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Islington CCG Community Research Report –  
Researched and compiled by Middle Eastern  
Women and Society Organisation (MEWSO),  
Turkish, Kurdish and Cypriot Women’s Welfare  
Group (TKCWWG) and Holloway  
Neighbourhood Group (HNG).

September 2018



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## About Middle Eastern Women and Society Organisation (MEWSO), Turkish, Kurdish and Cypriot Women's Welfare Group (TKCWWG) and Holloway Neighbourhood Group (HNG)

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MEWSO, TKCWWG and HNG work in partnership through their membership of the Finsbury Park Women's Groups Network. This is a network of community groups serving women in the Finsbury Park area that has met regularly over the past 3 years. It promotes joint working through delivery of services such as community cohesion events and ESOL classes.

### Middle Eastern Women and Society Organisation

Middle Eastern Women and Society Organisation is an Islington based charity but supports BAMER women across London. MEWSO was founded on the principles of rejecting every form of discrimination, inequality and exclusion and aspiring to a society where every woman lives in safety with equal opportunities. We hope for a society in which diversity is considered an element of strength and not of division.

MEWSO offers a variety of services that are specifically tailored to support and empower BAMER women. These services are broadly split between emotional and wellbeing support (through one-to-one and group counselling, mindfulness, art therapy and exercise classes) and practical support (through advice sessions, awareness and training workshops and one-to-one language and befriending).

### Turkish, Kurdish and Cypriot Women's Welfare Group (TKCWWG)

The Turkish, Kurdish and Cypriot Women's Welfare Group, was set up in 1987. The group was established to benefit Turkish, Kurdish and Cypriot Women's welfare in the London Borough of Islington and to promote good race relations by advancement through education and training. It also aims to improve the social, economic and educational opportunities of women. They deliver advice and information on health and social welfare and empower Turkish, Kurdish and Cypriot Women and children in the local community. Other activities include awareness-raising sessions, health talks, cookery classes, day trips, a social club, ESOL classes, traditional Turkish Folk dance classes, and immigration and housing surgeries with the local MP.

### Holloway Neighbourhood Group

Holloway Neighbourhood Group is funded by Islington Council to act as the Strategic Neighbourhood Partner for the Finsbury Park area. HNG runs 2 centres:

- the Stress Project, where they provide low cost counselling, complementary therapies, mindfulness classes and facilitated peer support for people who experience mental health problems
- the Old Fire Station, a busy community centre in the heart of Holloway, which acts as a Hub for the local community. They deliver 15 weekly activities to promote health and wellbeing and to reduce social isolation as well as providing space for other groups to deliver their activities.

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As a Community Hub, they work beyond their 2 centres by supporting small, local community organisations (such as MEWSO and TKCWWG) to develop their services, share information and form partnerships.

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## Methodology

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This report presents the findings of a community research project carried out by MEWSO, TKCWWG and HNG aimed at understanding local communities' experiences and views of health services in Islington. Between March and June 2018 MEWSO, TKCWWG and HNG talked to 50 Islington residents through structured questionnaires, focus groups and one-to-one interviews to conduct the research.

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

1. Self-care
2. Social issues impacting on health
3. Social isolation
4. Care closer to home

We took the questions provided by the CCG and, where we felt it was appropriate, we changed some of the language and terminology to make the questions more accessible to our target audience. Based on this we created a questionnaire which was used to carry out one to one interviews with clients to tackle some issues in more depth. Across the organisations we interviewed 16 Islington residents face to face using the questionnaire.

We also created and delivered four focus groups around the four topics detailed above, involving a total of 30 Islington residents. Participatory Appraisal techniques were used to conduct the focus groups, which is an empowerment approach that seeks to build community knowledge and encourages grassroots action. It uses a lot of visual methods, making it especially useful for participants who find other methods of participation intimidating or complicated. In addition this visual method worked well with the multi-language groups. To assist in this area, each focus group was helped by 2 interpreters speaking 2 different community languages. This ensured that everyone understood the focus group and could therefore participate and learn in it.

MEWSO and TKCWWG provided signposting advice to the 50 people who participate in the community research to raise their awareness of and provide information about mainstream services that can improve their health and wellbeing. 32 of these service users were provided with in depth advocacy and support, to enable better access to health and wellbeing services. This included advocating on behalf of people who require a service, helping people to read letters and book appointments, escorting people to appointments and supporting people to make complaints.

### Participant Breakdown

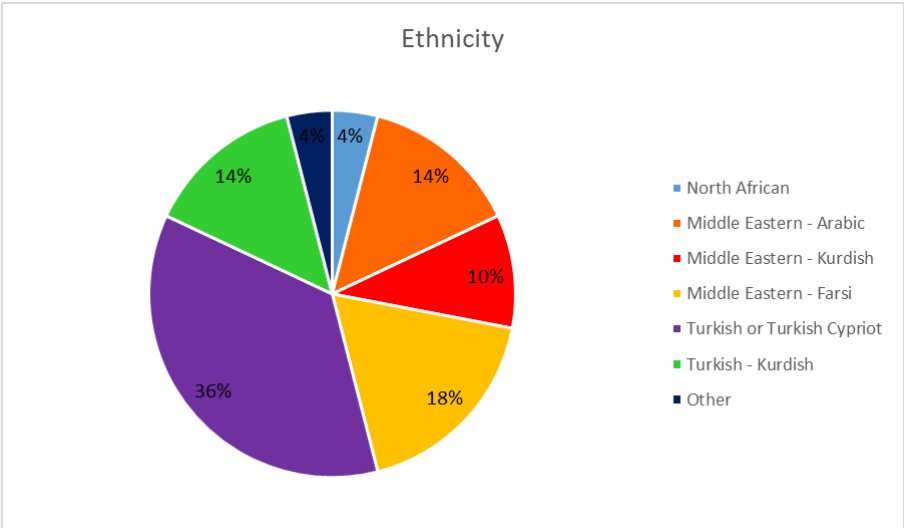
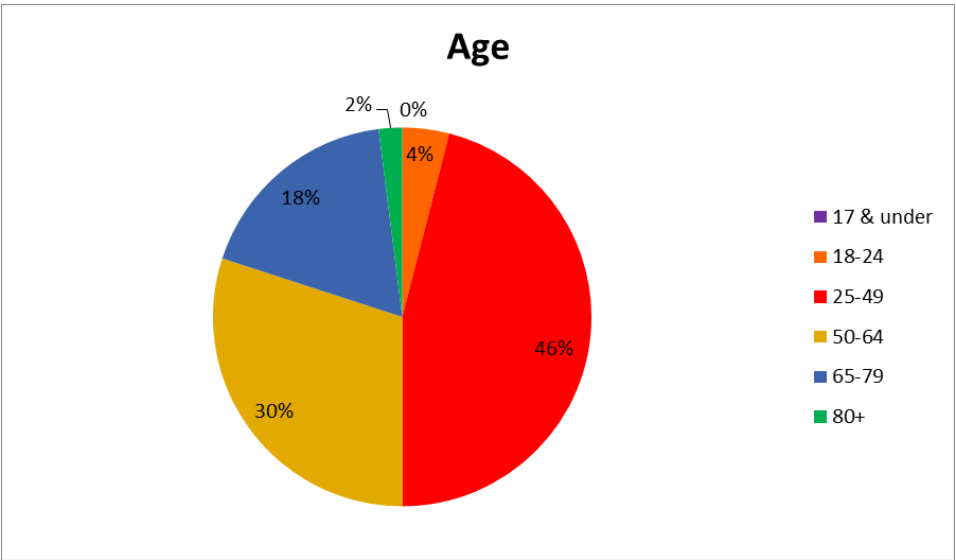
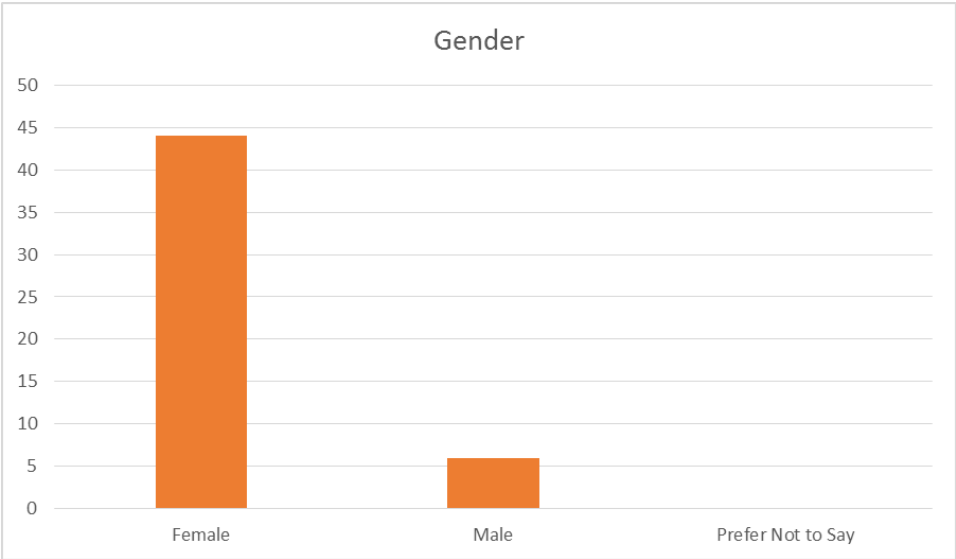
16 service users took part in semi-structured one to one interviews and one to one advice. 28 participants attended the Focus Groups and received one to one advice, 2 service users just attended the Focus Groups and 6 service users just received one to one advice. Therefore we worked with a total of 52 people. From the 50 service users that received one to one advice, 32 received in depth support as well as general signposting.

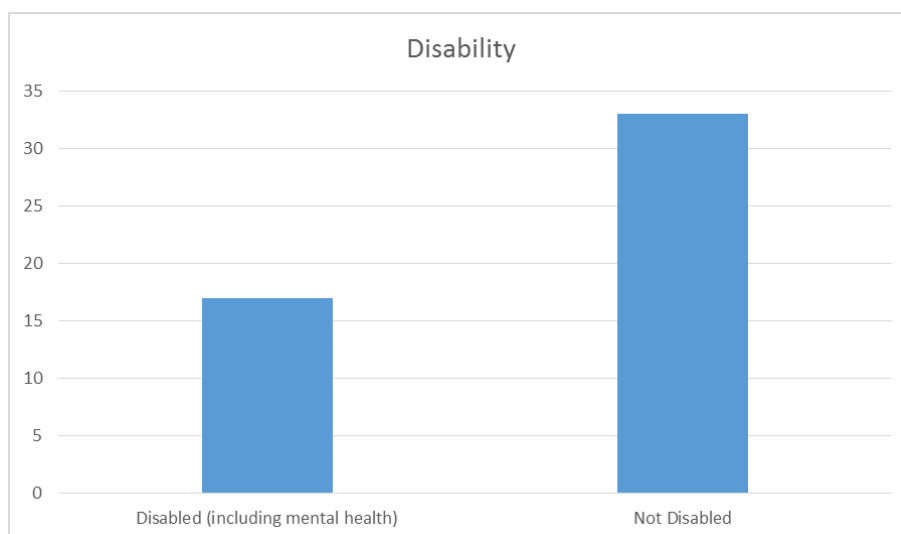
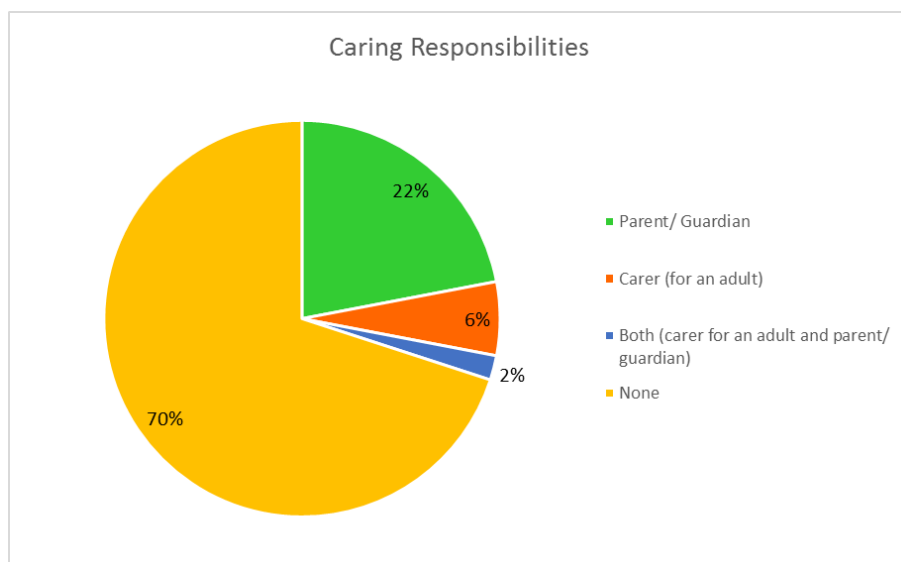
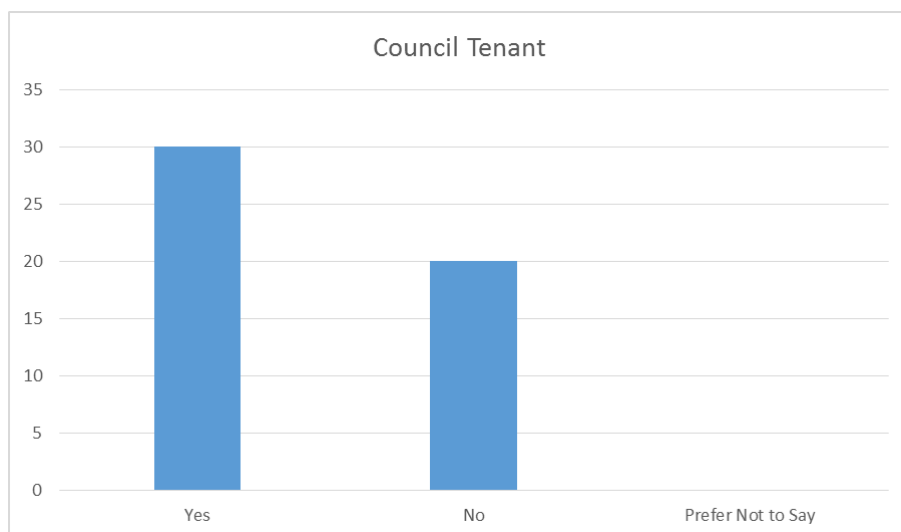
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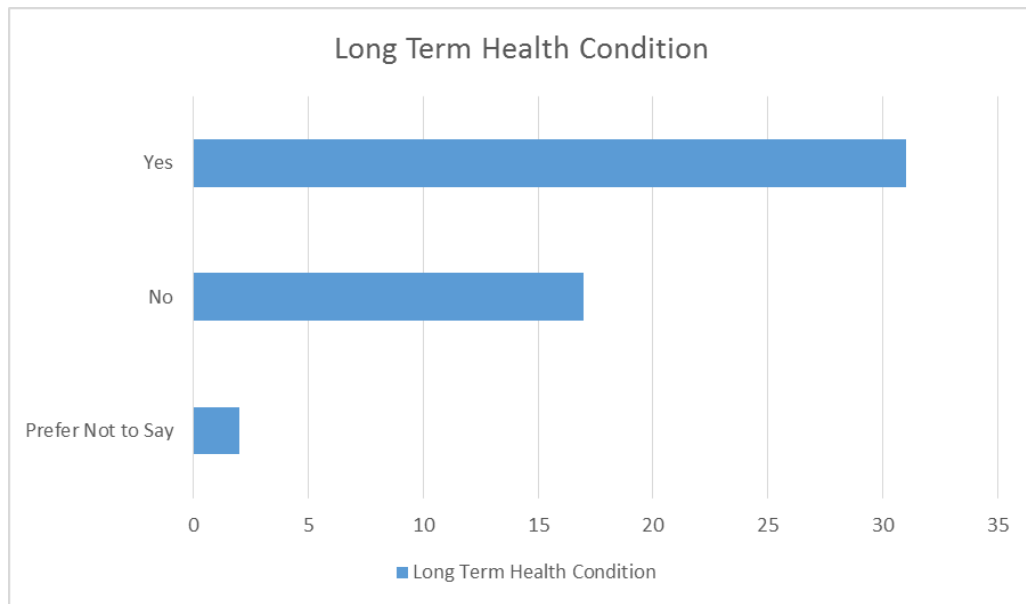
## Overview of Survey Respondents

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MEWSO and TKCWWG spoke to a total of 50 service users who were Islington residents and accessing at least one of MEWSO and TKCWWG services.





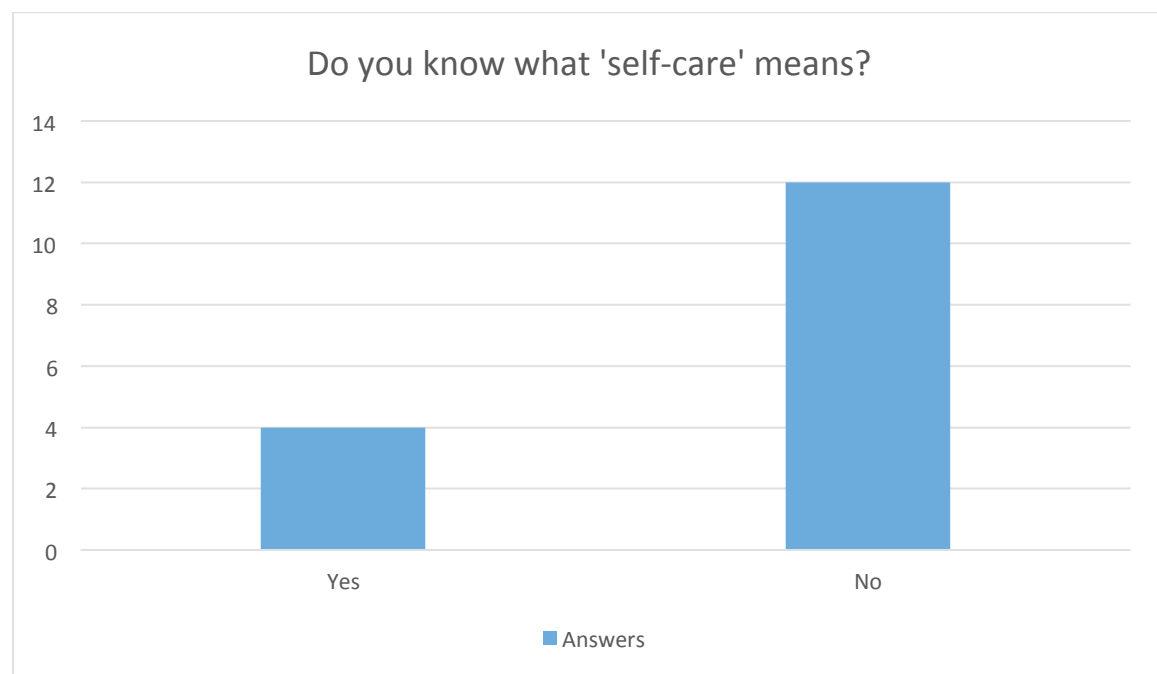




# Findings and Recommendations

## Self-care

Self-care defined by the Islington CCG “as supporting people to resolve health issues themselves, and take control of managing their own symptoms - it includes all the actions taken by people to recognise, treat and manage their own health. Self-care is keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help and when to get advice from your GP or another healthcare professional. If you have a long term condition, self-care is about understanding that condition and how to live with it.”



From the 16 people asked in the semi-structured one to one interviews, the vast majority of service users that were asked the question of whether they knew what self-care means, did not know the meaning. One person thought they had heard of self-care but was unable to define it and the others that said they did know the meaning of self-care defined it as taking care of their health.

## Self-Care - Long Term Health Condition

62% of participants (information gathered from the 50 service users that received one to one advice) had one or more long term health conditions (LTCs). Participants with LTCs got support from their local GP and pharmacy, asked a friend or family member for help, received counselling or physiotherapy, received support from a community centre and in an emergency got support from the hospital. All participants self-cared to some extent. Below are examples of what participants with LTC did to self-care.

Long Term Health Condition	Self-care approach taken
Migraine	Prescribed medication, over the counter medication like paracetamol, stay in a dark room, walk regularly and get fresh air
Chest pain	Prescribed medication, healthy eating
Mental health issues – anxiety, depression and PTSD	Walking outside, prescribed medication, healthy eating, cry to release stress, talk to friends and family, counselling, GP gave exercises to do, sit in the sun, swimming, tea
Diabetes	Be aware of insulin levels, eating the right foods
Thyroid problems	Prescribed medication
Insomnia	No caffeine, caffeine free tea, listen to soothing music, read
Physical disabilities – legs, back, shoulder, hip	Walking, swimming, prescribed medication, over the counter medication like paracetamol, pain relief cream, exercise, use walking stick
Indigestion problems	Prescribed medication, over the counter medication like paracetamol, attend nutrition classes through TKCWWG, healthy eating
Partially blind	Wears strong glasses, uses eye drops
Heart problems	Heart beat monitor, prescribed medication, healthy eating

Based on the feedback we received in the Self-care Focus Group (7 participants), if a participant had a long term illness, they would first self-care at home, then get support from their GP and Pharmacy for medication, ask a friend or family member for emotional support, get counselling or visit a physiotherapist to help with mental health issues, visit MEWSO or TKCWWG for advice and support, call 111 for advice and in an emergency they would go to the hospital.

### Barriers to Self-care

Participants faced different barriers to self-care whether they had a LTC or not. These barriers were explored through our focus group and one-to-one questionnaires.

### Language Barriers

Many of the participants faced language barriers and were unable to explain their symptoms to the doctor or if they called 999 or 111 they weren't able to describe their problem over the phone. Due to miscommunication on the phone one participant was refused an ambulance and told to take a taxi to the hospital because the participant couldn't express the seriousness of their problem.

Participants described how they were reluctant to use an interpreter, and if they had used an interpreter they often had negative experiences. Participants agreed that it was firstly difficult to



arrange for an interpreter and complicated to book. When they were told to ask for Language Line they often felt shy and lacked the confidence to ask. If participants had used an interpreter they had the experience of the interpreter not turning up or being late for the appointment which put them off using the service again.

Participants were very concerned with the accuracy of the interpreting and they worried that the interpreter wasn't actually translating what they said to the doctor. There was clearly a lack of trust among participants of interpreters. Participants said they sometimes brought family members with them to help with interpreting.

### Case Study

Halise said that she only spoke Turkish and found English very difficult. She doesn't have the confidence to try and speak English by herself or ask the GP for an interpreter. Therefore when she goes to the GP she sometimes brings her husband to interpret for her, but when she does, he doesn't tell the doctor very much about her problems and instead she thinks her tells the doctor all about himself. This really upsets her but she doesn't feel she has a choice.

### Waiting Times

All participants spoke about the problem of accessing appointments for the GP, appointments were often more than 1 week away and there wasn't much flexibility in the times that were available. In addition if they had to go to A&E there were extremely long waiting times to see a doctor and participants also said there were long waiting times to get a hospital appointment. One person said they went to the hospital for an emergency but they couldn't see her until the morning. In the end she went home without being seen.

### Medication

Participants said that their GP wouldn't give them the best painkiller medication because they were too expensive.

### Knowledge

Participants generally had a lack of knowledge about where to go to access self-care help, most didn't know how to find out more information and what is available to them. Participants said that there was a serious lack of information available to them on self-care options.

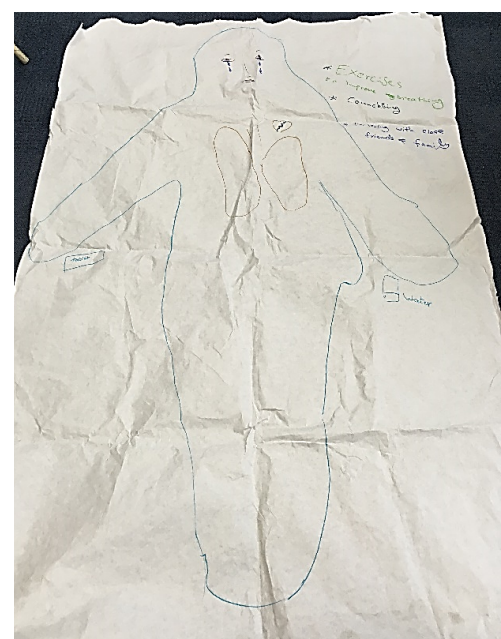
### Financial Barriers

Most participants were experiencing financial hardship and found this a barrier to accessing self-care. Medication over the counter and prescribed was expensive and alternative therapies were unaffordable to participants. Things like counselling and CBT, although available to some on the NHS, there were long waiting times and participants were unable to afford to go privately.

### Confidence Barriers

Participants said they had a lack of confidence in knowing how to treat themselves.

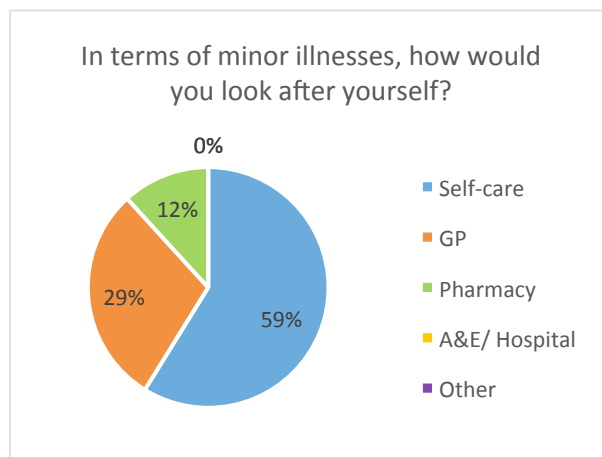
We examined how participants self-cared through a one-to-one questionnaire and in the focus group. To the right



is a photo of one of the exercises we did in the focus group to get participants thinking about their LTC and how they self-care with these conditions.

We also asked a sample of 16 participants (information gathered from the 16 service users that participated in semi-structured interviews) whether they had heard of any self-care opportunities in Islington such as Expert Patients Programme (EPP). 100% said they had never heard of the EPP or any other self-care opportunities.

### Self-care – Minor Illness



From a sample of 16 participants (information gathered from the 16 service users that were interviewed through a questionnaire) we asked what they would do if they had a minor illness like a sore throat or headache. To the left are the results of the data gathered showing that over half of the participants would self-care however around a quarter would go to the GP, the rest would go to the pharmacy and none would go to A&E or hospital.

### Participant Quote

“If I have a minor illness like a sore throat, I definitely wouldn’t go to the GP or A&E because the waiting times are too long! Instead I would have some lemon and honey tea or take some paracetamol.” Zainab

### Recommendations

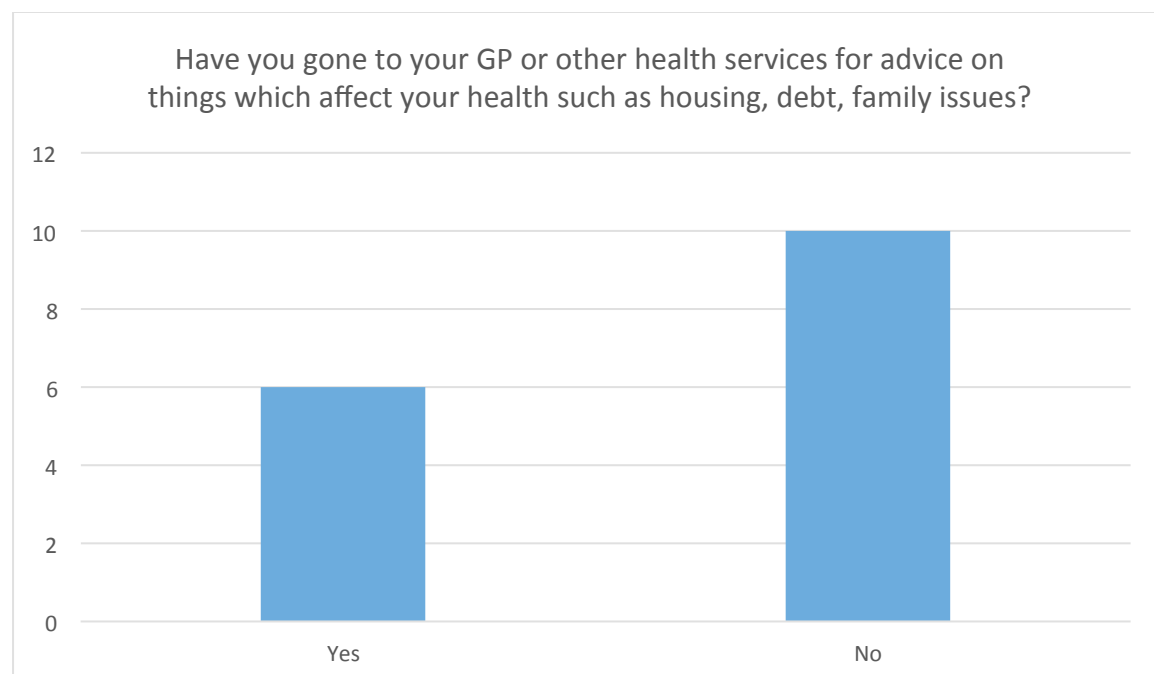
- Many of the participants found it difficult to access the interpreting service and Language Line due to a lack of confidence and knowledge of the service. We would therefore recommend that GP’s firstly provide more information about the service and then offer more support and encouragement to the client to use that service.
- Participants also talked about a lack of trust in the interpreters. Many believed that the interpreters weren’t telling the GP what they were saying or were misinterpreting them. We therefore recommend that GP’s and interpreters need to be aware of this and work harder to show the client that they can be trusted, it is a confidential service and that they have the client’s interests and concerns at heart. A further lack of trust in the interpreters was outlined by some women who had had bad experiences of the interpreters turning up late to their appointment or not turning up at all. This added additional dislike, by the participants, of the interpreters because they saw them as unreliable. We would recommend that the interpreting service was improved to ensure that interpreters were attended and were on time to appointments. Additionally we recommend that GP’s are made aware of and make use of interpreting services offered by local grassroots organisations who often have advisors or volunteers who can accompany clients to GP appointments.

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- We would recommend that instead of people waiting long periods of time at the GP or for NHS counselling services, GP's encourage greater use of pharmacies and/ or charity organisations/ community centres which offer therapy, counselling and active activities.
  - We recommend making more general information available at GP surgeries, to grassroots organisations and community centres about the different self-care options and in particular more information on the Expert Patients Programme and how to use it.

## Social Issues Impacting on Health

It's now recognised that the wider determinants of health have a big impact on people's health. The wider determinants of health are a diverse range of social, economic and environmental facts which impact on people's health. Wider determinants include things like household income, housing, education and whether or not people are in employment.

Participants in the Social Issues Impacting on Health Focus Group (5 participants) were asked to identify determinants that affected their health. These included: debt, poverty (healthy food and gym membership too expensive), family breakdown and domestic violence, benefits being stopped or capped/ changed, lack of privacy at home (children or arrangement of the house), no time to exercise or see friends because of children and other commitments, housing issues such as damp and mice, homelessness. Participants identified the impact of these factors on their mental health, including increased depression, stress and isolation.



From a sample of 16 participants (information gathered from the 16 service users that were interviewed through a questionnaire), 6 had been to the GP or other health service for advice on things that affected their health but were not directly related to their health and 10 had not. Half the participants who had been to the GP or other health service for advice had been referred to the right service for support.

In addition to the questionnaires we asked participants in the focus group and the combined results were that the people that had not gone to their GP or other health services for advice, and generally thought that the GP didn't deal with those sorts of issues. In addition people thought that the GP didn't have the time or the empathy to help some people with direct health problems let alone anything else.

Participants who had asked their GP, or other health services, for advice had a mixed experience. Some were referred correctly but these referrals tended to be to specialist health related services. For example one person went to the GP regarding an abusive relationship and was referred to a

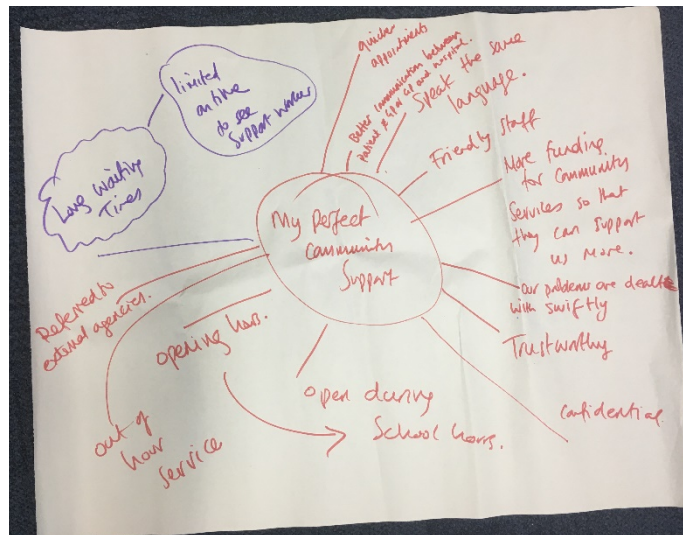
domestic violence specialist service for advice and therapy. Some were referred incorrectly or were not referred at all.

## Case Study

Maryam had damp in her house and complained to the Housing Association. They told her to go to the GP to get a letter about how the damp was bad for her health. She went to the GP and they refused to give her a letter as they said this was the responsibility of the Housing Association. She then spoke to her Health Visitor who said that the damp was a health issue for her and the children and gave her support to write her a letter which she gave to the Housing Association and they fixed the problem. Maryam said the experience was really confusing and she was upset with her GP for not helping or supporting her.

No one had heard of the Navigator service available to GP's to refer clients and no one had been referred to this service. It was generally not known that the GP could or had the tools to refer people for other issues.

Participants were made aware that the GPs expertise is in health and medical care so often they aren't always the best place to go for social concerns. With this in mind we asked participants what sort of support they would like to see in their community to help them deal with the wider determinants of health. Participants requested more community organisations offering advice services to be available to them in community languages as well as more support from the council to tackle these social issues. The results are shown below.



## Participant Quote

"Because of the language barrier it takes me twice as long to explain to the GP what my problem is so I don't understand why they don't allow more time for me." Pari

GP	<ul style="list-style-type: none"> <li>• Would like more time with the GP</li> <li>• Slow because of language barrier – therefore need better forms of communication</li> <li>• Need more time to explain their problems</li> <li>• Have more than one issue and only a short time to explain all their issues</li> <li>• Hard to get another doctor's appointment quickly so many issues build up and not enough time to explain them all</li> </ul>
Community Services	<ul style="list-style-type: none"> <li>• Would like a service that builds their confidence and makes them feel confident</li> <li>• Cheers them up</li> <li>• Gives emotional support</li> <li>• Socialising – break isolation</li> <li>• Would like services that offer child care in</li> </ul>



	<p>the holidays</p> <ul style="list-style-type: none"> <li>• Would like services that facilitate social events</li> <li>• Would like services that are free - financial issues</li> <li>• Need a telephone free of charge to call other services related to housing and benefits as you are charged to call</li> <li>• Would like a service where they are understood and their issues are followed up and they are kept informed with ongoing support</li> <li>• Would like services that are open in school hours and ideally out of hours as well</li> <li>• Would like services with friendly staff</li> <li>• Would like services that provide quick appointments and their issues are dealt with quickly</li> <li>• Would like services that are trustworthy and confidential</li> </ul>
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## Recommendations

- We would recommend more information and promotion of the navigator services available to GP's to refer clients and a greater use of these services by GP's in more complex cases.
- We would recommend that the GP has a good knowledge of the community organisations in the local area that offer advice, in community languages, to relevant clients in order for GP's to refer clients to these organisations to get more support on issues not directly related to health. Additionally more financial support is needed by community organisations to meet the need to offer advice sessions, in community languages, to clients about social issues.



## Social Isolation

Social isolation can have an impact upon health, if a person doesn't have strong ties to a community or friend/ family this can have a profound effect on their health as these support systems can provide stability in difficult times. We explored this topic through a questionnaire and the Social Isolation Focus Group (8 participants), of to find out more about social isolation among our clients.

### Factors Contributing to Loneliness

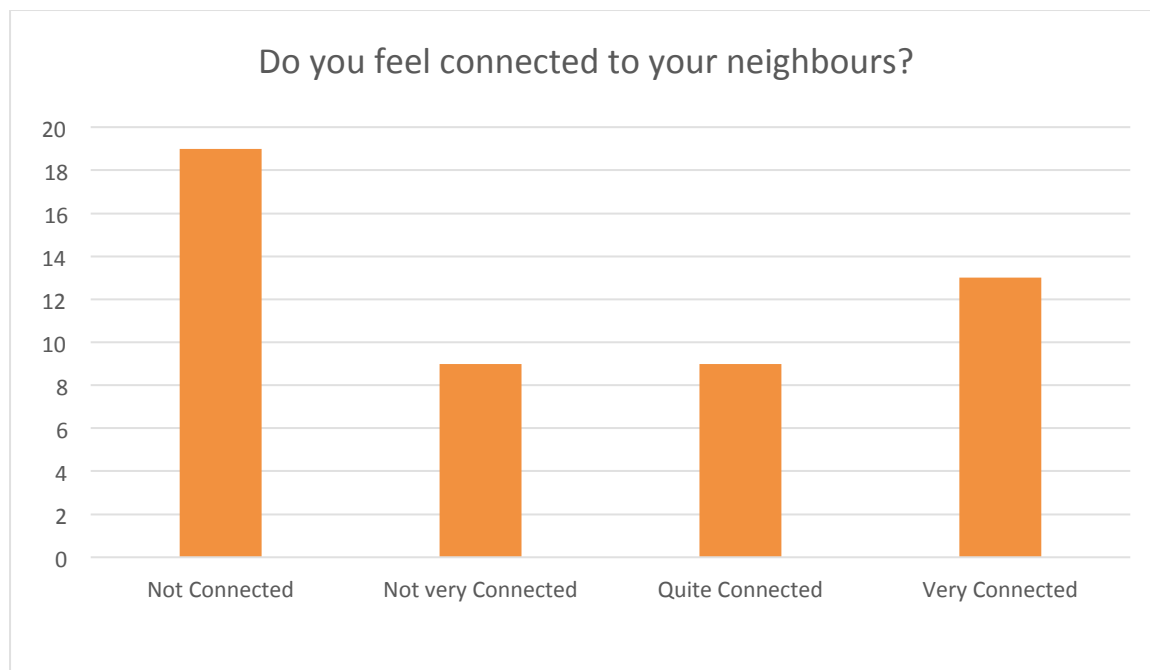
In the focus group we asked what participants thought contributed to loneliness.

- Language barriers and some illiterate as well – ashamed about this
- Lack of cultural understanding
- Need encouragement and support to leave home
- People move home
- Afraid to leave the house
- Lack of confidence
- Don't have access to services
- Breakdown in family and personal relationships
- Depressed and don't want to go out of the house
- Financial restriction – for example they might not be able to pay for the transportation costs
- Health restrictions and disabilities

We first looked at how isolated participants were from their neighbours and community as well as whether they had close and regular connect with family and friends and whether they could rely on these relationships.

### Neighbours

The results of a questionnaire taken by 50 participants, who received one to one advice, are shown below on how connected they felt to their neighbours.



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These issues were discussed further in the focus group carried out with clients of both MEWSO and TKCWWG. It became clear that the group of clients from MEWSO were much more connected to their neighbours than the TKCWWG.

The majority of the MEWSO group felt connected to their neighbours and had a good relationship with them. They had the experience of neighbours welcoming them when they first arrived at their flat. Some would go round to each other's houses every couple of weeks, or if they needed something like ingredients. Participants described experiences of their neighbours' children being the same age as theirs and playing together. Most said their neighbours were nice and they were there for each other but not close. One lady had moved many times and had always had a good relationship with her neighbours.

The majority of the TKCWWG group didn't have a good connection with their neighbours. Many explained about disruptive, argumentative and noisy neighbours who were possible drug addicts. There was also an issue of sharing spaces such as the garden. Most said they had no communication with their neighbours partly due to language barriers, cultural differences, neighbours being unfriendly and avoiding them and there being trust related issues. Two participants said they had to move house because of their neighbours.

The differing in response between the two groups could be put down to the fact that the majority of the MEWSO group spoke some to a good level of English whereas most of the TKCWWG group spoke little to no English. This demonstrates the importance of speaking English in relation to how close participants were to their neighbours and generally to how socially isolated they were.

It was strongly agreed across the two groups that neighbours are very important in their culture and country of origin, everyone is very friendly and will just turn up at your house anytime. However it was said that despite any good neighbourly relationships they had, things were very different in London and there was not the same level of closeness. There was general consensus that the society in London generally were cold and unfriendly as though something was missing and they were not satisfied with their lives. This had an overall negative impact on participants, in whose country of origin this wasn't the case, making it harder for them to approach people and make friends.

### Participant Quote

"Neighbours are very important in the country I am from, Algeria. People will just turn up at your door with food and their children at any time of the day. Everyone is very sociable and I feel like I can go round to their house any time to talk to them but things are different in London. I don't have that kind of relationship with my neighbours here." Samia

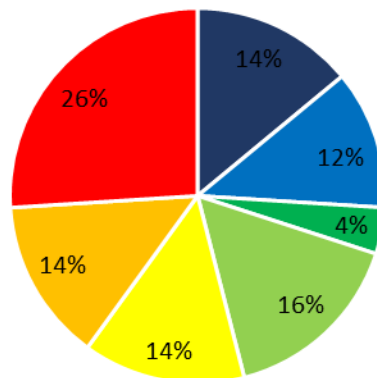
Overall the study showed that although some people had good relations with their neighbours, most were not close with them and therefore their social isolation wasn't relieved by their neighbours and there was little to no support gained either.

### Friends and Family

The results of a questionnaire taken by 50 participants, who received one to one advice, are shown below on how much contact they had with friends and family over the last week.

How many times in the last week have you had contact with a friend or family member that you don't live with?

0 1 2 3 4 5 6+

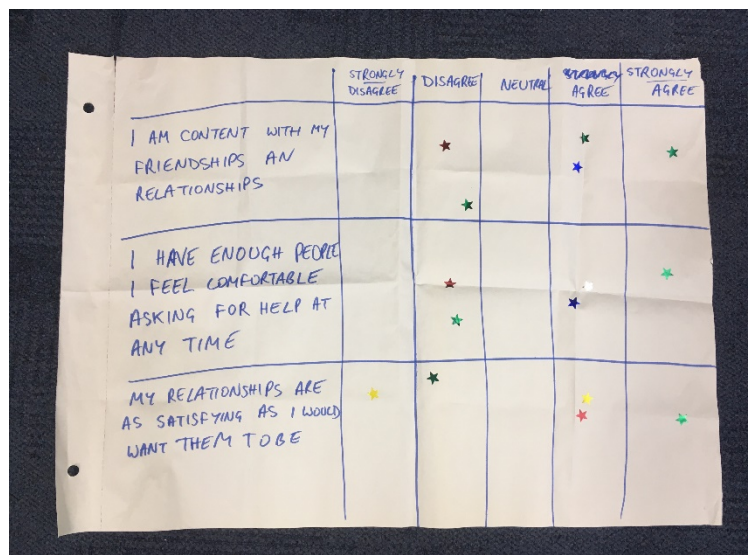


These issues were discussed further in the focus group carried out with clients of both MEWSO and TKCWWG. Across the group relationships with friends and/ or family were poor.

Most of the participants had grown up in another country and had formed close friends then but after they left that country they weren't able to easily make new friends in a foreign country because they hadn't grown up with those people. Additionally some people had moved houses and countries many times and therefore had been unable to form trusting relationships with people as these often take time. Participants said they were often culturally misunderstood and stereotyped, they felt that people didn't understand them and this prevented them forming friendships. Some said that they didn't have a social network at all while others said that the TKCWWG or MEWSO were the only social networks they had.

Some who did have friends said that when they called or needed support those friends always seemed busy. Some of the women who were parents found that their children took up a lot of their time and they didn't have any time left to socialise. One woman said that her husband restricted her movements and made it difficult for her to see friends or build friendships. A few had more positive experiences and had good friends who they met up with from time-to-time and who they could rely on in times of need. Most people said they

didn't have any family support and some said this was because they had been disowned from their family, their family lived abroad or they didn't have any family.



Additionally many had friends and family living in other countries who they often talked to through skype and online. Although this seemed to give many participants some kind of emotional support

and relieved social isolation, it also, to some degree, prevented participants forming friendships in the UK.

### Community

Islington has a rich voluntary and community sector with lots of free and subsidised activities across the borough. These sorts of community activities can provide, support, advice and a regular network of people to stay in touch with. In the focus group we explored what voluntary and community sector organisations and activities people were aware of.

Support Accessed in the Local Area	Reason for Accessing
Sobell Leisure Centre and other gyms	Exercise Children's activities
Community centres and organisations like MEWSO, TKCWWG, Families First and children's centres	Advice Emotional support To socialise – access social groups Exercise Visiting places together Group children's activities Family support
Museums/ Historic Places	Educational Show visiting family and friends Go as a group – socialising
Local college	ESOL classes Other educational courses
Mosque	Worship Socialise Emotional and spiritual support
Medical Centres	Advice Physical and emotional support
Police Station	Advice Crime issue
Library	Educational Children's activities
Citizen Advice Bureau	Advice
Hospital/ GP	Emotional and physical advice and support

Most participants relied heavily on either TKCWWG or MEWSO to support their emotional needs as well as give them advice. When asked in the questionnaire (information gathered from the 16 service users that participated in semi-structured interviews) whether they knew of activities, wellbeing services and support other than TKCWWG or MEWSO in their local area, 88% said they know or access any others. There was a serious lack of knowledge around other services available to them and even if they had more knowledge there wasn't a willingness to try them. This was generally discussed to be due to a lack of confidence and trust but also language barriers were a major factor preventing people accessing other services for support.

There was general consensus that the society in London generally were cold and unfriendly as though something was missing and they were not satisfied with their lives. This had an overall negative impact on participants, in whose country of origin this wasn't the case, making it harder for them to approach people and make friends.

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## Case Study

Gazala said that when she first arrived in the UK from Algeria she found it difficult to adjust to the different customs and cultures of British people. She described a situation where she sat down next to a British person on a London bus and that person moved their bag away from her. At the time she was very upset and offended because she thought the person thought that she was worried that Gazala would steal her bag. After living in the UK for a number of years, Gazala now realises that the lady moved her bag to make more room for her. Gazala laughed when she was telling this story but it clearly illustrates the lack of cross cultural understanding, especially among new arrivals to the UK. If the circumstances had been different the situation could easily have turned negative because of a simple cultural misunderstanding. This story illuminates many day to day misunderstandings that occur especially between neighbours from different communities when they are living in close proximity.

## Recommendations

- We would recommend that GP's have more knowledge of local colleges and community organisations to be able to refer, support and encourage more people, who need it, into ESOL classes. This would have a long term impact on clients and then they would be less reliant on NHS interpreters.
- We would recommend that GP's provide more information on community activities that relieve social isolation and encourage people to use them in order to build up people's confidence to enable them to access these community activities.

## Care Closer to Home

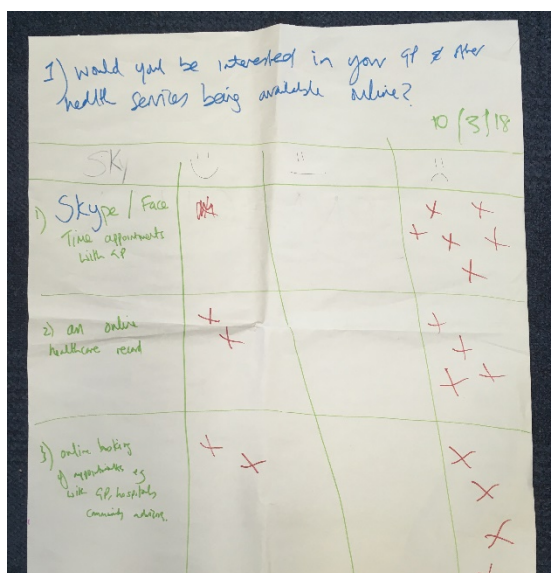
Care closer to home is about making sure that people receive care in the best possible setting, close to their homes and with local accountability. The care closer to home model draws together social, community, primary and specialist services, with a focus on prevention and supporting people to look after themselves (for example if they have a long term condition). We explored this topic through a questionnaire and the Care Closer to Home Focus group (10 participants), of to find out more about what our clients thought about care closer to home.

We explored whether participants would be interested in some of their GP and other health services being online such as Skype/ FaceTime appointments, an online healthcare record, booking GP and other service appointments, etc.



The questionnaire (information gathered from the 16 service users that were interviewed through a questionnaire), showed that the majority asked weren't interested in online services. This result was explored further in the focus group and revealed that actually most people who weren't interested in this service would be interested if it was available in their language. Additionally some of the

participants were also illiterate and therefore wouldn't be able to read the information online anyway.



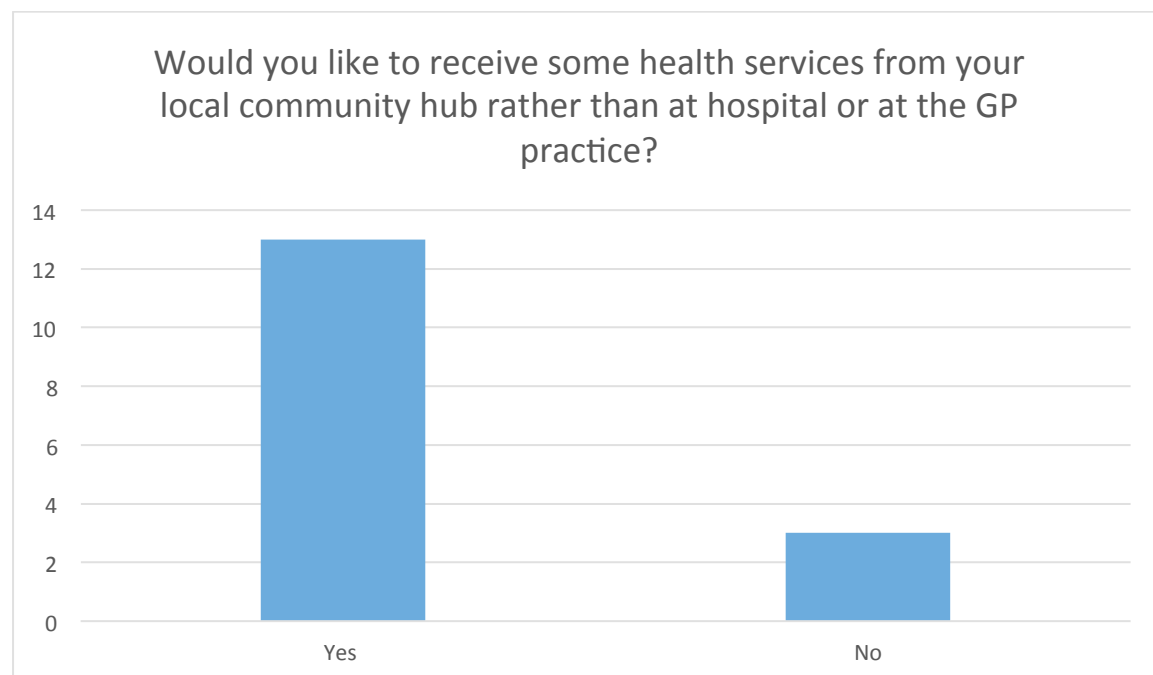
The idea of Skype/ FaceTime appointments with the GP was appealing to most however because of the language barrier they weren't able to do this. Many were worried about the security risk of being able to access their healthcare records online and didn't trust how confidential this would be. However the overwhelming issue with this idea, for participants that weren't interested in this service, was that

participants either weren't computer literate or/ and they didn't have access to the internet.

### Participant Quote

"I don't trust doctors to keep my records confidential, I went to the hospital and they lost all my records and I don't know where they went or who saw them so I'd be worried that if my records were online, the same thing might happen." Rahsheda

We asked participants in a questionnaire and in the focus group whether they would like to receive some services from a local community hub (delivered by GPs) rather than at a hospital or their GP practice for services such as blood tests, physiotherapy, weight management classes etc.



Participants overwhelmingly agreed that they would like to receive some health services from their local community hub rather than the hospital or GP practice. Participants thought this because it would be much easier for them to attend, save time, relieve financial pressures (transportation to hospital/ GP) and help people with a disability to access health services more easily. Some people said they had a phobia of hospitals and this way they would experience less anxiety and stress. Participants also thought that this would relieve some of the pressure GP's and hospitals were under and therefore reduce waiting times at these facilities.

### Participant Quote

"My husband is very restrictive about where I can go and he only allows me to go to the TKCWWG social group so I would be worried that he wouldn't let me attend another community hub." Azra

Additionally when asked exactly what kind of health services they would like provided at their local community hub there was a generally lack of knowledge around what could be offered however suggested and desired services were: blood tests, weight loss programmes, nutrition, general health checks and vaccinations.

We asked participants which local voluntary and community organisations or community groups supported them and what further role they could have in local health services. There was a lack of knowledge about the local voluntary and community organisations or community groups available for them to access other than MEWSO or TKCWWG.

Supporting local voluntary, community organisation or community group	What further role could they have in local health services?
MEWSO and TKCWWG	More advice services More exercise and nutrition services More health awareness workshops Drop in services Childcare services More connect between the organisation and the GP
Local gyms	Exercise classes for women only Facilities that are more quipped for Muslim women – no CCTV, no male staff accessing area where exercising Less expensive and free classes available
Children’s Centres	Education for children on healthy eating and exercise from a young age
Community Centres	More women only exercise classes Childcare facilities

We asked participants what was currently working well in their experience of healthcare and support services, including voluntary sector organisations, and what could be built on. Everyone thought that grassroots organisations like MEWSO and TKCWWG worked well as the staff and volunteers spoke the community language and therefore they were able to effectively help and advise them. These organisations also allowed them to connect with other people of a similar culture and who spoke the same language as them. This greatly reduced people’s isolation and improved their mental health. Participants wanted more of these grassroots organisations in the community or/ and for these organisations to expand to be able to help them more.

Participants wanted greater communication and signposting by GP’s to grassroots organisations and for GP’s to use grassroots organisations for translation as there was established trust already between them. They also wanted more information to be available to them from every and any source, preferably in their community language, about other healthcare support services they could access as there was a lack of knowledge on this topic.

## Recommendations

- In addition to sharing more information on local ESOL lessons mentioned above, we would recommend also sharing information on IT literacy courses offered at local colleges and community organisations.
- Most of the participants though that offering health services from the local community hub rather than the hospital or GP practice was a great idea therefore we would recommend doing this. However we would recommend providing more information about what services will be provided and advertise this service among community organisations.



- 
- We would recommend there being an improvement on the communications between health services like GP's and hospital and local community organisations. There needs to be better and more signposting by GP's to community organisations as well as GP's using community organisations interpreting skills and relationship of trust with the clients. This will then ensure the client's needs are met quicker and more effectively. Additionally it will create a greater level of community trust in GP's.

## Referrals and Signposting

An important part of the delivery of the CCG research project was to ensure that all participants were offered support with any health and social welfare needs that they were dealing with. This support was provided in a number of ways, the main ones being:

- Information, advice and guidance offered directly by MEWSO and TKCWWG qualified advisors in one-to-one support sessions in their community language
- Other direct support such as advocacy, form filling, accompanying clients to appointments and other practical help
- Signposting and supporting access to services and activities which address a wide range of health, welfare and social issues

MEWSO and TKCWWG provided support with health and social welfare needs to 50 clients, covering a wide range of health and social welfare needs. 32 clients had multiple appointments with the advisors to resolve various issues.

### Information, Advice and Guidance on issues related to Health and Social Welfare

Issue	Number of Participants Supported	Examples of support provided
Housing	22	-Advice provided on how to move house because of unsuitability of housing due to physical disability, overcrowding or change in circumstances. -Help given to contact the council to improve living conditions in the house such as damp, draft and broken appliances. -Support letters written to help the clients housing benefit claim.
Benefits	18	-Advisors provided support (including form filling and contacting agencies by telephone) on the following areas: Tax credits, Employment Support Allowance, Carers Allowance, Personal Independence Payment, Income Support, Housing Benefit, Child Benefits, Child Tax Credit, Job Seekers Allowance, Disability Living Allowance, Blue Badge.
Interpreting	8	-Advisors translated various forms, letters and information, including more complex legal documents and contracts. -Advisors went with client to act as an interpreter in person and over the telephone at the opticians, GP, retail shops, schools, council, JobCentre, agencies, hospital, immigrations services, utilities companies -Information provided about interpreting services available at GP surgeries through (Language Line) and how to request that interpreters are booked.
Exercise and	8	-Advisors referred clients to MEWSO exercise classes.

wellbeing services		<ul style="list-style-type: none"> <li>-Provided clients with information, through online research, about local exercise and wellbeing services and their costs.</li> <li>-Advisors contacted health and exercise centres by phone and in some cases accompanying the clients to the activity/ class.</li> </ul>
Employment and Careers Advice	6	<ul style="list-style-type: none"> <li>-Advisors supported the clients on employability, including providing assistance to write the client's CV and cover letter and signposted the client to training courses delivered in the community.</li> <li>-Participants were signposted to various websites and newspapers where they would be able to check for job opportunities.</li> <li>-Participants were provided with support to access volunteering opportunities that would provide them with relevant experience for future employment.</li> <li>-Advice and information given on how to pay PAYE and National Insurance Tax.</li> </ul>
Education	6	<ul style="list-style-type: none"> <li>-Participants referred to schools and colleges for ESOL lessons.</li> <li>-Information provided on how to apply for an access course.</li> </ul>
Immigration	5	<ul style="list-style-type: none"> <li>-Advisors referred participants to relevant legal experts on immigration.</li> <li>-Advisors provided support (including form filling and contacting agencies by telephone) around immigration applications.</li> <li>-Provided information and guidance on how to renew passport.</li> </ul>
Consumer Rights	5	<ul style="list-style-type: none"> <li>-Advice and information provided on what energy tariff is most cost effective for them.</li> <li>-Advisors provided support (including form filling and contacting utility companies by telephone) around ensuring they were paying the correct fees.</li> </ul>
Mental Health Services	5	<ul style="list-style-type: none"> <li>-Referred for counselling with MEWSO.</li> </ul>
Specialist Services and Hospitals	4	<ul style="list-style-type: none"> <li>-Participants were provided with guidance about the process for referrals to specialist services.</li> <li>-Advisors accompanied clients to specialist services for support and interpreting.</li> </ul>
Social Care	2	<ul style="list-style-type: none"> <li>-Advisors referred clients to adult social care services for participants to get support around adaptations in their home.</li> <li>-Advisors made a referral to adult social care services to support participant's son after coming out of prison.</li> </ul>
Children's Services	2	<ul style="list-style-type: none"> <li>-Information provided on how to change children's nursery.</li> </ul>
GP Services	2	<ul style="list-style-type: none"> <li>-Advisor referred client to their local GP to obtain medical reports in relation to a housing claim.</li> </ul>
Complaints	2	<ul style="list-style-type: none"> <li>-Participants received information on how to make a</li> </ul>

		complaint as well as being helped to make a complaint by the advisor online or by telephone to Islington Council in particular.
Opticians	2	-Provided information to client on local opticians. -Provided client support and guidance in booking opticians appointment.
Dental Services	2	-Provided information to client about dental surgeries available locally, and NHS charges. -Advisor provided support and guidance on how to repeal dentist decision not to carry out dental procedure.
Debt	2	-Advice and support provided about how to manage debt as well as referring client to financial planning services. -Advisor accompanied client to council to provide support around incorrect debt.
Access to Legal Advice	1	-Advisors referred the client to a specialist legal advice centre that provided advice on divorce.
Domestic Abuse	1	-Participant supported to report to the police and encouraged to attend MEWSO polygamy workshops.
Other	2	-Client referred to Islington Council to get help looking after her garden as the client is disabled. -Advice given to a client regarding how to vote in the upcoming local elections.

## Referrals

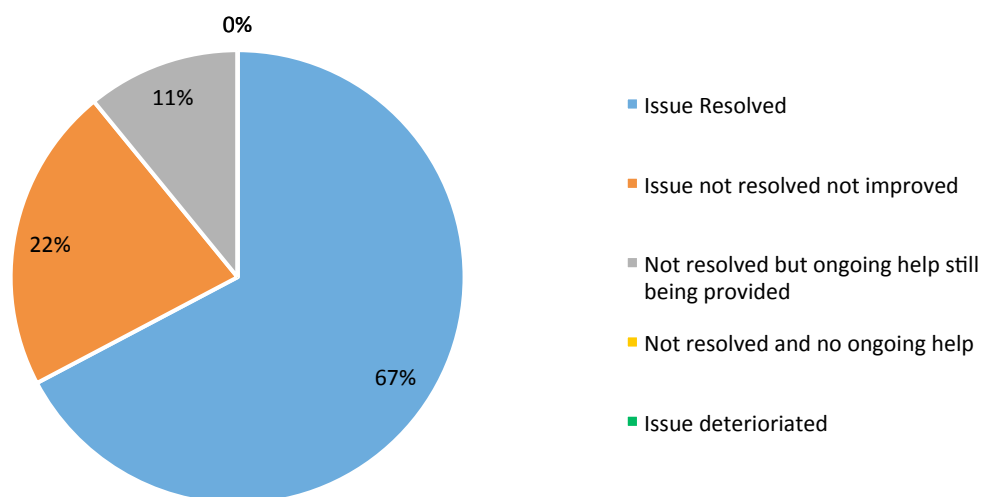
Referrals made by MEWSO and TKCWWG advisors to a total of 30 clients. Some issues, especially around benefits, were resolved by the advisors during the one-to-one sessions and didn't require referring or signposting.

Agency to which referred	Number of clients referred
HMRC	1
Age Concern	1
McMillian – Financial Support Team	1
GP	2
Manor Gardens Welfare Trust	2
Justice & Rights Law Firm	2
Islington Shelter	3
Migrant Resource Centre	3
Local Energy Doctor	4
MEWSO services – Counselling, Workshops, Volunteering, Befriending, One-to-one English lessons	5
TKCWWG services – Social Group	5
Islington Law Centre	5
City and Islington College	6
Islington Council	9
Islington Citizen's Advice Bureau	10

# Impact Report

The majority of the service users that came to both MEWSo and TKCWWG for support and advice had multiple and complex needs. On average clients came to our services with two issues per person during the time period of this project. Some of the service users had already sought support from MEWSo and TKCWWG previously while others were new to our services. During this project, service users came for advice with multiple issues. The extent and variation in issues meant that it was challenging for our advisors to resolve all the service users' issues within one appointment and often service users attended multiple appointments before their issues were resolved or improved. MEWSo and TKCWWG advisors spent a total of 235 hours with clients giving advice during this project, which is an average of nearly 5 hours per person. The impact of this support is shown in the pie chart below.

What difference has the support made?



Approximately 3 months after advice support was given to 50 service users by advisors of MEWSo and TKCWWG, the service users were contacted again to find out the impact of the advice that had been provided. All 50 service users filled a questionnaire which asked what difference the support had made to them as well as asking for further details. The initial results showed that 67% of issues from service users were resolved, 22% of issues were not resolved but improved and 11% of issues were not resolved but ongoing help was still being provided. None of the client's issues had not been resolved with no ongoing support and no issues had deteriorated.

The most common issue that MEWSo and TKCWWG advisors dealt with was around housing, with a total of 22 cases. Of the 22 cases 62% were issues that had been improved but not resolved or not resolved but ongoing help was still being provided as a result of our advice work. This was mainly because clients were on waiting lists for council housing or waiting to be moved into more suitable accommodation that suited their needs (disability or family size). This demonstrates the long time taken in resolving housing issues and the high demand among our clients for better housing. Despite our advisors getting them onto these lists, many clients reported feeling upset, stressed, frustrated and disheartened with their housing issues. Some service users expressed that their mental health was declining because of the wait and not knowing when or if they would receive the housing they

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needed. MEWSo and TKCWWG advisors will continue to support these clients and follow up on service users housing situations.

The next most common issues were around benefits, with a total of 18 cases on the topic. Of the 18 cases all were either issues that had been resolved or improved as a result of our advice work, making it the most successful issue to be resolved or improved. This can be attributed to the excellent knowledge and skills of our advisors who regularly deal with issues around benefits. In many of the cases however the core issues were that the client didn't have the knowledge to know what benefits they were entitled to or their English was limited or they lacked the confidence to understand and fill in benefit claim forms. The impact on clients and their families when their benefits were resolved was huge. All reported feeling financially more stable which greatly improved their mental health and reduced their stress and anxiety level. Most also mentioned that they had gained knowledge and had improved skills and understanding of how to fill in a benefit claim form.

The impact of the advice support on issues related to more complex needs such as immigration and access to legal services was more limited. MEWSo and TKCWWG advice workers are not trained to deal with these issues and therefore clients were referred to other specialist services. Clients reported feeling unhappy about the referral as they preferred to stay with one service to get support rather than accessing a completely new service despite advisors accompanying them to the new service or arranging appointments for them. Most of the issues related to these areas had not been resolved as clients tended to be still on waiting lists for support with other services or waiting for the results of an immigration application for example. To improve the impact and decrease the time spent on a client's case a MEWSo advisor suggested that it would help if small organisations, like MEWSo and TKCWWG, had more contacts with more solicitors who dealt with legal aid in particular.

The project had a direct impact in the increase of clients accessing other MEWSo and TKCWWG services. Service users came for advice support mainly around non-health related issues however as clients started to feel less stress around the immediate issue in their lives, they opened up about other issues particularly around isolation. Service users were referred to TKCWWG weekly social club and MEWSo befriending and one-to-one English language scheme to combat their isolation issues. Clients that were referred to these services all reported feeling less isolated and better wellbeing. Clients referred to the TKCWWG weekly social club all made new friends and felt a sense of belonging and community support that they hadn't had before. Clients referred for MEWSo befriending and one-to-one English language lessons reported feeling more confident in their English language skills and less lonely as they knew each week they would be meeting someone and they would look forward to this. Clients referred to MEWSo counselling because of acute anxiety and/ or depression will start September 2018. Although they hadn't started their counselling they reported feeling positively expectant about their counselling.

It is important to note that both MEWSo and TKCWWG advice support doesn't end with this project. The service users that received advice and support during this project will almost certainly come back to our services for advice on other arising issues. In addition, it is common for service users to tell their friends and relatives about our advice services and encourage them to seek support from us. Within the communities that MEWSo and TKCWWG serve, word of mouth plays the most important part in spreading knowledge of our services. From experience we know that this is often extremely effective and we know that even as this project draws to a close we can expect a surge in the number of people looking for advice support as a direct result of this project and the advice already given to others during this project.

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## Case Studies of Impact

### Middle Eastern Women and Society organisation (MEWSo) Service User – Afsana

Afsana is originally from Afghanistan and entered into an arranged marriage at a young age with an Afghani man who lived in the UK. After the marriage she left her home, her family and her country for the first time to live with her husband in the UK. At the time she spoke little to no English and didn't know anyone else in the UK. Soon after she arrived in the UK the beatings started. Afsana suffered the abusive relationship for some years in which time she had her son. After being hospitalised several times she eventually managed to find the courage to speak out and divorce her husband. Afsana and her son moved into two different secure housing but both times her ex-husband found their house. In addition her ex-husband also discovered her mobile number through links within their tight knit community and send abusive messages to her.

Afsana was referred to our services one year ago experiencing extreme stress and anxiety and we supported her through counselling then. However during the period of the Islington Clinical Commissioning Group project 2018, Afsana came back to our services seeking advice. She had received a letter from the family court saying that she must attend the court due to her ex-husband requesting to visit his son regularly. Afsana was very anxious and unhappy about this as she believed that he would use the opportunity to again abuse her and her son. In preparation our Farsi speaking advisor wrote a letter to the court advising against Afsana's ex-husband being allowed to visit his son and explaining Afsana's story of abuse. Our advisor also explained to Afsana what would happen in the court hearing and prepared her on what she would say at court.

Not only was the experience going to be scary and challenging for Afsana, there was a high risk that Afsana's ex-husband would verbally and/or physically abuse her outside the court and potentially follow her home after. Therefore our advisor went with Afsana to court as her Mackenzie friend and interpreter. Our advisor was able to provide Afsana with the emotional support she needed in order to come face-to-face with her perpetrator. In the waiting room, at the court, our advisor insisted that Afsana was put in a private room while waiting for the court to commence to avoid being menacingly stared at by her ex-husband. Our advisors also requested that the court hold Afsana's ex-husband after the court hearing so that Afsana and the advisor could safely leave the court without being abused or followed by Afsana's ex-husband. The advisor spoke on behalf of Afsana in court for some of the time and encouraged her to say how she really felt about the situation without feeling intimidated.

Afsana had been extremely anxious about attending court and she admitted afterwards that she was planning to cancel the court hearing, using the excuse that she couldn't find child care for her son, if our advisor had not gone with her to the court. Afsana trusts our services, knows that we are on her side and are an organisation that she can rely on again and again when she is in need. As a result of our support, in this matter, Afsana's anxiety and stress has reduced and her confidence in facing her abuser has improved. After this experience she said that she felt empowered to stand up against her ex-husband and not let him take her son away from her and into a potentially dangerous and negative environment.

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## Turkish, Kurdish and Cypriot Women's Welfare Group (TKCWWG) Service User – Elif

Elif is an elderly lady who lives alone and is isolated and lonely. She is originally from Turkey but has lived in the UK for almost 50 years. She isn't a British citizen but has dual nationality with another EU country. Elif suffers from dementia and is partially disabled, she finds it difficult moving around and can become confused and muddled. Elif's benefits were abruptly stopped and she was referred to another Turkish organisation who were unable to help her and they referred her to Age UK. Although they Age UK provided some support to her around her dementia but were unable to help her with her benefits so Age UK referred Elif to TKCWWG for support instead.

It had already been six months by the time Elif was referred to TKCWWG and she had virtually no money left to live on, she was desperate for help. TKCWWG firstly managed to get her an emergency grant from social services to help towards her food and other expenses to provide her with some immediate relief while the main issue was sorted out. As Elif's dementia prevented her from being able to fully explain her situation coherently, Age UK came to TKCWWG to explain Elif's case so that the advisor could help her get reinstated with her pension credit and state pension. Age UK explained that Elif's benefits had been stopped because of complications around her passport. Elif's benefits were revaluated and it was found that she didn't have sufficient proof of nationality or that she had lived in the UK for over 50 years. Her passport was very old and had expired many years ago and was no longer counted as valid or credible which meant that her benefits had been stopped. Another complication was that Elif had no other form of ID or documentation as these items had previously been lost during the conflict in her home country.

The TKCWWG advisor contacted the Home Office to provide Elif with proof of her presence in the UK over the last 50 years. After around 4 months of constant back and forth contact with the Home Office, they eventually checked their archives and provided Elif with the necessary documentation for her to claim her benefits. The advisor then used this documentation to reinstate Elif with her rightful benefits and claim over £8,000 worth of back dated benefits. Elif was really happy to get this money back as she had completely used up all her savings in order to support herself during the period of no benefits. The advice and support that Elif received has meant that she is no longer chronically stressed and anxious, she now feels confident of the support she gets from TKCWWG and has since come back for further advice and support around other issues. In addition she now attends TKCWWG social club as well as receiving regular calls and home visits from TKCWWG so she feels less isolated. There has been a marked improvement in her mental health and wellbeing since her benefits were reinstated and since she has attended the TKCWWG social club meetings.

**All case study names have been changed to protect the identity of the service users involved.**



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# Benefits of Partnership Working

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## Benefits of the CCG Research Project for the 3 participating Partner Organisations

It is often remarked upon that working in partnership has a greater impact than when organisations work individually. We have identified some benefits which came about through the partnership working of HNG, MEWSO and TKCWWG in this project:

1. Conducting the Community Research has given all 3 partners an opportunity to develop their skills in Participatory Appraisal, and to begin to think about how they might implement them in other projects and activities.
2. It has forged closer links between the partners. For example: it gave us the confidence to submit a funding proposal with other small partners to Comic Relief's London Together programme for funding to deliver physical activity classes; and HNG has provided more intensive fundraising support to MEWSO.
3. The rent required for the TKCWWG premises has recently increased. The funding received by the Group through this project has helped them this year with the new challenge of increasing their income.
4. The project necessitated establishing structures for project management and for recording monitoring data and evidencing impact. Both MEWSO and TKCWWG are now embedding this good practice in their ongoing service delivery. For example, MEWSO have introduced registration and monitoring forms to their advice services and have begun to consider working towards the Advice Quality Standard, which will open up new funding opportunities.
5. Through the project, we have evidenced need and impact which we have already used in other funding applications. For example, in our joint application to London Together, and MEWSO's application to the Good Neighbourhood Fund.
6. We hope that our involvement in the research will lead to a closer working relationship and increased mutual understanding between each of the 3 partners and Islington CCG.

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## Appendix

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Included below is the Client Registration Form, completed by the 50 participants who received one-to-one advice, and the Questionnaire, completed in semi-structured one-to-one interviews with 16 participants of this project.

### Client Registration Form

<b>First Name</b>		<b>Last Name</b>	
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<b>Gender</b>	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>					
<b>Age</b>	17 & under	18-24	25-49	50-64	65-79	80+
<b>Ethnicity</b>	North African	Middle Eastern - Arabic	Middle Eastern - Kurdish	Middle Eastern - Farsi	Turkish or Turkish Cypriot	
	Turkish - Kurdish	Other (specify)				
<b>Disability</b>	Disabled (including mental health)			Not Disabled		
<b>Council Tenant</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say					
<p><b>Do you consider yourself to have any long-term health condition that limits your daily activities? Eg. Diabetes, asthma, arthritis, chronic disease or pain, etc.</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Prefer not to say</p>						
<b>Are you a carer?</b> (Please circle)	No	Parent/ Guardian	Carer (for an adult)	Both (Carer (for an adult) and parent/ guardian)		
<b>Do you feel connected to your neighbours?</b> (Please circle) (1 not connected – 4 very connected)	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>1</span><span>2</span><span>3</span><span>4</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>↑</span><span>↑</span><span>↑</span><span>↑</span> </div>					
<b>How many times in the last week have you had contact with a friend or family member that you don't live with?</b> (Please circle)	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>0</span><span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6+</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>↑</span><span>↑</span><span>↑</span><span>↑</span><span>↑</span><span>↑</span><span>↑</span> </div>					

Please tick the box if you agree to Holloway Neighbourhood Group, Middle Eastern Women and Society Organisation and Turkish, Kurdish and Cypriot Women's Welfare Group using the information you provide us with to undertake some community research. We will keep your personal information safe, only hold relevant data, we will not share your personal data with anyone else, and we will only use the information you give us to provide you with support and to research and report on needs around health and health services. No personal information will be made public.

Yes ☐      No ☐

## Questionnaire (Semi-Structured One to One Interview)

**Client's Name:**

1. Do you know what self-care means?

Yes ☐

No ☐

If yes, define self-care for you.

2. If you have a Long Term Health Condition (including mental health) do you self-care?  
Self-care with a Long Term Health Condition could include: going to a pharmacist, using your own knowledge, calling 111 for advice or using other resources such as the internet or family/friends.

Yes ☐

No ☐

If yes, tell us how you self-care.

3. If you have a Long Term Health Condition, do you know about the self-care opportunities in the borough such as Expert Patient Programme (a peer-led self-care support programme for people living with any long term condition)?

Yes ☐

No ☐

If yes, tell us about the self-care opportunities that you know about.

4. Are there any barriers to self-care if you have a Long Term Health Condition?

Yes ☐

No ☐

If yes, what are those barriers?

5. If you have a minor illness like a sore throat, headache or cold what would you do?  
(Please circle)

1. Look after yourself – for example: take paracetamol, make herbal tea, look online, ask a friend or family	2. Go to the GP	3. Go to the pharmacy	4. Go to A&E	5. Other:
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member				
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6. Have you gone to your GP or other health services for advice on things which affect your health such as housing, debt, family issues?

Yes ☐ No ☐

7. If yes, are you referred onto the right service for support?

Yes ☐ No ☐

Example:

8. GPs knowledge is in health and medical care, so they often aren't always the best place to go for social concerns. With this in mind, what sort of support would you like to see in the community to help you deal with social concerns such as housing and debt?

9. Do you know of the different activities, wellbeing services and support in your local area?

Yes ☐ No ☐

Examples:

10. Do you use these activities and services?

Yes ☐ No ☐

If yes, why do you use them? If no, why not?

11. Would you be interested in some of your GP and other health services being available online? For example skype/FaceTime appointments, an online healthcare record, booking GP and other appointments.

Yes ☐ No ☐

12. Would you like to receive some services, such as blood tests or weight management classes, from a local community hub (delivered by GPs) and not at a hospital or your own GP practice?

Yes ☐ No ☐

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13. What's currently working well in your experience of healthcare and support services (can include voluntary sector) that we could build on?

14. Which local voluntary and community organisations or groups support you?

15. What further role could they have in local health services?