of a pharmacy around the corner from my house a few years ago and the head pharmacist is so helpful. He not only gives advice on any issues I have from skin conditions to my diabetes, but he also tries to get me the cheapest medication possible with the best result and is always very helpful in general."

- Eritrean woman 65-79

"They give me advice on miscellaneous health concerns I have and suggestions about supplements and things I can do to alleviate symptoms to other issues I have and it actually works so well I don't have to see a doctor most times."

- Somali woman 25-49

One resident described an occasion when she felt that the pharmacy should have offered treatment rather than advising her to seek help elsewhere,

"OK generally, but I recently went with a cut from having stepped on a nail. I was advised to go to the hospital or GP and that the pharmacist could not do anything... My injury got a lot worse very quickly and I was told later that the pharmacy should have given me a tetanus injection."

- Greek Cypriot woman 50-64

Repeat Prescriptions Service

This was the most popular service and used by 80 of the 147 respondents. Sometimes there were low stocks of medicine and people had to make a repeat journey. Some felt that communication between the pharmacy and GP could be improved, and on occasions respondents felt that the pharmacy was slow to get the medicine ready when they came to collect it. However, these were minor criticisms and generally people were very positive about this service.

"I have a good experience, and they prepare my medication in a good time and if it's not available they tell me to go another time."

- Arab woman 25-49

One person felt that changes to the way it was necessary for her to interact with services in order to get her medication had made access more difficult.

"They used to text me 3 days before the end of the 3 months for my supplements and inform me that they'd be repeating the prescription. Now I have to order it which is odd because it seems regressive and like it would make less patients get their required medication."

- Ethiopian woman 50-64

NHS prescriptions

Feedback on this service was positive. Respondents felt that they got good customer service. This was an observation that was also made with regard to pharmacy services in general. Staff were friendly. Medicine was sometimes out of stock and, in cases where staff changed frequently it was felt that they could be more experienced.

"Generally good. Sometimes they ask you to come back for one or two medications that are not in stock. Sometimes it's hard to reach them on the phone."

- Somali man 65-79

Other services

"The vaccination service is convenient. I didn't know about blood pressure checks for over 40's so I will ask about that next time."

- Greek Cypriot woman 50-64

There were positive comments about the New Medicines Service. This service provides help and advice if you are starting on a new medicine for conditions including asthma, COPD, diabetes, high blood pressure, or blood thinning medications such as Warfarin.

"it was a great experience, I was welcomed and the medication was prepared for me in a very short time."

Arab woman 25-49

Which pharmacy services work well?

Respondents thought that most of the services they were using were working well, especially the advice service, NHS prescriptions, and repeat prescriptions.

In response to this question people also identified characteristics of the pharmacy service as a whole that they valued. These included the opening hours, the convenience, the customer service, and the speed of the service. In short, respondents recognised that the accessibility of the pharmacy service was good.

"I have been able to get an antibiotic from the pharmacy when the GP has been closed and the pharmacist followed up the next day with the GP."

- Greek Cypriot woman, 65-79

What could be improved?

Responses have been listed in order of popularity (by the number of respondents who gave the same or similar answers)

Suggestions for improvements to pharmacy services	
Nothing, I am happy with pharmacy services	48
Better management of stock levels of medicine/ better brands of medicine	11
Getting prescription medicine and over-the-counter medicine*	9
Shorter waiting times in the pharmacy when collecting medicines	8
Staff availability, knowledge, and experience	7
More information about medicines and new medication	7
The advice service could be improved	6
More proactive approach from pharmacy to ensure prescriptions arrive on time	4
Better phone access	3
Better promotion of services	2
Better availability of homeopathic medicine	2
Blood pressure checks	2

*9 respondents felt that the overall process of using the pharmacy to get medicine could be improved. They were not more specific.

The following improvements are not included in the table above because each was suggested by a single respondent: greater autonomy; a more varied vaccination service; more focus on children's health, interpreting provision; having a GP on site; longer opening hours; cheaper prices; pharmacists being able to make referrals; reminders for repeat prescriptions.

"The medication brands available should stay the same. They change them often and this can cause issues as they are not all the same quality."

Greek Cypriot man, 50-64

"They could have more leeway and have authorisation to prescribe things such as antibiotics without having to defer to doctors. That would be so useful."

Somali man 25-49

Now that you are aware of the range of services available in the pharmacies would you go to the pharmacy instead of your GP?

Yes	No	Not answered	Total
97	49	1	147

About two thirds of respondents said that they would go to the pharmacy instead of the GP now that they knew about the range of services available. The inference is that respondents would go to the pharmacy instead of the GP when they needed one of the services that pharmacy provided, but not in other cases.

If no, why not?

Despite being given information about all the services available in pharmacy, about a third of respondents said they would go to the GP instead of the pharmacy to access them. Attitudes appeared to be deep-seated. Respondents felt that pharmacists received different training. There was a perception that doctors were a greater authority in matters of health. Respondents who had complex health conditions preferred to see a doctor. Although many people gave feedback about the excellent and longstanding relationships they had with their pharmacists, some who answered this question negatively felt that their relationships with pharmacy staff were more transient, "I use the GP for those services, and I feel more comfortable doing so. It's not comfortable to share issues or concerns for example with people I consider strangers." Somali woman 50-64

Some understood the question differently, giving reasons why they wouldn't go to the pharmacist instead of the GP in general. Respondents said they often went to the GP with the sole intention of being referred to another health service. Pharmacists do not make referrals so the pharmacy offer was felt to be less relevant.

What other services would you use if they were offered in pharmacies?

Respondents saw pharmacy as the most accessible health service. They wanted to see pharmacy playing a bigger part in the delivery of diagnostic and preventative services which they felt became less accessible if offered via the GP or hospital. These included blood tests, urine tests, blood sugar tests, 'asthma checks as I can't always see GP when needed'.

“Blood tests, as [the journey is] too far for hospital and it would be easier. For straightforward issues like cholesterol or blood sugar, not for more complex blood tests as those are safer with GP. If results could be discussed with the doctor I would be happy to have the actual test at the pharmacy as it is time-consuming and more stressful at the hospital.”

- Greek Cypriot woman 65-79

Services identified also included ‘Cholesterol, and other health checks for early diagnosis’, ‘general health checks for my son’, ‘testing for nutritional deficiencies’, ‘weight monitoring and support’, BMI checks and blood pressure’. Respondents wanted to access these services in pharmacies but felt it was important that decisions about follow-up were taken by doctors, ‘with results analysed by GP.’

Other respondents asked for a wider offer of injections, referrals to specialists, and more resources to support the consultation service that sits in community pharmacy, “Having a consultation room available for patients, in order to be protected and better for privacy as I feel embarrassed to talk about my health condition in front of the people.”

- Kurdish woman 50-64

Long Covid

IMECE, Community Language Support Services, ECUK, Disability Action in Islington, and Choices gathered feedback on Long Covid. Residents needed to be living in Islington to be eligible to participate. Partners spoke to a total of 31 residents who thought they may have Long Covid.

ECUK spoke to an additional 25 residents who didn't think they had Long Covid, in order to provide information about the condition and the treatments that were available. These residents completed the survey questions. Their responses are not included here but feedback on the impact of these conversations has been included in the analysis of our advice and information provision (on page 21).

What makes you think you have Long Covid?

Symptoms described included breathing difficulties, getting tired easily, loss of smell and taste, headaches and brain fog, muscle weakness, 'my heart gets worse and my asthma gets worse', 'vertigo and painful ears', 'bowel and heart problems since Covid' 'restlessness, fatigue and croaky voice', fear of leaving the house, feeling cold in hot weather.

Have you approached your GP for help?

Yes	No	Total
17	14	31

Those that did approach their GP were generally positive about their experience though there were limits on the support that was offered and a small number reported a poor experience.

"I approached the GP and hospital. I was put in a Long Covid Zoom group. The group consisted of doctors, therapists, nurses who helped us with better managing symptoms. Post-Covid rehab team at UCLH, however, the mental help support stopped after a few sessions."

White British woman 50-64

"Yes, very supportive. Referred me to the UCLH Long Covid Clinic."

Black British woman 50-64

In general, those that did not approach their GP either didn't think the GP would be able to help, or didn't think the condition was too serious and were happy to self-manage their condition. 3 respondents said that difficulties accessing their GP meant that they didn't seek help.

If 'no', why haven't you approached your GP?	
I didn't think the GP could help	7
It's not too serious and I am self-managing the condition	2
GP is hard to access	2
I was isolating	1
Bad relationship with GP	1
I don't want to waste the GP's time	1
No answer	1

"The GP is very hard to get into contact with and even though it impacts my life because I am not as optimal, it is not so detrimental that I feel the need to follow it up. It is also a few issues so it would feel tiresome to be linked to several specialists and have to chase them up for appointments or the ability to even be seen within 6 months."
 - Somali woman 25-49

"I had issues with my GP not taking my concerns seriously with other issues. I am in the process of changing practices."
 - Eritrean woman 50-64

What has been the impact of Long Covid on your life?

Respondents described impacts including breathlessness, low energy, tiredness, brain fog, mental capacity, mood, mental health, muscle aches, dizziness, and Post-Traumatic Stress Disorder. There was a greater emphasis on the ongoing impact on mood and quality of life.

"I have problems with mental tasks and my capacity for memories is completely different - dramatically so. I never had any issue with these things before COVID. I also experience lethargy that feels bone-deep, a very different kind of tiredness than I've ever been used to."
 - Arab woman 50-64

Advice and information

Pharmacy

Information about pharmacy services was given to all survey participants and an additional 12 residents who engaged with ECUK (Eritrean Community in the UK). 157 of the 159 residents reported that, as a result of the information they had been given, they had a better understanding of the services and support available. All 159 found the information helpful and 151 felt that they would be able to act on the information they had been given. 117 people said they had others in their household who would also find the information on pharmacy services useful.

How was resident given advice and information?	
Conversation in community language	124
Conversation in English	9
Leaflet/written information in English	28
Translated leaflet/ written information	1

33 residents were given additional signposting for other issues as a result of the survey interaction. 150 of the 159 residents had been vaccinated against Covid-19.

Long Covid

Information was given to 56 residents about Long Covid, the support that was available for Islington residents, and how it could be accessed. 47 residents reported that, as a result of the information they had been given, they had a better understanding of the services and support available and 54 that they had a better understanding of the health condition. 53 found the information helpful and 51 felt able to act on the information given. 50 of the residents we spoke to had people in their household who would also find the information useful.

How was resident given advice and information?	
Conversation in community language	42
Conversation in English	4
Leaflet/written information in English	5
Translated leaflet/ written information	3

9 residents were given additional signposting as a result of the survey interaction. 47 of the residents had been vaccinated against Covid-19, with 44 having had all the vaccines available.

Equality Monitoring

Survey participants: Access to GP services

Man	Woman	No answer	Total
70	141	1	212

18-24	25-49	50-64	65-79	80+	No answer	Total
10	97	68	31	4	2	212

Ethnicity	
Arab	26
Asian/Asian British Bangladeshi	21
Asian/Asian British Chinese	1
Black/Black British Caribbean	29
Black/Black British Eritrean	40
Black/Black British Ethiopian	2
Black/Black British Somali	30
Black/Black British Nigerian	3
Black/Black British Other/unspecified	15
Kurdish	13
Turkish	9
White British	8
Mixed	1
Any other ethnic group	8
Prefer not to say	4
No answer	2
Total	212

Disability	Long term condition	Carer
64	105	35

Survey participants: Pharmacy services

Man	Woman	No answer	Total
58	88	1	147

18-24	25-49	50-64	65-79	80+	No answer	Total
4	50	51	37	3	2	147

Ethnicity	
Arab	6
Asian/Asian British Bangladeshi	27
Asian/Asian British Other	1
Black/Black British Caribbean	17
Black/Black British Eritrean	25
Black/Black British Ethiopian	3
Black/Black British Somali	14
Black/Black British Other/unspecified	7
Greek Cypriot	25
Kurdish	12
Turkish	9
Any other ethnic group	1
Total	147

Disability	Long term condition	Carer
62	97	29

Survey participants: Long Covid

Man	Woman	Total
4	27	31

18-24	25-49	50-64	65-79	80+	Total
1	15	10	5	0	31

Ethnicity	
Arab	1
Black/Black British Caribbean	3
Black/Black British Eritrean	8
Black/Black British Somali	1
Black/Black British Other/unspecified	2
Kurdish	7
Turkish	7
White British	2
Total	31

Disability	Long term condition	Carer
8	19	4



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6-9 Manor Gardens, London N7 6LA
info@healthwatchislington.co.uk
www.healthwatchislington.co.uk
 @hwislington

Healthwatch Islington

Update and work planning

Health and Care Scrutiny, September 2023

Our vision and role

Improved health & social care outcomes for all local residents

- Part of a national network (in which we lead on impact measurement)
- Part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013):
- Gather and report views on health and social care,
- Provide people with information on services,
- Collaborative, ‘critical friend’ approach, working in partnership wherever we can.

Our work in 2022/23

- 1,133 people shared their experiences of health and social care services with us.
- 390 residents came to us for advice and information about topics such as mental health and the cost of living crisis.
- Reports: GP Access, Pharmacy, Cancer screening, Long Covid, Smoking cessation and pulmonary rehab, LGBTQI+ residents' experiences of health and care services.

Our volunteers

49 outstanding volunteers gave their time across 135 days to make care better for our community:

- Hosting stalls at community venues to gather feedback on services and raise awareness of dangers of high blood pressure, giving over 800 blood pressure checks to local residents.
- Mystery shoppers rang all Islington GP practices to evaluate the quality of messaging on GP phone lines.

Our volunteers

- Volunteer digital champions and learners, and volunteer researchers came together to identify ways to improve how information is presented on GP websites.
- We co-produced a resource for general practice ‘Getting the best out of your practice website and phoneline’ which has been distributed by the ICB to support GPs to improve their messaging so we can have *“the best websites and phone messaging in London!”*

Our partners

- **Diverse Communities Health Voice:** Since 2014 we've raised around £560,000 for the partnership to help us reach residents across language and cultural barriers.
- **Equalities Toolkit** for mental health providers: co-producing a tool to help us all provide more equitably.
- Clarion, Cloudesley, Digital Unite, Good Things Foundation to help ensure **our digital offer** is robust and our volunteers have access to great training. However, there is very limited funding.
- 3 Mental Health Partnerships Coordinators. Helping to bring **mental health support out in to the community**.

Our plans for 2023/24 onwards

- Continuing our work to improve access to GP services and mental health services.
- Gathering feedback on home care services.
- Working with Evidence Islington to improve how feedback from residents is gathered and used by statutory services.
- Our 'Just One Thing' survey is helping us identify new priorities based on resident feedback.

Equalities Pledges

As a result of HWI's work, all commissioned providers are being asked to sign up to three equalities pledges (this includes us):

We have been successful in taking steps to improve ethnic diversity of our Board, the diversity of our staff team, and the diversity of gender and age of the community represented through our partnerships and work programme.

Healthwatch Islington

GP Access

Health and Care Scrutiny, September 2023

GP web content

Page 70

- A volunteer researcher looked at all practice websites in 2020 and again in 2022.
- C1 Primary Care Network commissioned Healthwatch Islington to run workshops for some of our digital learners to test web accessibility.
- We've liaised with Healthwatch England on accessibility best practice.
- ICB colleagues have taken our findings and developed some guidance for practices. Practices have all been offered external support to develop their sites. And Primary Care Networks are now employing Digital Transformation leads to work on phone and web access amongst other things.

<https://www.healthwatchislington.co.uk/news/2023-07-01/improving-messaging-gp-phone-lines-and-websites>

GP web content

Some key findings

- Avoid 'pop ups'
- Use the language that the patient will use (online booking rather than e-consult) or explain the terms (triage, meaning we'll need to ask you some questions to help understand who at the practice is best suited to help you and how urgently)
- Keep sites up to date
- Promote the fact that you'll be seen even if you can't prove your address 'safe surgeries'
- Be explicit about all appointment types available including the option for face to face, and how to book appointments for others
- Promote 'what to do when the practice is closed' and the role of pharmacy, repeat prescriptions and accessing medical records, self-referral
- Make search/ interpreting and disability access functions clear (icons don't always mean anything to the patient). And be clear about adjustments available for consultations.

GP phones lines

- Volunteers called practices to listen to the voice messages, they timed the call and noted the content. Messages varied from 20 seconds to 3 minutes.

Key suggestions

- Keep messages concise and up-to-date with the most important information first
- Ideally there'd be some standardisation across practices
- Is Covid messaging/ Covid vaccination messaging still needed?
- Limit the key messages before the patient joins the the queue to speak to someone. Once they join the queue, then more messages can be relayed to the patient.
- Patients should be told whether they are in the queue to speak to a member of staff or not and their number in the queue, so that they don't' stay on the phone unnecessarily.
- Information should not be delivered too quickly so that patients can easily take in key information.
- Self-referral -callers should be informed of the possibility of self-referring to services such as physiotherapy, podiatry and ICOPE without having to wait for a GP appointment.



Chief Executive Department
Town Hall, London N1 2UD

Report of: Director of Adult Social Care

Meeting of: Health and Care Scrutiny Committee	Date:	Ward(s):

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Quarter 4 (January – March 2023) Performance Report

1. Synopsis

- 1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council's Corporate Plan. Progress on key performance measures are reported through the council's Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.
- 1.2 This report sets out Quarter 4 2022/23 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.
- 1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

2. Recommendations

- 2.1 To note performance against targets in Quarter 4 2022/23 for measures relating to Health and Independence
- 2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

3. Background

- 3.1 A suite of corporate performance indicators has been agreed for 2022/23, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.
- 3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Adult Social Care.
- 3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of suggested objective, using triangulation of data such as complaints, risk reports, resident surveys and financial data and, where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenge and provide more solid recommendations.

4. Quarter 4 performance update – Adult Social Care

- 4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2021/22 Actual	Q4 Target 2022/23	Q4 2022/23	On target?	Q4 last year	Better than Q4 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	48%	52%	48%	No	48%	Similar
ASC2	New admissions to nursing or residential care homes (all ages)	225	200	194	Yes	225	Yes
ASC3	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully achieved (making safeguarding personal)	58%	70%	70%	Yes	59%	Yes
ASC4	The proportion of adults with a learning disability in paid employment	9.3%	9.3%	8.7%	No	9.3%	No
ASC5	Percentage of service users receiving services in the community through Direct Payments	29%	31%	29%	Similar	29%	Similar

4.2 **Percentage of ASC service users receiving long term support who have received at least one review**

As of Q4 2022/21, 48% of the service users who have been receiving services since the beginning of the year have received a support plan review. This is a cumulative measure with targets set for each quarter with the aim of reviewing 52% of the eligible population by the year end. Year-end performance hasn't achieved the target and is the same as last year (48%). It is important to note that this only reflects the 1,300 reviews on long-term service users with us for 12 months+. The team also completes reviews on service users who have received care for less than 12 months. When we look at all review activity, teams have completed 2,300 care act reviews including both annual and 6-week reviews.

Why is this not on target?

- Last year health funding was provided to aid the safe and timely discharge of residents from hospital. There was a requirement for Adult Social Care to review all residents receiving this funding within specific timescales. These residents received a covid review, different to the annual review but still focused on the best support for the resident. The health funded reviews were prioritised during the pandemic and continued till the start of this financial year. The completion of these reviews has added to pressure in the teams and has meant that the level of routine 12-month reviews was reduced in the first half of the year.

What action are you taking to get it back on track?

- A service improvement action plan has been set to review practice, monitor performance and update policy.
- Service improvement targets have been set for teams and the trajectory will be monitored by the senior leadership team.
- Daily senior huddle meetings with Team Managers to allocate urgent reviews,
- Learning disabilities team meets three times a week to allocate and work through reviews
- Fortnightly review board to monitor progress and agree actions to improve performance.
- The 4-week covid reviews have come to an end meaning that the Interim Review Team has more time to dedicate to annual reviews
- The Assistant Director of Mental Health Social Work meets with The Trust fortnightly to work through overdue reviews and improve reviews data quality.

When do you expect it to be back on track?

We expect to see improvements in reviews next financial year.

4.3 **New admissions to nursing or residential care homes (all ages)**

The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to support more people to remain independent and within the community for longer, therefore keeping admissions to a minimum. Last year, Adult Social Care saw an increase in hospital discharges and complex cases. This change in demand due to the pandemic affected the overall number of new admissions to care homes last year. This is a trend that has been seen across all our NCL partnership boroughs.

At year end, there were 194 new admissions to care homes. Performance is better than last year (225 new admission and met the target of having no more than 200 new admissions in the year.

What action has been taken:

- Daily Integrated Quality Assurance Meeting (IQAM) and daily hospital meeting to sign off any packages of care or requests for placements. Chaired by member of the Senior Leadership Team at Assistant Director level or above. The purpose of the meeting is to be assured that a strength-based approach is being taken when assessing or reviewing residents and that the least restrictive options are explored with innovative solutions being used to meet need and to achieve the best outcomes for residents.

What action are you taking to keep it on track?

- Management actions are in place to provide assurance that all support packages are recorded in a timely manner on the electronic care records system (LAS) to enable accurate performance recording in this area.
- A new panel was introduced in October 2022 to maximise the use of extra care sheltered housing. This will encourage a quick and transparent approach to fill any voids and support residents appropriately.

4.4 **The proportion of adults with a learning disability in paid employment**

In 2022/23 it was decided to increase the target for this indicator from 8.2% to 9.3%. Although performance (8.7%) is below the stretch target this quarter, benchmarking against the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than England (4.8%) and London (5.2%).

Why is this not on target?

- Employment rates have been impacted nationally by the pandemic and the cost-of-living crisis. Although performance for this indicator has not met the stretch target this quarter, performance is still better than England and London.
- The reason for the decrease this year was partially due to people aging. The methodology from the Adult Social Care Outcomes Framework excludes anyone aged 65+. A small number of people moved from employed to unemployed, these individuals have been followed up to understand why this may have happened.

What action has been taken

- The learning disability team is working in partnership with iSet to ensure all eligible residents starting employment are included in the adult social care data recording system
- The learning disability and autism subgroup meet every quarter. This group brings together council (iSet) and employment support providers to review data, discuss any challenges and share networking opportunities across the system.

4.5 **Making Safeguarding Personal (An individualised approach to safeguarding that focusses particularly on what the resident would like the outcome of the safeguarding to be)**

This indicator measures the percentage of service users who have been supported with safeguarding, and who are able to comment, report that their desired outcomes were fully achieved.

The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formally introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions.

One of the assurance mechanisms to track that the Making Safeguarding Personal principles are being followed is achieved is by asking service users if their desired outcomes were fully met from the safeguarding investigation.

In Q4 2022/23, 70% of service users reported that their desired outcomes were fully achieved. Performance has reached the target of 70% and is higher than Q4 last year (59%). It should be noted that the data source for this indicator come from both Adult Social Care and the Mental Health Trust. The CareNotes data entry system that The Mental Health Trust uses was subject to the national cyber hack last year. Although data from The Trust has been unavailable End of year performance for this indicator now includes Mental Health Data at this point.

What action has been taken

- The Trust, the safeguarding hub and Islington Council are working closely together to ensure that safeguarding practice continues on the new Electronic Patient Record system, RIO. From April, new safeguarding forms have been built on RIO and a new dashboard is currently in development. A safeguarding handbook has been developed alongside internal training and forums ongoing to discuss expectations. Moving forward, data collection will be automatic but still requires managers to check constantly the quality and recording thereof.
- Ongoing forums for SAM's and drop in for frontline workers are continuing to discuss complex cases, obtain advice and ask about the safeguarding processes.

What action are you taking to keep it on track?

- Working with Islington Digital Services to review the safeguarding module of our electronic case records system to ensure that this, and other key questions, are mandatory to answer for staff completing
- Safeguarding audits and reviews at the point the case is closed, led by the Safeguarding Team leads, will focus on improving this indicator
- A weekly safeguarding closure panel is now in place to oversee the outcomes of safeguarding enquiries and to support the embedding of best practice in this area.
- There has been an issue of different recording processes in Mental Health as a result of the use of a different management information system in that service. Considerable work has been undertaken in that area.

4.6 **Percentage of service users receiving services in the community through Direct Payments**

Providing support by direct payment aims to give the individual in need of support greater choice and control over their life. In 2022/23 it was decided to increase the target for this indicator from 30% to 31%. In Q4 2022/23 29% of Islington service users receiving services in the community were supported via a Direct Payment. Performance for this indicator is similar to last year (29%) and within 5% of the new target ambition of 31%. Benchmarking from the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than, England (26.7%) and London (25.0%).

What action has been taken

- Direct payments support people to have greater choice, independence and control over their lives. This quarter teams have worked with a number of people who have a support reason of learning disability to enable them to start receiving support via a direct payment.

What action are you taking to keep it on track?

- There are a number of Direct Payments User and carers forums and working groups that have been commenced that are focussing on improvements to processes that will simplify the Direct Payment process.
- Other work within the department includes the review and refresh of Direct Payments (DPs) policies and procedures
- Direct Payments are being discussed in the daily quality assurance meetings with the aim to identify residents who would benefit from having a direct payments to more flexibly manage their support.

5. Implications

Financial implications:

- 5.1 The cost of providing resources to monitor performance is met within each service's core budget.

Legal Implications:

- 5.2 There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement.

Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

- 5.3 There are no environmental impact arising from monitoring performance.

Resident Impact Assessment:

- 5.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).
- 5.5 The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

6. Conclusion

- 6.1 The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

Signed by:

Director of Adult Social Care

Date:

Report Author: Evie Lodge
Tel: 7536
Email: Evie.lodge@islington.gov.uk

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HCSC Committee Scrutiny Report

Adult Social Care Front Door

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5th September 2023

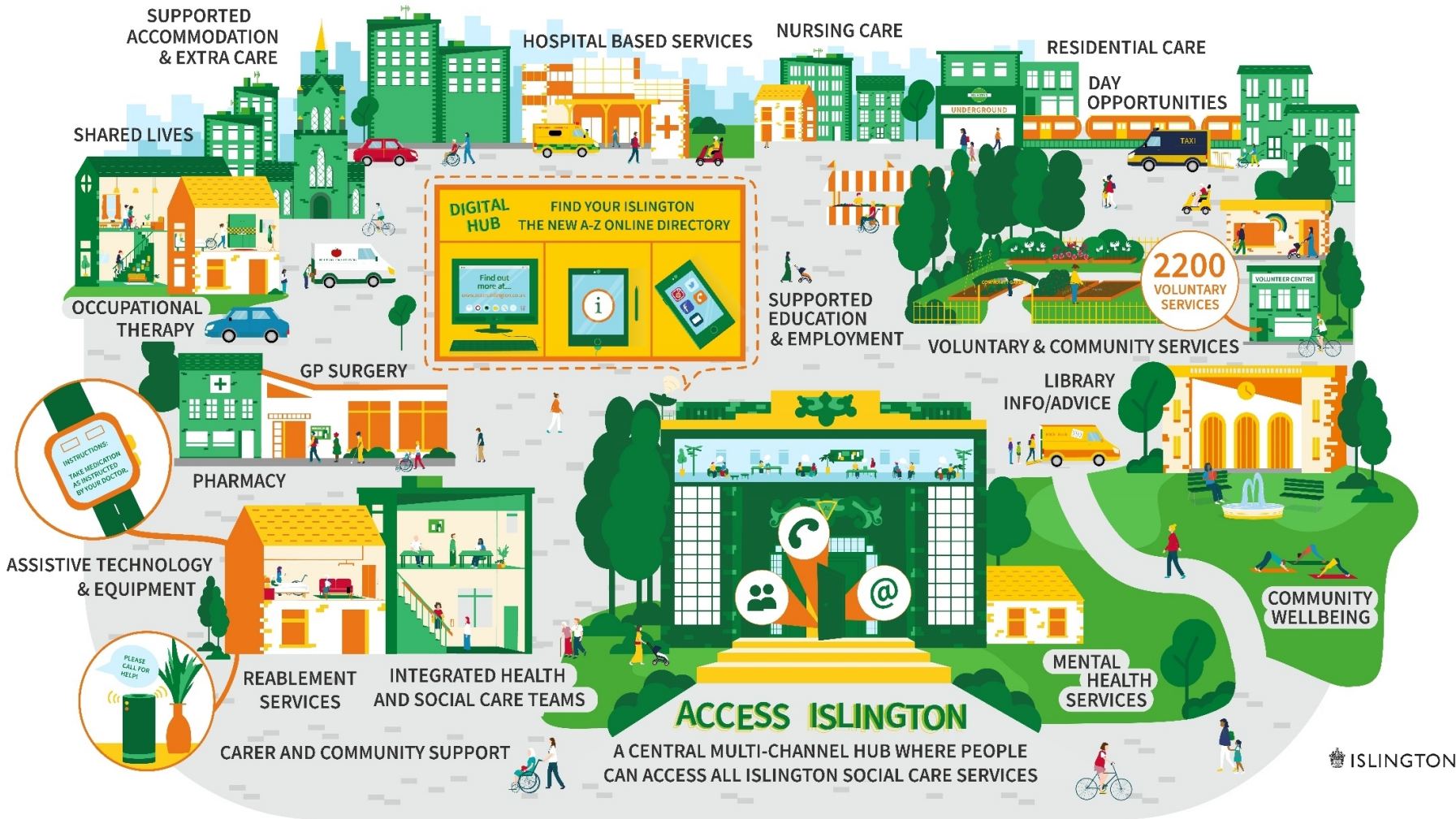
Agenda Item 12

Introduction

Adult Social Care Operating Model and Resident Journey

Islington Adult Social Care vision

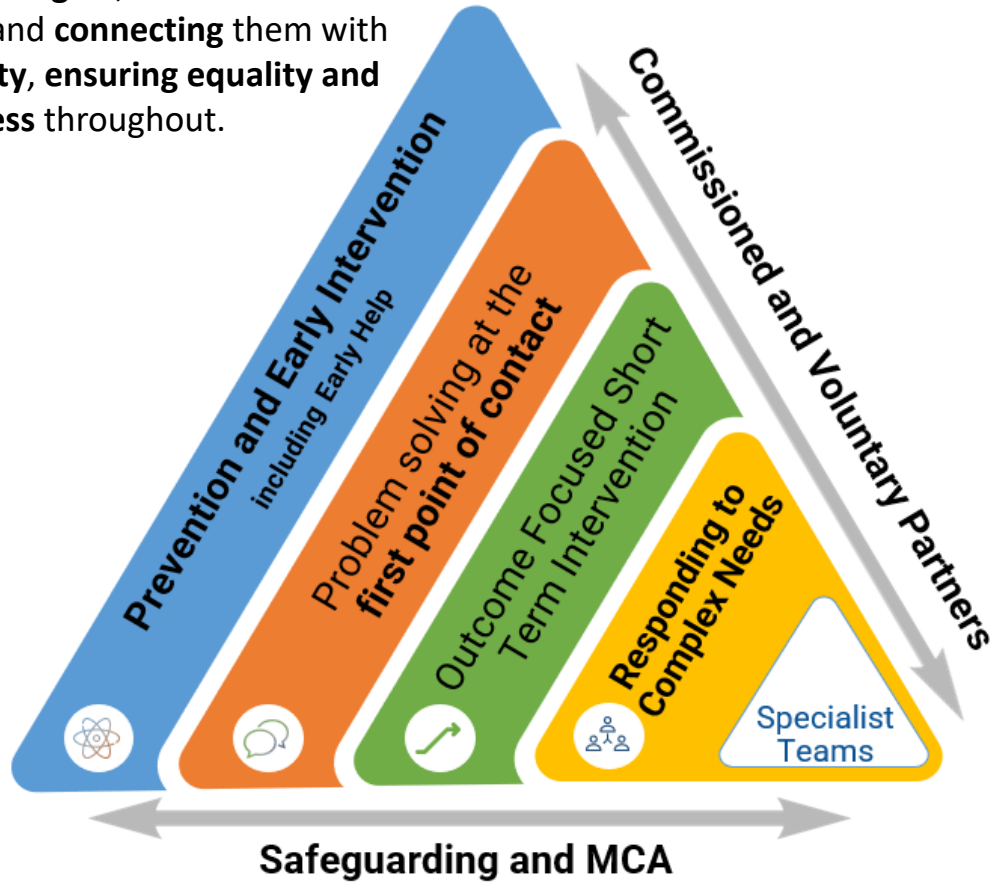
For Islington to be a place made up of strong, inclusive and connected communities, where regardless of background, people have fair and equal access to adult social care support that enables residents to live healthy, fulfilling and independent lives



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Adult Social Care Operating Model

Proactively taking all opportunities to **build on people's strengths, maximise their independence and connecting them with their community, ensuring equality and fairness** throughout.



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Prevention and Early Intervention Work proactively to build on residents' skills, resilience and capacity to make positive and sustainable changes in the community.



Problem Solving at the first point of contact – up to 6wks

Highly skilled staff utilising a strengths-based approach to ensure a proportionate response to the presenting need.

- Advice and guidance
- Signposting
- Initial assessment/identifying support to maximise independence/support planning
- Unplanned reviews
- Onwards referrals
- Safeguarding/Response to Merlin reports
- Legal action/liaison



Outcome focused short term intervention – up to 6 wks

A joint focus on maintaining or improving independence by initiating short term creative interventions

- Establishing or initiating referrals to preventative interventions
- Unplanned reviews/amend offer appropriately



Responding to complex needs –

Holistically managing complex situations, to achieve sustainable best outcomes for the resident. Continuously reviewing with supervisor.

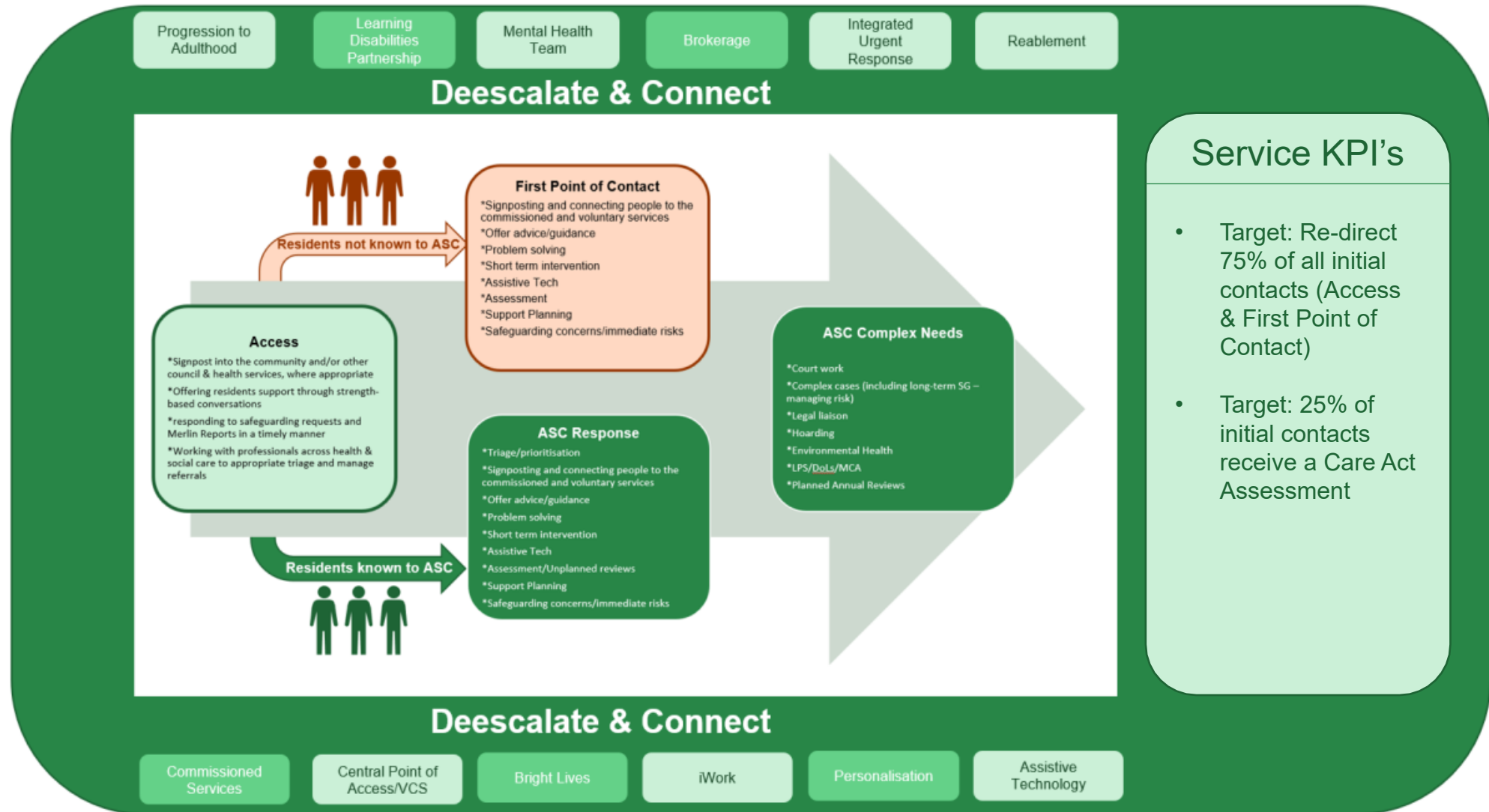
- Assessment/Reviews/Development of support
- Safeguarding/LPS/DoLS
- Court work/Legal Liaisons



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Resident Journey through ASC

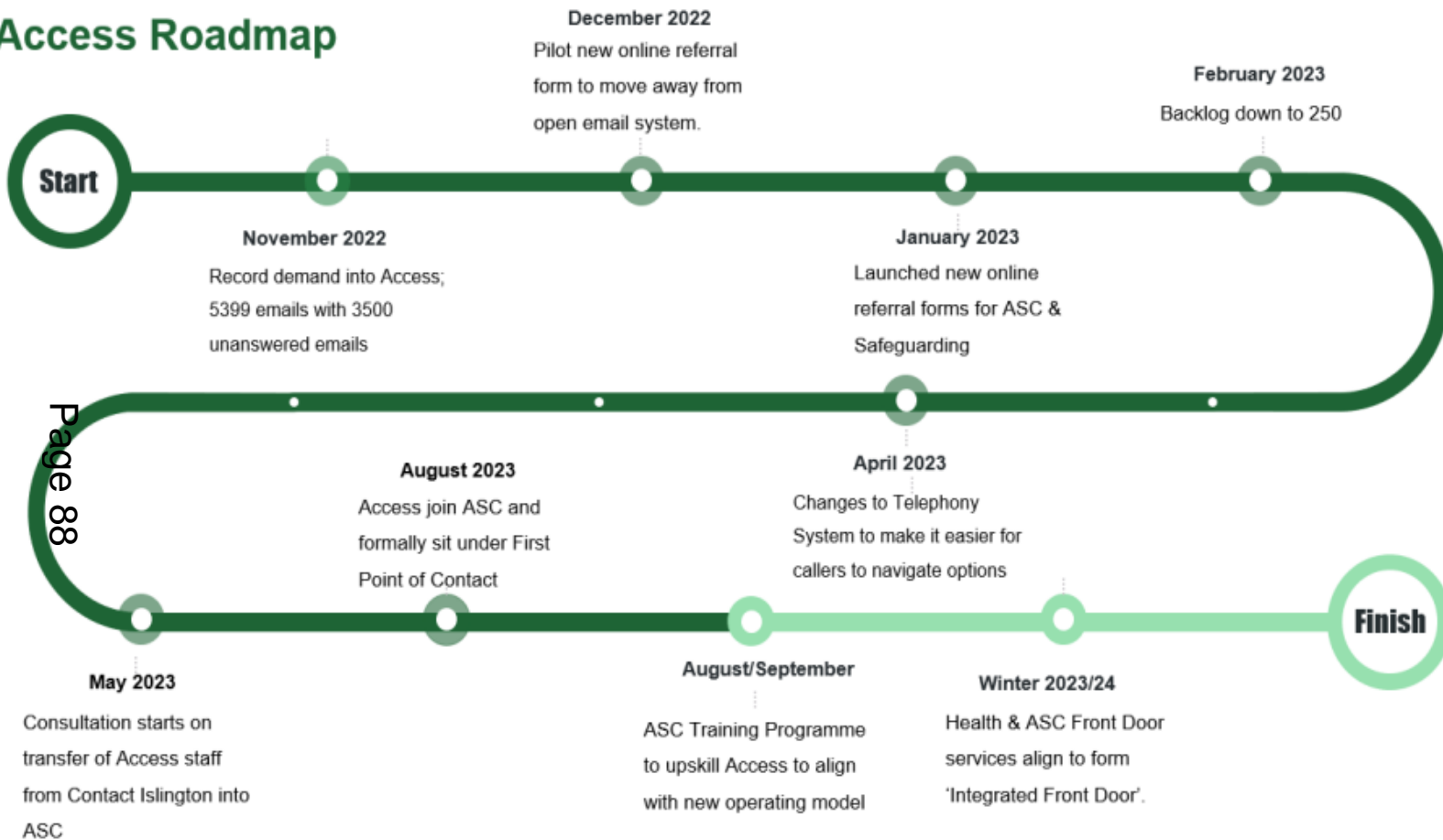


Service KPI's

- Target: Re-direct 75% of all initial contacts (Access & First Point of Contact)
- Target: 25% of initial contacts receive a Care Act Assessment

Access Service Improvements

Access Roadmap

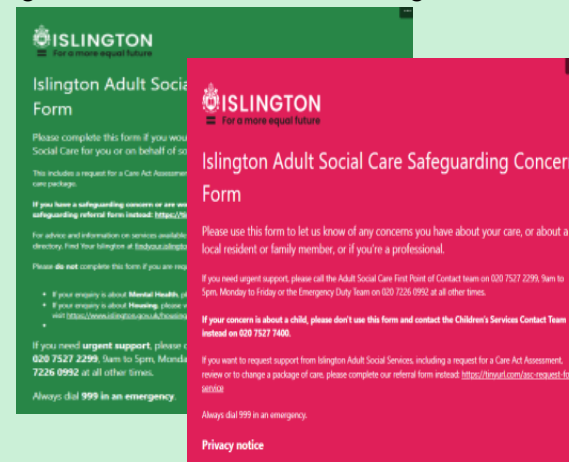


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The Move to Online Referral Forms

Access used to operate using an open email inbox with no quality or control measures in place. This resulted in a service which:

- Had a backlog of 3500 unanswered emails
- Unable to readily identify high-risk, safeguarding referrals
- An inability to capture data about the service to make necessary improvements & understand demographic
- Received poor quality referrals/point of contacts – people could submit any email often with incorrect/missing information
- Inappropriate use of access email e.g. requesting wrong service, used for when staff go on leave.

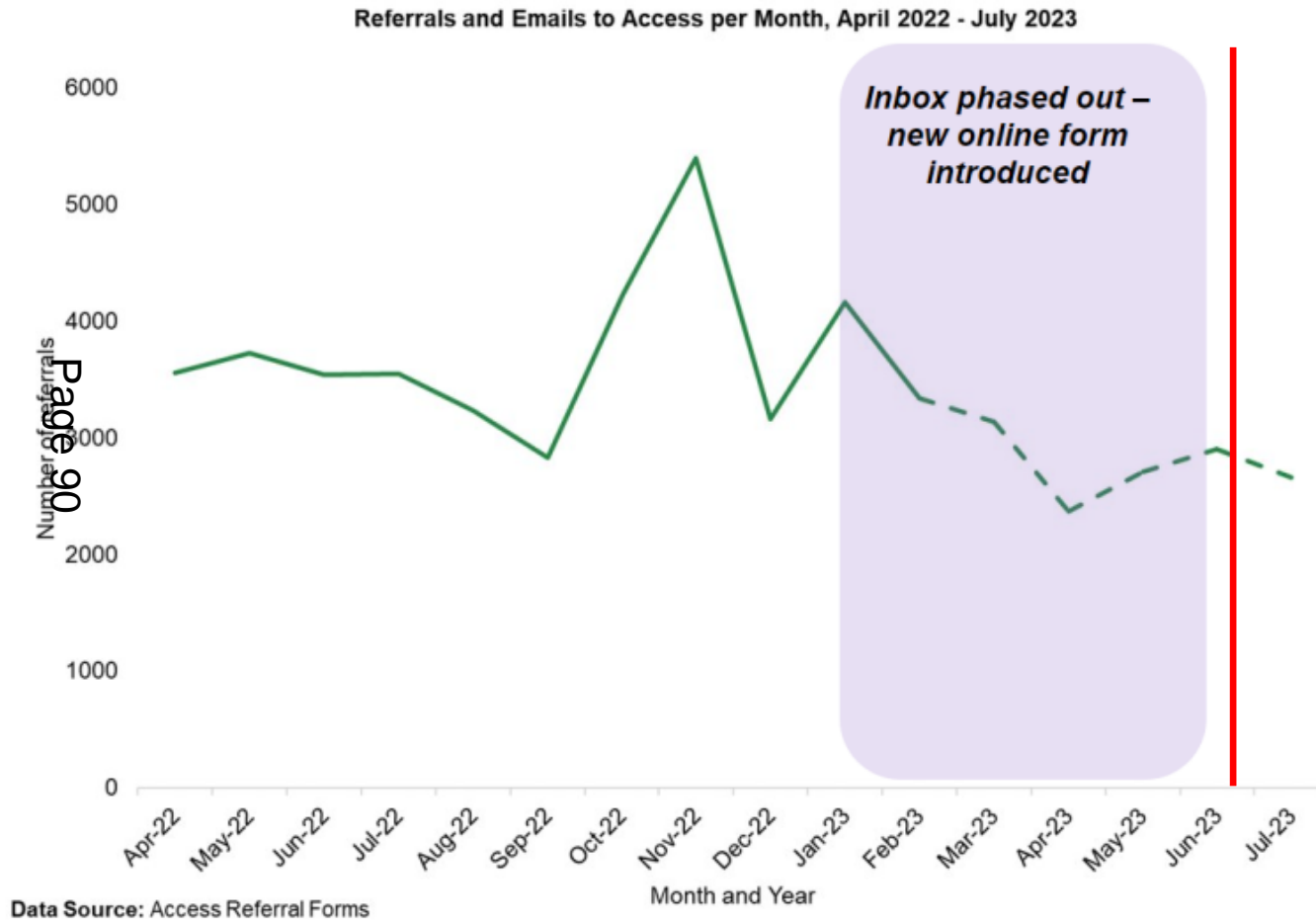


Access Service Analysis

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Understanding the demand coming into the service

Early signs of a decrease in points of contacts since forms introduced



- Since the move to the online referral form, we've seen a decrease in points of contact (referrals & emails)
- We are getting significantly better quality of referrals
- Removed & redirected unnecessary traffic from the service

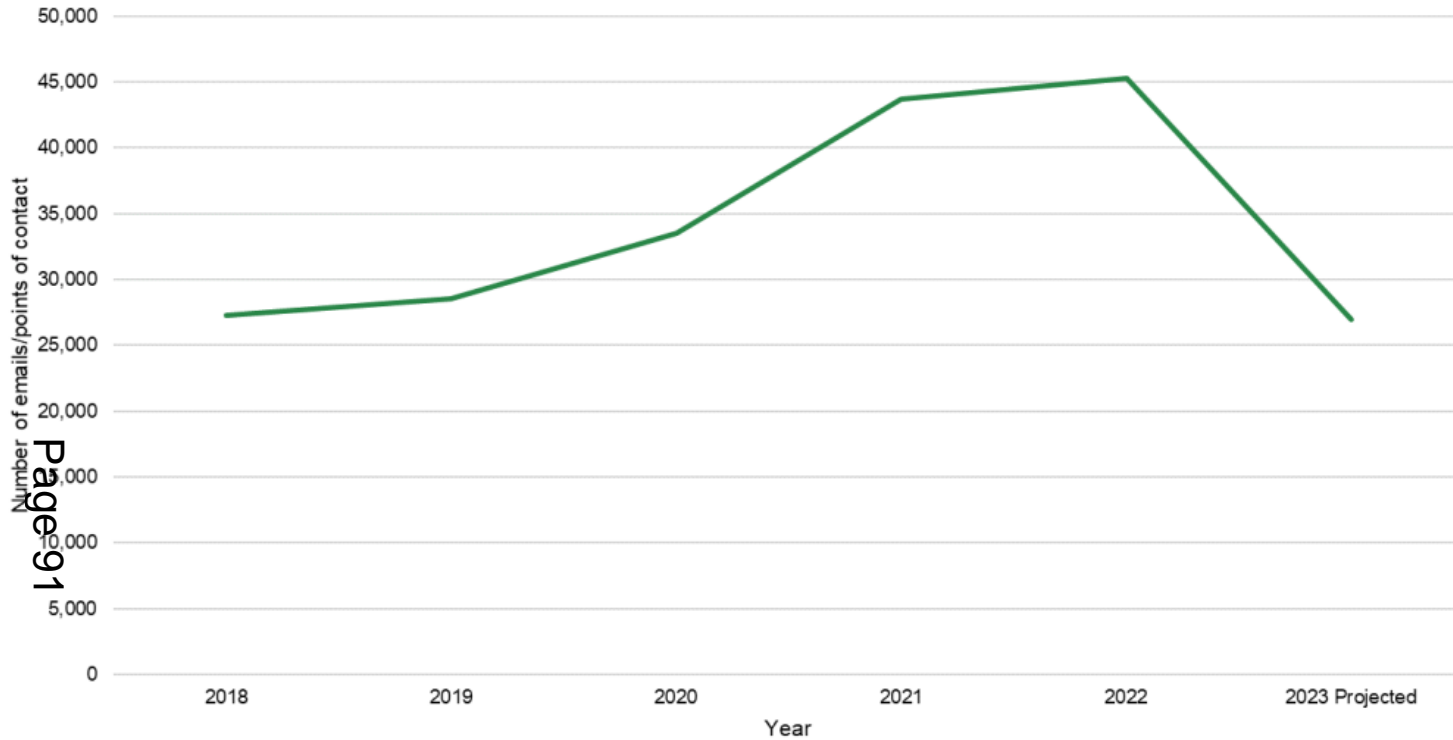
24% reduction in monthly average contacts

- April 22 – Jan 2023 **av. 3737 emails**
- Feb – July 2023 **av. 2852 referrals**

Access Inbox closed permanently end of June 2023

Service Activity from 2018 - 2023

Number of Emails per Year/Points of Contact, 2018 - 2023

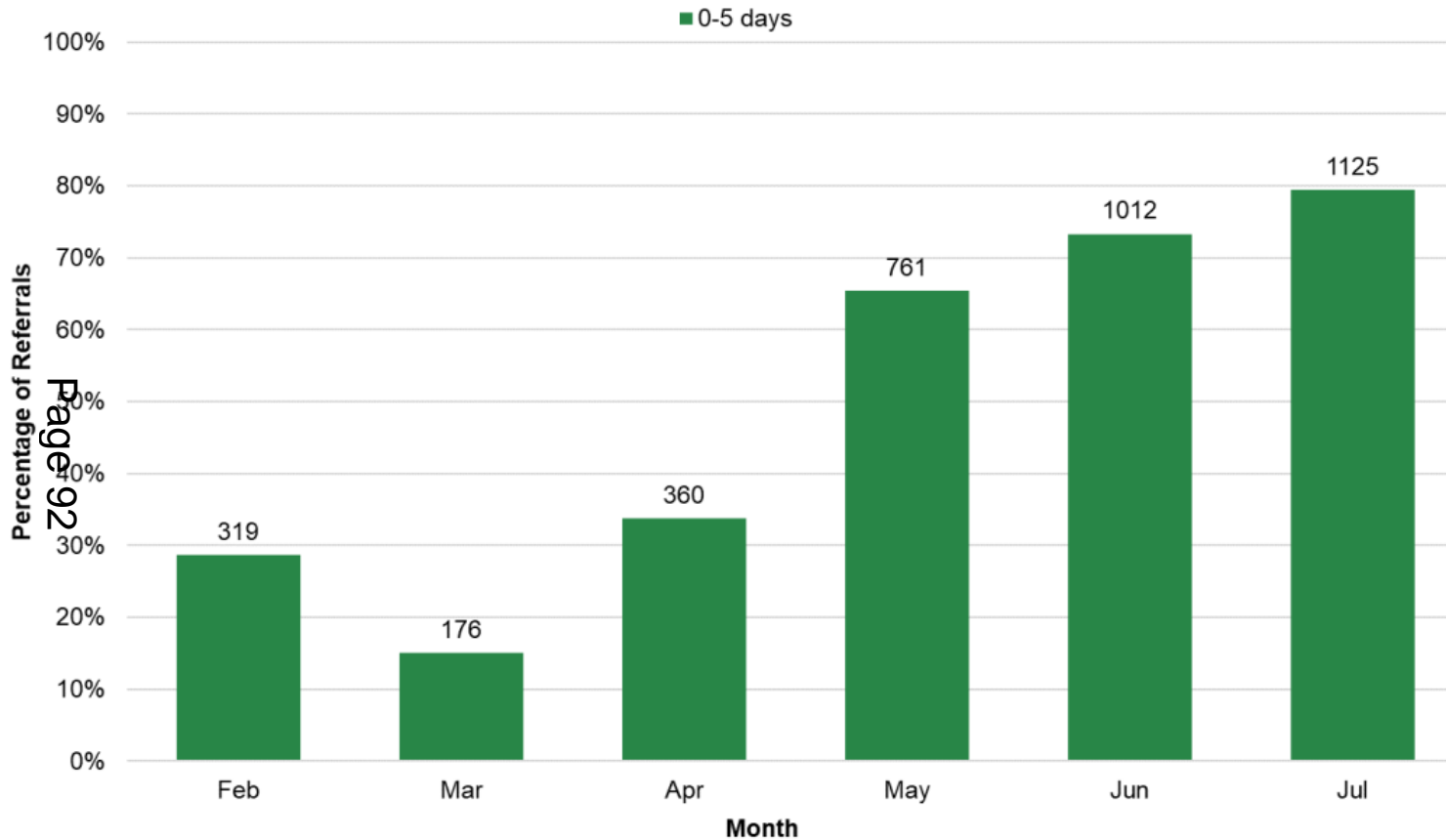


	Emails per Year/Points of Contact	Monthly Average	Increase from previous year
2018	27,316	2276	
2019	28,537	2378	4.50%
2020	33,514	2793	17.40%
2021	43,676	3640	30.00%
2022	45,300	3775	3.70%
Total			65.86% 4.5 year increase
2023 Projected*	26933	2244	-41%
2023 (Jan – July)	15,711	2,224	

- The sharp decrease is attributed to removing unnecessary points of contact from the service
- Getting the referrals right, at the first time of asking
- Redefining pathways making it easier for referrers to navigate the services

80% of referrals are processed in 0-5 days

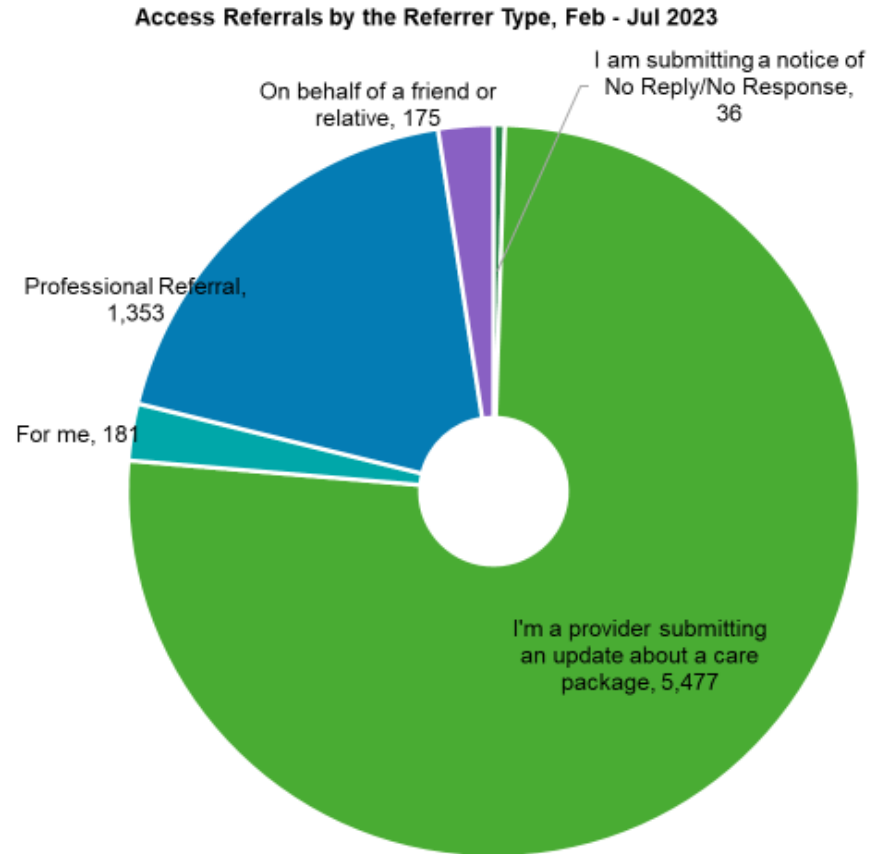
Average Days to Process a Referral by Month, Feb - Jul, 2023



Data Source: Access Referral Forms

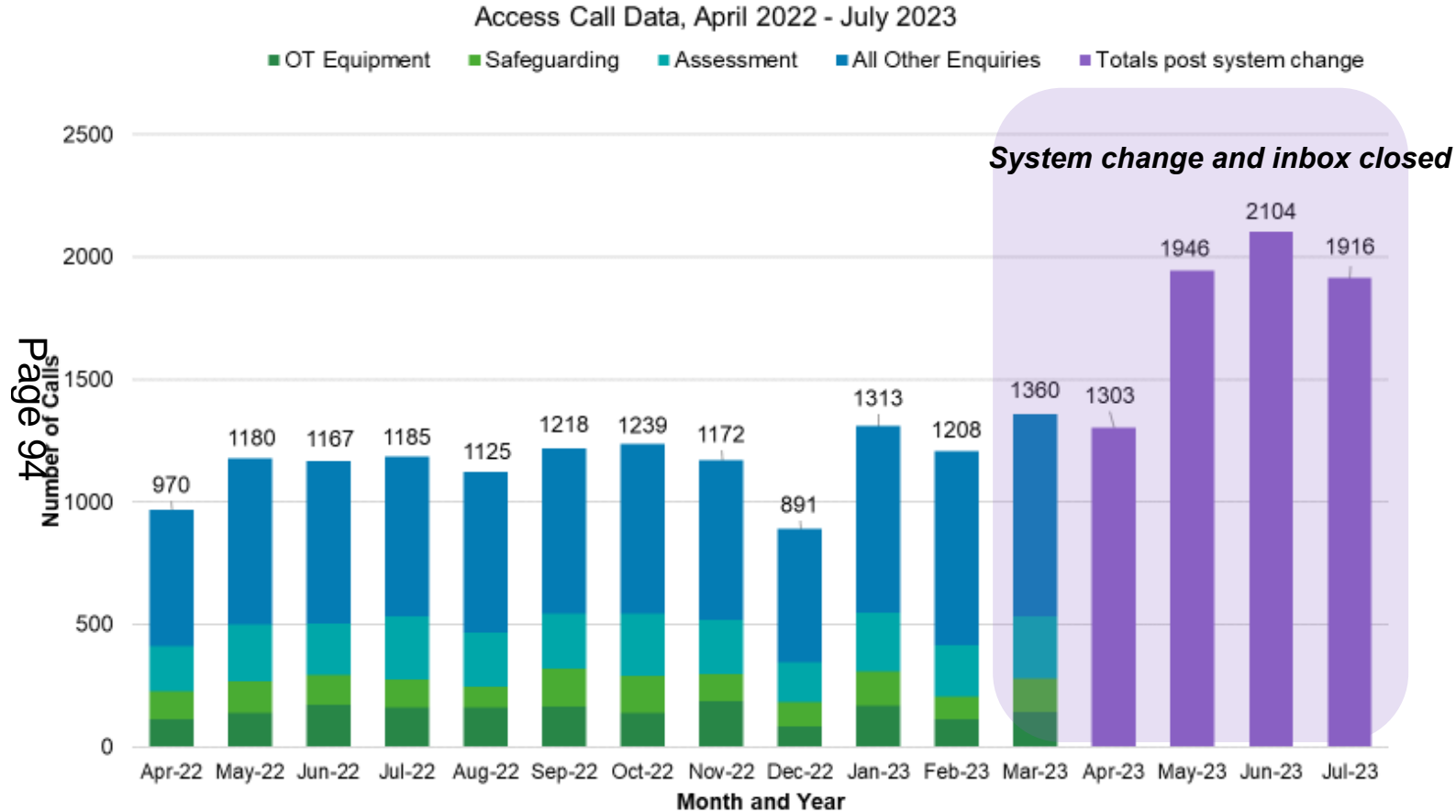
- The time to process and complete referrals has improved since starting to use the forms in Feb.
- The previous system using emails never monitored processing times.
- Nearly **80%** of referrals in July were **processed in 0-5 days**. (72% within 3 days)
- The % of referrals being **completed in 0-5 days** has **increased** over time (dark green bar).
- **Safeguarding & Merlin's area always prioritised and responded to within time**

75% of referrals are from professionals



- Between February and July, **75%** of referrals were requested by professionals or care providers (Homecare agencies – call cancellations, suspension requests)
- 181 (2%) of referrals came from an individual needing support

Calls have increased since the changes to the telephony system



- **Telephony changed from April 2023.** To provide a better residents experience the telephony was changed to include a single ASC option
- Data is now more accurately captured and otherwise missed ASC calls are now reflected in the data. A similar affect happened to the changes with the Parking phonelines.

Next Steps

- Work is underway to identify the nature of the calls and if there is a link between the change in the IVR and increase in calls

Next steps for the service

- Understand the increase in calls coming through to Access and identify appropriate action to make the resident experience better
- Exploring changes to our online offer, more user friendly and support self-help.
- Continue to evolve the service – working with housing to remove unnecessary referrals which will give the team much needed additional capacity

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The Access Team will begin a comprehensive training programme to enhance skills and further compliment the ASC service model

- Integrated our 'Front Door' with our with health colleagues which will create a more streamlined service for our residents, reducing handover points and delays in providing appropriate care.



Front Door

Problem Solving at the first point of contact

A single place to jointly screen and triage Urgent Health and all social care referrals.

We will be introducing a single referral form, which will combine the current 6 individual referral forms and screening processes. This streamline will improve processes and ensure efficiencies within the system, enabling better outcomes for residents.

*future ambition to integrates MH & Housing within the Front Door



Rapid Access Service

Outcome focused short term interventions

Effectively aligning Urgent Health Services and Social Care professionals to prevent hospital admission and support hospital discharge.

Refreshed processes, pooled resources which will enable joint risk management and response.



Integrated Community Teams

Responding to complex needs

Exploring how we bring teams together to meet local need, whilst also forging strong links with Access Hubs, Family Hubs, Libraries and other community resources.

Ensuring staff are based in the most appropriate locations to promote collaboration and joint working.



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HEALTH AND CARE SCRUTINY COMMITTEE

WORK PROGRAMME 2023/24

Meeting date: 3 July 2023

1. Membership and Terms of Reference
2. Health and Wellbeing Update (Executive Member - verbal)
3. Update on GP Surgeries from NHS Integrated Care Board
4. Quarter 3 Performance Report – Public Health
5. Scrutiny Review – selection of topic
6. Work Programme 2023/24

Meeting date: 5 September 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Approval of Scrutiny Initiation Document & Initial Presentation
3. Healthwatch Annual Report and Work Programme (TBC)
4. Quarter 4 Performance Report - Adult Social Care
5. Scrutiny Review 2022-23: Adult Social Care Transformation Final Report
6. Work Programme 2022/23

Meeting date: 5 October 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence
3. Camden and Islington Mental Health Trust Performance update
4. London Ambulance Service Performance update (TBC)
5. Quarter 4 Performance Report – Public Health
6. Work Programme 2022/23

Meeting date: 14 November 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Executive Member for Health and Care - Annual Report
3. Scrutiny Review – Witness Evidence
4. Quarter 1 Performance Report – Public Health
5. Quarter 1 Performance Report – Adult Social Care
6. Work Programme 2022/23

Meeting date: 18 December 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence
3. Whittington Hospital Performance update (TBC)
4. Islington Safeguarding Adults Board - Annual Report
5. Work Programme 2022/23

Meeting date: 23 January 2024

1. Scrutiny Review - witness evidence
2. Health and Wellbeing Update (Executive Member - verbal)
3. Moorfields Eye Hospital Performance report (TBC)
4. Quarter 2 Performance Report – Adult Social Care
5. Work Programme 2022/23

Meeting date: 4 March 2024

1. Health and Wellbeing Update (Executive Member - verbal)
2. Quarter 2 Performance Report – Public Health
3. UCLH Performance update (TBC)
4. End of Life Care
5. Scrutiny Review – draft recommendations

Meeting date: 15 April 2024

1. Health and Wellbeing Update (Executive Member - verbal)
2. Quarter 3 Performance Report – Public Health
3. Quarter 3 Performance Report – Adult Social Care
4. Update on Access to NHS Dentists
5. Scrutiny Review - Final Report

Other possible items

The Committee previously suggested that it may be helpful to review issues relating to direct payments and the council's emerging Dementia Strategy.