

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.

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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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