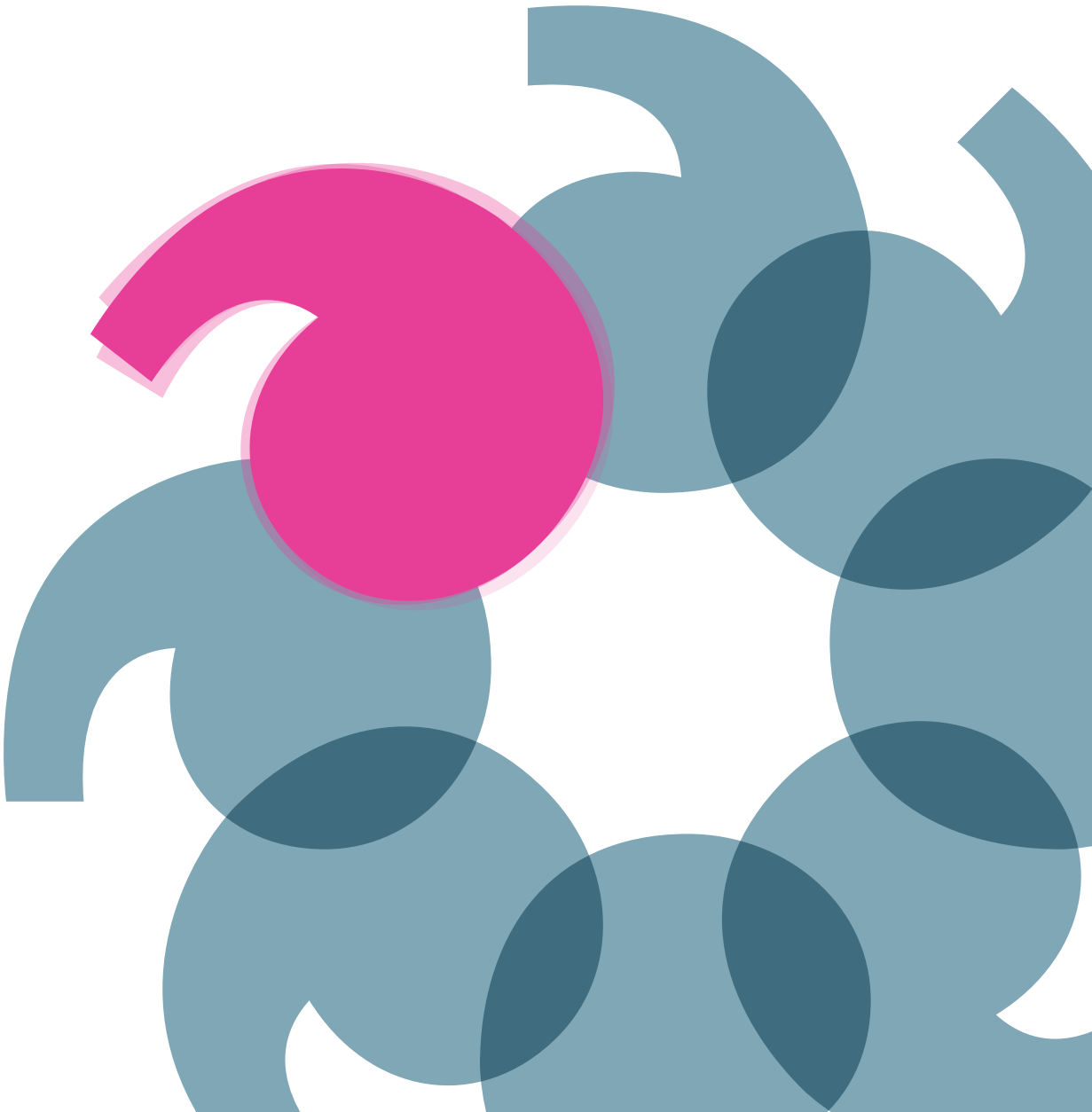
Diverse Communities
Health Voice

Community research 2018

Self-care, social issues affecting health, and care delivered closer to home



Diverse Communities Health Voice

Diverse Communities Health Voice is a consortium of 10 Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

The partners:

- Arachne Greek Cypriot Women's Group
- Community Language Support Services
- Eritrean Community UK
- IMECE Women's Centre
- Islington Bangladesh Association
- Islington Somali Community
- Jannaty
- Kurdish and Middle Eastern Women's Organisation
- Latin American Women's Rights Service
- Healthwatch Islington (consortium coordinator)

www.healthwatchislington.co.uk

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Introduction

Diverse Communities Health Voice is a consortium of 10 Islington based organisations. The consortium works to get the voices of some of the most marginalised members of society heard by mainstream agencies.

Every year Islington Clinical Commissioning Group commissions some community research to help inform its future commissioning intentions. This year they were particularly interested in hearing views from the community about self-care, social issues impacting on health, and health and care services being delivered closer to home.

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

- to deepen our understanding of health issues impacting on our communities
- to make services more accessible by providing information, signposting and support to Islington residents participating in the community research activities

As consortium partners, we worked together to extend our reach and develop a consistent approach to gathering evidence. Partners brought a wealth of knowledge from decades of experience advocating for clients and navigating them through health and social care services as well as providing housing and benefits advice. Partners also have a sound understanding of commissioning processes.

What we did

Islington Clinical Commissioning Group provided us with a list of questions that they wanted us to ask Islington residents. These questions covered three areas: self-care; social issues impacting on health; care delivered closer to home.

Partner organisations spoke to 153 residents through one-to-one interviews or small focus groups of up to six residents, depending on what best suited their clients.

Healthwatch Islington developed the tools to be used by partner organisations when carrying out the individual interviews and focus groups. Where we felt it was appropriate, we changed some of the language and terminology to make the questions more accessible to our target audience.

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

Healthwatch Islington staff have also been available to provide guidance and support to partner organisations in all aspects of the research, as and when required.

Information, signposting and support

Each partner provided additional information, signposting and support to those that needed it. They recorded approximately how much time was spent with the client providing that. Not all clients needed signposting and support, but all were provided with information on key services.

Reflection

Once all the data had been analysed, Healthwatch Islington produced a draft report that was shared across the partnership. All partner organisations then came together to contribute further observations based on the preliminary findings, and to agree on the conclusions to be drawn.

Who we spoke to

Each of the nine participating organisations interviewed 17 residents. A total of 153 people gave their views. 152 people provided equalities data.

Participants needed to be Islington residents with English as a second language. They were largely self-selecting. They were predominantly female. Some of the partner organisations in the consortium work only with women. Most respondents were council tenants. Almost half of the respondents self-identified as having a disability.

Equalities data

Sex of respondents

Female	Male	No answer	Total
122	30	0	152

Ethnicity

African	5	Latin American	17
Albanian/ Greek	1	Pakistani	1
Algerian	1	Polish	1
Arab	19	Portuguese	1
Bangladeshi	16	Somali	27
Cypriot Turkish	2	Sudani	1
Eritrean	24	Syrian	1
Ethiopian	1	Turkish	5
Greek or Greek Cypriot	15	Yemeni	2
Iraqi	1	Did not say	1
Kurdish	10	Total	152

Age of respondents

17 & under	18-24	25-49	50-64	65-79	80+	No answer	Total
0	2	65	52	32	1	0	152

Type of housing

Council tenant	111
Housing Association	26
Other	15
Total	152

Breakdown of caring responsibilities

None	76
Primary carer of children under 18	45
Primary carer of adult/ adult over 65	14
Primary carer of a disabled child under 18	1
Primary carer of a disabled adult	5
Secondary carer	6
Did not say	4
Other unspecified	1
Total	152

Disability

Yes	No	No answer	Total
71	79	2	152

Long term health condition

Yes	No	No answer	Total
104	47	1	152

Self-care

Respondents across the different communities were able to describe what the term self-care means to them (only one person amongst the people we interviewed didn't know).

"To me it means: exercise, taking care of your body, personal hygiene, mental and emotional health, watching out for changes in your body, being positive and working on your self-esteem. To love yourself, and make time for activities that are good for your health and mind."
Participant speaking to Latin American Women's Rights Service

In general the majority reported being aware of the steps to take to ensure they (and their family) stay healthy. Respondents mentioned doing one of more of the following things:

- looking after their diet by eating healthily, including having fasting days as a conscious health choice or attending lunch clubs at participating organisations
- keeping active and exercising regularly (attending exercise classes at participating organisations, going to the gym, walking, riding a bike)
- looking after their mental health (through socialising, managing stress, sleeping well, attending specialist mental health services)
- knowing when to seek advice and support from professionals (NHS 111 or 999, doctor, pharmacy, health checks)
- seeking advice from family and friends (including trying home remedies),
- monitoring key symptoms and taking medication, if living with a long term health condition.

Most respondents (just over 80%) were confident of treating minor illnesses like sore throats, headaches or colds. They tended to use home remedies and/or medication (pain relief - paracetamol or ibuprofen) they have available at home or they can easily access from a pharmacy over the counter (without needing a prescription). They would only go to see their GP if symptoms persist after several days.

A minority (28 respondents) felt unable to deal with or treat minor illnesses without first seeking advice from a qualified medical professional. This was due to an underlying long term health condition, physical disabilities or mental health issues. Of those 28 respondents only one said that they would go to hospital to seek advice for a minor ailment. The majority of respondents said they would go to their GP, which is consistent with NHS Choices advice/campaigns (only attending Accident & Emergency departments in hospital if you really need to) and contradicts perceptions that members of these communities present at Accident & Emergency with minor illnesses.

Self-management programmes in Islington

The 64 respondents (about 40% of those interviewed) who knew about self-care services in the borough for long term health conditions, mainly referred to and relied on pharmacies.

Diabetes self-management programmes were the most well-known of the self-management programmes. By comparison, relatively few knew about Expert Patients Programmes.

Respondents named the following services, when asked which self-care services for long term health conditions they knew about:

- Pharmacies (27 respondents named this service)
- Diabetes related services (23 respondents)
  - Diabetes self-management programmes 18
  - Unspecified diabetes services 2
  - Diabetes prevention programmes 3
- Expert Patients Programme (7)
- Cardiac Rehabilitation (4)
- Leisure centres: gym, swimming and sauna to help with pain relief (4)
- Pulmonary Rehabilitation (4)
- Islington MIND (4)
- GP services (3)
- Hospital services (2)
- Low Vision Unit (2)
- Cholesterol services (2)
- Physiotherapy (2)
- Helen Bamber Foundation - supports refugees/asylum seekers who have experienced torture (1)
- Transport services; emergency advice services; NHS contact number; Age UK; Disability Action; British Polio; blood pressure check without GP; walk in centres; IMECE (1 each)

Barriers to self-caring

97 respondents (63% of the people we interviewed) reported that there were things that got in the way of them being able to look after themselves:

- Medical problems and long term health conditions: depression, anxiety, feeling too tired and weak.
- Financial constraints: many respondents felt that they do not have enough income to look after themselves effectively.
- Other commitments: women in particular felt the competing demands on their time made by their caring responsibilities for family and dependants, and their need to contribute to the household's income through paid employment, often in jobs requiring long working hours. One participating organisation, Imece, concluded that the women they interviewed were disproportionately affected by poverty, and the pressures on their lives as a direct consequence restricted their ability to look after themselves. Even those that worked part-time reported that childcare commitments and other related responsibilities left very little time for themselves and self-care.
- Lack of interpreting: for example, Islington Bangladesh Organisation explained that the majority of respondents didn't have the confidence to go to the doctors by themselves because of the language barrier, relying on their children to translate for them. This often delayed their trips to the doctors as their children were not always available.
- Lack of safe or comfortable feeling spaces: Jannaty reported that some respondents felt there weren't enough women only sessions at local leisure centres. In addition, many of Jannaty's members expressed concern over Islamophobia and recent hate crimes which prevent them from leaving their home, thus contributing to feelings of loneliness and isolation (Jannaty is based near the Muslim Welfare House, the site of the terrorist attack last year.)

Social issues impacting on health

A third of respondents reported having asked their GP for advice on issues related to their housing, debt or family concerns. Of those that said yes, a fifth were referred on to other services. Referrals included talking therapy, adult social care and legal advice services. For some who spoke about housing, although the GP did not refer them, they did in some cases write supporting letters for applications to change accommodation. Answers varied greatly across groups.

Some participants seemed not to need or think it appropriate to ask their GP for support beyond their health needs. Some saw health as the GP's area of expertise, or felt that there wasn't time for discussions around social issues in their appointments. Some reported finding their GP less approachable.

There was frustration around housing letters where these had been needed. The council often requires medical reports for housing queries and expects the client to provide the medical report from their GP. This causes a lot of difficulties because the GP charges for providing this information, and the clients can't afford to pay.

One partner organisation noted that despite their health needs most participants were not referred to self-care programmes or peer support. However, another partner organisation reported that almost half of their participants go to their GP when they need help on issues which are not directly related to their health, and that most GP's referred them to specialist services accordingly. This suggests that some participants may be better able to assert their needs, or that some GPs may be more responsive, but it is difficult to draw conclusions from the sample size.

There was demand for more community-based services. Suggestions included:

- housing,
- welfare,
- support to navigate the health and care system,
- emotional and practical support from local organisations (including religious institutions) they were connected with,
- support for carers,
- healthy diet and weight management classes, community walks (one even suggested fruit picking trips),
- greater access to therapy for dealing with stress,
- language support,
- safer neighbourhoods,
- support to socialise,
- support for new mothers,
- anything that could speed up waiting times for accessing statutory services.

Feeling connected

Nearly half of respondents felt "very well" connected to their neighbours or community. With around one third feeling "fairly well" connected.

Feeling connected resulted from being involved in local community organisations or religious groups, being around people who spoke their language and in some cases chatting with their neighbours. Those who felt less connected cited personal commitments (such as caring) or health needs taking up their time, being cautious about their neighbours (for example one person lived next to a house of drug addicts and another had been in a hotel waiting to be housed for four months), another reason was friends having moved away. Respondents tended to feel more connected to others from their 'community' because of shared language and culture, and to family, rather than to neighbours.

Just over 10% did not feel connected at all. Some reported not feeling connected but not being bothered by that because they liked to be alone. Some in this category reported being too anxious or not having the language skills.

Almost all (148 out of 153) reported having regular contact with friends and family. This varied from daily contact to monthly. However, a third still felt lonely and cut off. This was connected with not receiving visitors, poor weather restricting their opportunities to go out, long-term health conditions making them nervous about going out, and not being able to communicate well in English.

Over 80% of respondents reported being in contact with a voluntary organisation, and even those who answered no were at least occasionally in touch as they had been contactable about this survey. Many reported only using one voluntary organization, and this was due to language needs. These specific organisations also helped respondents to access statutory services. Some cited the gym, children's centres and libraries. Others didn't feel able to get out to services because of their health or work or family commitments. Many talked about not being aware of what was available.

There were suggestions that community events could help bring people together in the different areas of the borough.

Care closer to home

Respondents were asked whether they would like to receive some of the health services that were typically delivered at a GP practice or hospital, in a local community setting instead.

"I need some of the services and would only feel at home for these at Arachne."
"Services will be more accessible in my own language."
Feedback shared with Arachne Greek Cypriot Women's Group and Eritrean Community UK

The responses to this question showed that the concept of a community setting had been understood in different ways:

- Respondents who commented on the inconvenience of accessing hospital based services tended to define a community setting as a local GP surgery offering secondary care.
- Many respondents associated community settings with the partner organisation with which they had an existing relationship. Community settings were understood as places with a friendly atmosphere and familiar staff, where you could be around people who spoke your own language in a supportive environment.
- Other respondents were less concerned with the nature of the community setting, provided it delivered on the promise of easier access to services, and greater convenience.

There was a sense that for some more serious issues respondents preferred to go to their GP or to hospital. However, in general, people were enthusiastic about the idea that health services could be provided closer to home. Just over 80% of respondents said they would like to receive some services in a local community setting delivered by GPs, rather than at their own GP practice or in a hospital setting.

There was a definite perception amongst respondents that services provided in community settings avoided many of the problems they associated with GP surgeries and hospitals. Respondents associated community settings with shorter waiting times to be seen. They were seen as more convenient, and not as rushed, overcrowded and busy. One participating organisation, summarising the responses from their client group, explained that women who have many pressures on their time appreciate being able to access services near where they live.

Several of the participating organisations offer counselling services to their clients. Respondents that were engaged with these organisations brought up the benefits of this particular service being offered by the partner organisation, pointing out that there was no need for referral, and that they felt more comfortable using the service as they were among their peers.

A minority (30 respondents) were uncomfortable with the idea of services being delivered in community settings. They cited the expertise and specialist equipment available in more formal settings. Many reported good relationships with their GP, so other options in the community felt less relevant to them. Some also said that greater privacy was afforded at a GP or hospital appointment, as opposed to a community setting.

We asked respondents which services they would like to see being delivered from community settings:

- physiotherapy (this was the most frequently suggested service)
- weight management
- blood tests and blood pressure checks
- diabetes clinics
- low vision clinics
- emotional support and counselling
- first aid
- immunisation/ injections
- intravenous medicine
- health awareness sessions
- prenatal swimming classes.

The role of local voluntary organisations in supporting local health services

127 respondents (83%) said that they received support from a local voluntary organisation. Overwhelmingly, they named the community organisation carrying out the research, with whom they had an existing relationship.

Sometimes, but far less frequently, other organisations were named as well:

- Age UK (named by 3 respondents)
- Local church or mosque (3)
- Manor Gardens (3)
- Daymer Turkish and Kurdish Community Centre (2)
- Centre 404 (1)
- Disability Action (1)
- Helen Bamber Foundation (1)
- Nafsiyat Intercultural Therapy Centre (1)

We asked respondents what other services these organisations could provide to support local health provision. Services suggested were broadly similar to those they had identified as appropriate for community settings in general. It is interesting to note that activities to help with depression and social isolation were frequently requested. Mental health day services already provide this kind of support and they are already offered in community settings. However, they are not offered in the community settings that these respondents like to access, and they are generally not used by these client groups.

When seeking feedback on future models of service provision based in the community, it will be important to clearly define the type of community setting that is being proposed.

Accessing health services online

63 respondents (about 40% of those we interviewed) said they would be interested in some health services being available online. Booking GP appointments was the online service that was of most interest to people, with 61 respondents selecting this choice from a list of available services:

- Booking GP appointments online (61)
- Booking hospital/community health service appointments online (40)
- Accessing online health care record (28)
- Skype/Facetime or similar video calling (27)

About three quarters of these respondents said they would be even more likely to access services online if they were available in their own language. However, for those who weren't interested in online services, language wasn't the main issue.

89 respondents said they were not interested in accessing health services online. Lack of computer literacy, and a preference for face to face interaction were the main reasons given. One participating organisation added that respondents with mental health issues were not comfortable using online services. Only a third of uninterested respondents said they would be more likely to use online services if they were available in their own language.

When discussing the findings with partners, organisations emphasised that some residents also have low levels of literacy which compounds their fear of going online. And some residents still have no access to Information Technology. Partners also noted that though there were clear benefits to seeing health records on-line, residents may often need someone to sit with them and explain the meaning of what was recorded.

"Some of the women don't know how to use the internet or do not possess a computer. The ones who do would be happy to be able to book appointments online as they say it's hard to get through to their GPs. Most of those who would like the online service said they didn't mind which language it was offered in as they speak English well."
Kurdish and Middle Eastern Women's Organisation

"Generally using Skype or Facetime makes the whole meeting with the GP easier for those who don't require an interpreter. You can feel more confident to ask questions and can access your records when needed. Those who are not confident with technology (how to use Skype or Facetime) or who require an interpreter prefer to see their GP face to face."
Community Language Support Services

Information, signposting and support

All participating organisations were provided with information about services relevant to the themes of the research, including self-management programmes for long term health conditions, and the Locality Navigator Service provided by Age UK Islington. Research participants who needed it received additional signposting and support. 77 of the 153 participants were given this one-to-one assistance.

Partner organisations were asked to log the amount of time they spent providing additional signposting and support. In total, 182 hours of staff time were logged. On average, partners spent over two and a half hours supporting each client.

Partner organisations were also asked to identify the area of need to which each signposting request related. There was some overlap, where signposting requests related to more than one area of need.

Number of clients signposted for each area of need

Health and health services	28
Housing	18
Welfare benefits	11
Social care	9
Immigration	3
Utilities	1
Debt	1
Other	10
Total number of clients signposted	77

- Health and health services: Clients were given additional support for a range of health related issues. Often the issues were exacerbated by other factors including poor communication or poor relationships with the GP; poor housing conditions; stress related to poverty; difficulties meeting competing work and family commitments.
  One partner organisation signposted a number of clients to the Expert Patients Programme. This programme increases the capacity of patients with long term health conditions to take charge of their own health. The organisation is also working with the coordinator of the programme to explore hosting the sessions in their own centre and having them delivered in appropriate community languages, so that more of their clients are able to access the programme.
- Housing, and welfare benefits: Common housing issues included damp, overcrowding, and disruptive neighbours. Often there were direct impacts on health and/or mental health for the clients concerned. Difficulties accessing benefits to which clients were entitled were sometimes compounded by language barriers.

- Social care: Issues included social isolation, social care assessments, and support services for autism. Some clients experiencing declining physical health found that their housing no longer met their needs, so asked for help to request housing adaptations.
- Other: Four clients were carers who were signposted to the support available from Islington Carers Hub. Two clients had disabilities and receive help on an ongoing basis from their support organisation to access self-care services in the community including the gym, swimming pool and sauna facilities. Two clients experiencing social isolation were signposted to appropriate activities provided by the partner organisation. One client needed support to access and learn about the internet. One client was helped to access an education course.

Impact of signposting and support

Clients who had received signposting and support were contacted three months later and asked how well their issue had been resolved. 32 of the 77 cases had been successfully resolved. A further 16 cases were reported as having improved. It was also clear from the additional comments provided that many of the 24 issues which reported as 'ongoing help still being received' had improved as well (both potential responses were appropriate in many cases, but respondents could only chose one. A clearer picture of impact could be obtained by limiting the option to describe ongoing help to cases where the respondent has identified no improvement. We would recommend making this change if this question is put to signposting clients again in the future).

The evidence shows that the signposting interventions have had a strong impact. After three months, in all bar five of the cases where signposting has been provided, the issue has either been resolved or improved, or retains the potential to reach one of those two outcomes.

Number of clients describing their issue three months later

Issue resolved	32
Issue not resolved but improved	16
Issue not resolved but ongoing help still being received	24
Issue not resolved and no ongoing help	3
Client did not attend appointment or return calls	2
Total	77

Signposting case studies

Resident was unable to get the referral they needed

'The client was due to have an operation on her arm. She was concerned about her after-care. She had other health issues and the operation would have left her unable to look after herself. She needed a referral for post-operative care. The hospital had advised that she speak to her GP, and her GP in turn advised her to speak to a different GP at the same practice. However, the client was not able to book an appointment with that GP, despite trying several times. She was upset, and panicking about how she would manage. She felt that she was being sent back and forth between the GP and hospital.

'I called the GP surgery whilst the client was with me, explained the situation and arranged an appointment with the GP in question. I asked that the GP be notified of the query in advance so that it could be dealt with at the appointment. I also wrote a note for the GP explaining the situation.

'In addition, I advised the client to obtain log in details from the GP surgery so they could go online to book appointments in the future (this makes booking an appointment more straightforward and is particularly useful for clients who are not confident with their spoken English). Although my client had the requisite ID and had been well known to the surgery for many years, she was not given the log in details and was sent away with another form to fill in. I assisted the client with the form. It was very straightforward, and could easily have been filled in by the client whilst she was at the surgery with a little help from the receptionist. I felt that it was unhelpful to have sent my client away and necesitate a further trip to us, her support organisation, and back again to the GP surgery. I called the practice to let them know. I also signposted the client to a Digital Inclusion workshop we were hosting, so she could learn more about how online GP services work.

'The client attended her appointment and a referral for after-care was made on her behalf. She was very relieved. She attended the digital workshop and we agreed to arrange a date for her to access her online GP services, when we will offer her some more one-to-one support.'

Issue resolved ✓✓✓
Total support time provided 4 hours

'We contacted the client three months later and she said that having the referral made to Social Services had given her peace of mind. However, the operation has not yet taken place. It had to be postponed because she was ill. She is also better informed about online GP services and is willing to access them, even though she was previously unwilling as she thought it would be beyond her capabilities and not useful to her.'

Resident has ongoing health problems, made worse by her housing

'The client has an on-going problem with her housing. Her property is damp and has mould around the walls. This is compounding her health problems, particularly her asthma, and causing her to suffer almost continual chest infections. She was not aware of the Expert Patients Programme, although she has several on-going health conditions. She often requires assistance from her GP surgery.

'I liaised with the council repairs team and arranged for a surveyor to visit. I asked the surveyor to call me to explain his findings once he was at the client's home. We discussed the work that has been done previously and what else needs to be done where damp issues remain. Repair was arranged to the outside of the property, as well as the repainting of the affected areas inside.

I arranged for an Expert Patients Programme workshop to be delivered at our organisation (this programme teaches patients with long term health conditions how they can better take charge of their own health). I also signposted the client to a Digital Inclusion workshop we were hosting, and helped her to obtain log in details for online appointment booking from her GP surgery.

'The client participated in the Expert Patients Programme workshop and found it helpful. She said she would like to participate in the full six week programme if it could be hosted here and offered in her own language. She also took part in the digital skills training. She set up an email account, and practised sending and receiving emails. She also accessed her GP surgery's online service and practised using it.'

Issue not resolved but improved ✓✓
Total support time provided 4 hours

'Three months on, the client continues to be unhappy with the property as it still smells of damp. I am now assisting the client with bidding for alternative accommodation as it seems that the repairs team have exhausted all avenues of repair. The client is very interested in the Experts Patients Programme and is still keen to participate in the full programme if the opportunity becomes available. She knows how to go online to book GP appointments and to check the dates and times of those that are upcoming. This will be especially useful to her, as she is often forgetful of appointments.'

Resident did not know how to apply for a disabled parking permit

'One client had bought a car and was worried about parking. He was disabled but when I spoke with him I learned that he did not have a disabled parking permit. I referred him to our advice worker, who downloaded the application form for a Blue Badge on his behalf. Our advice worker completed the form for him, and advised him to attach proof of his Personal Independence Payment to the application before posting it to Islington Council.'

Issue resolved ✓✓✓
Total support time provided 30 minutes

'A Blue Badge has been issued for the client.'

Client needed support to stay active when recovering from a stroke

'One of our participants was in the process of recovering from a stroke. He was attending physio regularly and receiving other medical help. We suggested that he also join the diabetic society, as it would help him to keep active and manage a balanced diet. He was willing to follow our advice and he is doing well in his recovery.'

Issue resolved ✓✓✓
Total support time provided 3 hours

'Three months later the client has become more active and engaged with local services. We will follow his case and provide him with as much ongoing support as possible.'

Resident did not know that support services were available for carers

'My client is a carer for her husband and didn't know that, as a carer, she could receive support. She wanted to know more about who to approach to ask for help when she needed it. We arranged a workshop where she was told about all the support that was available. As she doesn't speak or understand English fully, our staff translated the entire workshop for her. They also helped her sign up for newsletters aimed at carers. Thanks to the workshop, the client is now fully aware of all the services she can use and is regularly updated on information about the Islington Carers Hub.'

Issue not resolved but improved ✓✓
Total support time provided 2 hours

'Due to the language barrier she still requires help to understand the services that are open to her and she needs a little more support.'

Conclusion and Recommendations

1. Self care

- Barriers that prevented people from taking better care of their own health included existing health conditions, lack of money, lack of time, lack of interpreting support, and lack of safe or comfortable feeling spaces. These barriers to self care have been identified in previous iterations of this community research and they remain in place. This year, for the first time, Islamophobia was identified as a barrier by clients from one of the participating organisations.

- Awareness of self-care services for long term health conditions is low. In addition, people need to be given confidence to access these services in the first place. It is the voluntary sector that is working to meet this need. On the Expert Patients Programme (EPP) specifically, it was felt that the term 'expert patient' was unhelpful and didn't do a good job of describing who the programme was for. Where partner organisations and the EPP have been working together, there is evidence of better engagement. Arachne Women's Group have put forward a Greek speaking women from the local community who has been accepted onto a four day training course to become an accredited EPP tutor. She will be working for Whittington Health and will help deliver the EPP to Greek speakers in Haringay and Islington.

- We learnt that some GPs were more likely to refer patients on to specialist services for their health conditions. Assuming that quantitative data is available, we recommend that Islington Clinical Commissioning Group see whether there is evidence of inconsistency between GP practices in terms of the number of referrals being made to self management programmes for long term health conditions, and take appropriate action if this proves to be the case.

2. Social issues impacting on health

- With regard to the issue of social isolation, partners reflected that although many of the clients described themselves as feeling very well connected to their neighbours and the local community, their answers to follow up questions often showed that they also felt isolated. Social isolation is a complex issue that needs to be more fully explored in a separate piece of research. Respondents did emphasise the role played by their support organisation, in helping them cope.

3. Care closer to home

- We recommend that Islington Clinical Commissioning Group work with the local authority to resource digital inclusion for older residents from these communities. This training would be most effectively delivered via grass roots community organisations.

- Some participants had been to the pharmacy to access the minor ailments scheme but had been turned away as it wasn't offered at that particular pharmacy. It would be better if it was universally offered. It is confusing that different pharmacies offer different services.

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