



Access to Primary Care and Social Care Services in Islington for Latin American over 50s



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Participating organisations

This report has been written by Healthwatch Islington. It is based on research conducted by the Latin American Women's Rights Service (LAWRS) and the Coalition of Latin Americans in the UK (CLAUK).



Latin American Women's Rights Service (LAWRS) is a user-led, feminist and human rights organisation that has been working with Latin American migrant women in the UK since 1983. Our aim is to facilitate the tools for Latin American women to assert our human rights and pursue personal empowerment and social change. We are a holistic organisation and provide culturally and linguistic specialist advice, information, counselling and psychotherapy, advocacy, development programmes, workshops, wellbeing groups and targeted support to Latin American women. We also do policy and campaigning work on migrant women's rights. We directly support more than 4,500 women per year.



Coalition of Latin Americans in the UK (CLAUK) is a coalition of Latin American organisations working together to tackle the issues facing the Latin American community in the UK. Since 2012, we campaign collectively for better access to health services, better enforcement of labour rights, and official recognition of Latin Americans in the UK as an ethnic group. Our work involves running informative campaigns for the community, developing the capacity of the organisations supporting Latin Americans, and advocating for inclusion and change

Introduction

Since Latin Americans have only recently been recognised as an ethnic group in Islington (2015), there is little known about the community's health and well-being needs. As such Latin American Women's Rights Service (which provides services to women in Islington) approached Healthwatch Islington with an idea for working together to gather evidence about the community's needs as this was a community under-represented in Healthwatch Islington's work. The Coalition of Latin Americans in the UK provided access to Latin American male respondents.

'The Latin American community is the second fastest growing non EU ethnic minority in London, as increasing numbers of Latin Americans are coming from Spain, Portugal and Italy following the economic crisis.'

No Longer Invisible, 2011 and Towards visibility: the Latin American community in London to be published April 2016

Building up on existing information about the community, this report focuses on access to Primary Care and Social Care services among Latin Americans residing in Islington who are over 50 as the Latin American community living in Islington is generally older and came in the initial waves of refugees from Chile, Argentina and Colombia in the 70s and 80s.

- ▶ LAWRS carried out 2 focus groups and one-to-one interviews with Latin American women residing in Islington.
- ▶ CLAUK carried out phone surveys with Latin American men residing in Islington.
- ▶ Healthwatch Islington analysed the results and drafted a report to be agreed by both organisations.
- ▶ We spoke to 22 Islington residents (of whom 15 were women and seven were men).
- ▶ 14 were aged '50-64', seven were aged '65 - 79' and one was aged 80 or over.
- ▶ All residents were Latin American, from Colombia (9), from Chile (3), from Ecuador (5), from Bolivia (3) and from Peru (2).

Access to primary care services

1. Knowledge of primary care services

	I am aware what this service offers				I know how to access this service			
	Women (15)		Men (7)		Women (15)		Men (7)	
	Yes	No	Yes	No	Yes	No	Yes	No
Pharmacy	10	5	6	1	13	2	6	1
GP	12	3	5	2	13	2	7	0
Walk-in centre	4	11	3	3	4	11	3	4
Dentist	11	4	7	0	9	6	7	0
Psychotherapy	5	10	2	5	4	11	2	5
Sexual clinic	6	9	2	5	4	11	2	5
Optometrist	1	14	1	6	1	14	1	6

We asked respondents about their awareness of what was on offer at a range of services and whether they knew how to access the service. Whilst most know what was on offer, and how to access GP, dentistry and pharmacy services, most did not know about sexual health services, psychotherapy, optometry services or the walk-in centre. Most did not know how to find the addresses of the different services and had to rely on word of mouth.

Additionally, none of the female respondents knew how to access to emergency dental services (a participant asked and nobody knew). Only 1 participant knew about the HC1 form to help with costs and yet once it was explained several participants felt that they would have been eligible for reduced dental and eye care.

‘My mobile dental prosthesis was £400. I didn’t know that I could apply for a discount or free dental treatment because of my low income.’

Respondent 17

Fixed pricing for NHS dental care means that the patient should not have been charged more than £222.50 (as of January 2016), unless this treatment was being arranged privately, but the respondent had not been made aware of this.

2. Registration with GPs

Islington CCG encourages residents to register with a GP as the main point of contact and referral within the NHS. All respondents were registered with a GP, though some were not aware of all the services that were offered at their practices. One respondent complained that when re-registering at a new practice, all of their details seemed to go missing and they had to re-tell their story.

3. Accessing the right service at the right time

Camden and Islington CCGs ran a 'Choose Well' campaign to encourage residents to choose the right treatment <http://www.islingtonccg.nhs.uk/YourHealth/>

After explaining all services to the group, none of the respondents felt that they had used the right service for every case in the past two years. Most respondents did not know how to find the addresses of the different services and had to rely on word of mouth.

4. A range of barriers to services exist

Respondents reported a range of barriers to accessing services. Perceived barriers included on-line appointment booking, finding it harder to book appointments or have referrals made and appointments being too brief.

4-1. Language Barrier

Many respondents complained that all of the information they receive by post, text message, or over the phone was in English and they either couldn't understand it, or had a very limited understanding of it. Many also pointed out that the information displayed in posters was in many languages but their own (Spanish/Portuguese), which made them miss out on

potentially important information (flu vaccines, recommended check-ups, etc). To overcome the lack of interpreting, residents sometimes ask friends and relatives to come to appointments with them.

'I once asked for an interpreter and they said that this was not possible, and then I was not allowed to bring a relative to translate for me.'
Respondent 6

'If you want to get an appointment with an interpreter, you need to wait a lot longer.'

Respondent 11

'I've recently called to get an appointment with my GP and they said that the waiting time is 3 weeks. Then I asked for an interpreter, and they said that it would be an extra week for that, so I have to wait a month to get my new medicine.'
Respondent 17

'It's hard to communicate in English, hard to make yourself understood, to express yourself, especially with the dentist. I rather wait until I'm back in Peru, even my dentist has suggested me to wait until I'm back in my country because he had heard that we have better treatment and equipment.

'I help my sister in law with the English, but I've noticed that the GP gets annoyed when the two of us come together because of the translation. They sometimes say that they don't have enough time for those type of appointments and that we should have let them know before coming.'
Respondent 11

It is clear that a one size fits all solution to interpreting is not necessarily appropriate. In some cases, patients were not allowed to bring relatives to help with the language, because the medical centre could provide interpreting through the Language Line. However, a participant who had

experience using the Language Line complained about the limited communication offered:

'Only question and then answer, you can't make a comment, you can't ask a question yourself, it's only the GP who asks the questions, you answer, and that's it. I feel disadvantaged; everybody else can have proper medical attention, why can't I make comments to my doctor?'

Respondent 6

'Sometimes they don't allow you to bring a relative to translate for you because of lack of time.'

Respondent 12

'I always depend on other people's help with translation, my daughter, my friend, etc. The problem is that they are not professional interpreters, so you can never be certain about what they believe the doctor said or if they are only translating a part of what is being said.'

Respondent 17

4-2. Availability of appointments

Lengthy waits for appointments came up across service types. In some cases, waiting times were increased by additional waits for interpreting. To overcome waiting times or lack of access to dentists, several respondents reported seeing a dentist in their home country or privately. In some cases waiting times meant respondents did not follow up on treatment (see section 7).

'In the past few years it has become more and more difficult to make appointments with the GP and even more difficult to access specialist services as well as to be referred to see a consultant at the hospital. If you are gravely ill then the system works, but if you have a conditions that is not life threatening, then it becomes cumbersome to have any kind of treatment. There has been a definite deterioration of the NHS services in general, more difficult to get appointments, shorter time with the GP, and so on.'

Respondent 3

'Appointment waiting times are too long, when the time comes for you to see the doctor, it's too late and you have to bear the pain, the illness gets worse. If your condition brings you pain, you have to put up with that pain until your appointment arrives, as only the doctor can give me my prescriptions because they are very strong for the pain.'

Respondent 12

Appointment waiting times take too long, over two weeks. It used to be that they had a drop-in service, so you would arrive, register and they would tell you what time to come back. Now you need to make a call in the morning and they give you appointments only for the afternoon. Sometimes they open weekends and evenings, which is great because I work, but they are always very busy, so I was never able to get one of those appointments.

Respondent 15

It took them 1 month to give me a [psychotherapy] appointment. I had to deal with lots of things on my own until I could speak to someone.

Respondent 11

4-3. GP appointments are sometimes too short

Several respondents said that the length of appointments with GPs was too short. This was sometimes exacerbated by the need for interpreting via friends, family or Language Line. Communicating via an interpreter roughly takes the double amount of time. Some respondents reported having resorted to private GP appointments because of long waits at their NHS GP.

'The time with the doctor is very limited, it doesn't allow you to explain what is wrong, or the doctor to give you enough information about your health.'

Respondent 6

4-4. GPs can be reluctant to make referrals

Some respondents felt that their GP did not necessarily take the respondents' health needs seriously and that this could make it difficult to get a referral. In one case a patient resorted to going privately, where it was discovered that hernias were the cause of their problem. In another case a patient took themselves to UCH and only then was their cancer diagnosed, despite having raised concerns with their GP first.

'You need to be smart and exaggerate a little bit, because otherwise doctors don't pay attention. You need to insist on your issue in order to get the GP to pay attention to it. If you don't insist, they don't take your illness seriously. I have to exaggerate the pain or the problem because otherwise the doctor doesn't pay attention, they just say 'this is normal, you shouldn't worry' and give everyone the same medicine for the pain, frequently Paracetamol, but they don't treat the illness.'

Respondent 6

'I once had a problem with my knee and couldn't walk. I also couldn't speak English very well. The GP told me 'that's nothing' and only gave me Paracetamol, but she didn't even examine me, she was only looking at the computer. I couldn't speak English, so it was all very uncomfortable. She wasn't even looking at me, so I asked if I could see a specialist because I couldn't walk and she replied to me very rudely, saying that specialists only see extreme cases like cancer. I insisted on my problem and she just stood up and opened the door for me to leave her office. I felt very demoralised and wanted to file a complaint, but I was afraid because I was undocumented. My husband filed a complaint and we got a letter 6 months later, but I didn't want to follow up on it because of my legal status.'

Respondent 11

4-5. Reliance on IT and the internet

Several respondents highlighted difficulties with accessing information about their care on-line. Some stated that their doctors refer them to information on-line rather than providing leaflets, but many lacked IT skills or access to a computer. A few participants found it difficult to book appointments online or over the phone and preferred to visit the different services in person in order to get appointments. Receptionists would then suggest they book their appointments online. However, online booking was not accessible to many respondents because of limited access to IT.

'When I need to get a new appointment, I'm always told 'you can book your next appointment online', and the receptionist seems annoyed by me, but I can't use a computer, most people my age have problems trying to use a computer, we don't know how to do things on the Internet.'

Respondent 1

'They used to be a lot nicer to patients, they used to talk more with you, give you leaflets, not anymore. They only send stuff by text message or send you to look up information on your own online. It isn't easy for me to use the computer and find things online, it makes me feel even more anxious.'

Respondent 15

5. Relationships and communications with healthcare professionals

5-1. Several respondents found GPs respectful and communication effective.

All respondents had used some health care services within the last 12 months. Several reported a good relationship with their GP.

'My GP is a nice person, I feel that the nurses also make an effort to understand and explain things to me. If I'm sick and I call early in the morning to see my GP, they will give me the fastest appointment possible, many times on the same day. I feel that they always do all that they can to give me an appointment.'

Respondent 20

'I would like to say that my experience with the GP has always been very positive. I have been treated with respect and care. I consider myself very lucky to have the right to free health care.'
Respondent 4

'Never had any problems, have a positive experience... The GP treats me with respect and listens to what I say.'
Respondent 8

'I don't speak English fluently, but the doctor is patient with me and they communicate well. Every time I ask for an interpreter, they say yes. The doctor explains things very well through the interpreter.'
Respondent 17 (who added that doctors always treat her with respect; she feels that she is listened to, and referred to specialists when she needs them)

5-2. Some respondents reported feeling that they were treated differently because of their race or citizenship status

'When the GP has a negative attitude towards you, when they are rude, or when they speak to you in an undermining way because you are a migrant and you can't speak English, this impacts on my self-esteem very negatively, and on my mental health.'
Respondent 6

'Some doctors are racist against you because you are a migrant. When they see that you don't speak English well, they get annoyed and don't treat you the same.'
Respondent 8

'I was discriminated against by a racist GP because I am a migrant. He said to me 'why don't you go back to your country.'
Respondent 10

'Many times I felt that I was treated differently because I'm a migrant and from a different culture.'
Respondent 11

This respondent also stated that 'when they don't examine you, or treat you in a personalised way, they make you feel as if they have a higher position than you. They make you feel insignificant, as if you have to submit to them.'

5-3. Some respondents reported very poor rapport with healthcare professionals

'I suffer from sciatica, so the doctor said I would not be able to work again, but I didn't want to be in a wheelchair for the rest of my life, so I started doing exercises on my own, I looked for other opinions and I now can walk with a stick. I felt bad about how the GP treated me as a disabled person because of my problem, but then he would only give me pain relievers and did nothing to look at the root of the problem. He made me feel like I

was sicker than I was. Some doctors can impact your mental health with the way they speak to you. After this experience, I changed doctors. I feel relieved now and getting better.'

Respondent 6

'GPs don't take the time to examine you. They only look at the computer without even looking at your body. They don't pay attention to your specific case or needs, they just treat everyone the same.'

Respondent 11

'Sometimes they don't take your voice into account. I know when something is bad for me because I can feel side effects, but I can't tell the doctor because they don't accept it, so I just stop taking them.'

Respondent 11

'I had a stomach problem that required urgent treatment and my GP sent me to A&E once with a letter. I went there and they sent me back to the GP. I had to go back with a second letter; sometimes it depends on how much effort the GP puts in to writing the letter.'

Respondent 15

'My old GP didn't let me explain why I was there. He wanted to get rid of me as quick as possible, and I didn't know whether that was because I'm a woman or a migrant.'

Respondent 15

'Sometimes I feel that there is a lack of interest in what the patient is going through. I've noticed that many times they don't like it when you make suggestions; they seem to think "I'm the doctor and you are the patient, you don't know what I know". I worked as a nurse assistant for many years and I've learnt a lot of psychology in this country. The doctor is very strict here. Once I went to the GP because of a respiratory problem of one of my sons. When I look at the doctors expression I can tell whether I will be afraid or able to trust him/her.'

Respondent 18

'The GP would tell me I was too fat, and that my problem was that I was always sitting without doing any exercise. She would say things like 'You need to walk, you only sit down and do nothing at home', but the truth is that I used to work as a cleaner, cleaning 12 kitchens every day, and then I would come home walking every day from Holborn to Islington.'

'We need to trust doctors, when you are mistreated you forget the pain that brought you to the practice, you leave the building with a question mark in your mind. Confused, 'where was I going now?'

'One day at work I couldn't move anymore, I couldn't walk and was taken to a hospital. I was given two crutches, I now use one.'

'Then I got an allergy in my scalp because of my hair dye, but I didn't want to go back to this doctor, so I went to a private clinic in Vauxhall where they speak Spanish. The doctor was really nice and that's when I learnt that I have hernias on my back.'

Since learning that they could change doctors the respondent reported a much better experience.

'I didn't know that I could change doctors, then one day I asked for another doctor and since then I have a positive experience. My current GP is really nice; she takes good care of me. She sent me to physiotherapy, but said that the pain will last all of my life.'

'I was referred to see a specialist in UCH, and this woman told me that I was not using the crutches properly, she shouted at me and then examined me too strongly, and I was in pain but didn't want to say anything because I was afraid of her. When I came back home I started screaming and crying.'

Respondent 19

'I wish the doctors would take the time to look at your problem with enough attention. They don't give any alternatives to alleviate your illness or pain. They only give you Paracetamol no matter what you have. Appointments are too short, sometimes you are there for 5 minutes and you can tell that the doctor is trying to finish up and get rid of you.'

Respondent 24

6. Several respondents reported a lack of support around mental health

There were feelings that doctors didn't necessarily consider patients' mental health needs, or consider the holistic support that they may need. Others mentioned that it could be very difficult to talk about these kinds of feelings with their GP depending on both the rapport with the GP and the availability of good interpreting.

'On a different occasion I was given Co-codamol, and I feel that this medicine was affecting my mental health, so I decided to stop taking it. If I hadn't made the decision of stopping this medicine, the doctor would still be giving me prescriptions for it.'

Respondent 6

'They don't treat it seriously, because they can't understand what you are going through.'

Respondent 11. When she was eventually given an appointment [for psychotherapy], she had to wait a few months.

Respondent 21 went through a mental health problem. After some time he was given the option to go to counselling or to see a psychologist. He didn't understand the difference between the two options and this wasn't explained to him. Since he had to wait for months to see a psychologist, he ended up not going to either and ended up paying for a private service.

'Doctors, nurses and receptionists should be more sensitive with patients because it is not always just a medical problem.'

Respondent 26

7. Several respondents reported unresolved problems or slow treatment

Respondent six reported problems with sciatica. She had physiotherapy and pills, but she didn't carry on with medicine because she had physical and emotional side effects. Now, she is doing yoga classes that LAWRS is providing. She was coming to LAWRS prior to this, to the English classes.

'I have health issues that my GP and specialist have seen but I still have the problems. I don't know where else to go.'

Respondent 11

'Yes, my GP referred me to the gynaecologist months ago, but I never got a response, so she has sent the letter again.'

Respondent 15

'I have back problems and I have had physio as well as medication, but the pain is still there.'

Respondent 27

'I had a strong pain on my back and had problems when urinating, but when I went to see the GP they told me that there were no appointments available, but it was really painful. A few days later, I went to the University College Hospital and they diagnosed me with cancer.'

Respondent 22

'I have a lot of pain in my back. The GP offered me an injection last year, but I never received it. I asked him about it a month ago and he replied saying 'It's probably about to arrive'. I can't stand my jacket anymore, I can't put up with its weight, and I've been living with this pain for over 2 years now.'

Respondent 19

8. Accessing routine health checks

8-1. Women	Were you offered this test?		Have you taken this test?	
	Yes	No	Yes	No
NHS Health Check (in the past 5 years)	5	10	7*	8
Breast screening	13	2	12	2
Cervical screening (in the past 5 years)	14	1	14	1
Bowel screening (offered 60+)	6	9	6	9

8-2. Men	Were you offered this test?		Have you taken this test?	
	Yes	No	Yes	No
NHS Health Check (in the past 5 years)	3	3	4*	3
Abdominal Aortic Aneurysm (offered 65+)	0	7	0	7
Bowel screening (offered 60+)	1	6	1	6

*Some respondents took the NHS Health Check not because they were offered it, but because they asked for it themselves. They knew from family or friends that they needed to start getting checked (for cholesterol, for example) so they asked for check ups.

10 of the women were aged 60+ and therefore in the appropriate age range for bowel screening. Four of the men were aged 60+ and eligible for bowel screening. Of these, two were 65+, the appropriate age range for abdominal aortic aneurysm screening.

9. Making a complaint

Those participants who wanted to make a complaint because they had experienced poor treatment or were given insufficient information by the medical staff felt unable to raise their concerns.

Barriers included:

- ▶ Language
- ▶ Lack of information about the process, and the actual outcome it may bring
- ▶ Fear of reprisal, particularly for those without legal documents
- ▶ Lack of faith in the process and the process taking too long

10. Other issues

- ▶ Limited appointments and long waiting times for appointments, leading people to use A&E
- ▶ Limited time with the doctor (short appointments)
- ▶ Lack of understanding of mental health issues from GPs
- ▶ Lack of trust: 'Everybody gets the same pain relievers', 'Doctors seem reluctant to make referrals'
- ▶ Lack of access to the walk-in centre (reported by one respondent)

Access to social care services

1. Are you aware of the social care services being offered in Islington?

Women (15)		Men (7)	
Yes	No	Yes	No
6	9	0	7

'I'm 69 and I live alone. I feel very well and I'm very active, but I stress thinking 'what will happen to me if I can't walk or cook anymore? What will they do with me?'. Now that I know that Social Services exist I feel less worried, I'll be fine.'

Respondent 17

2. Do you know how to access social care services?

Women (15)		Men (7)	
Yes	No	Yes	No
6	9	0	7

3. Are you receiving the services that you need?

3-1. Women

	I am currently receiving this service	I feel that I need this service, but I'm not currently receiving it	I would like to learn more about this service
Equipment	3	0	2
Help at home	1	0	2
Community support and activities	0	2	5
Day centres	1	1	3
Home adaptations	2	0	1

3-1. (continued)	I am currently receiving this service	I feel that I need this service, but I'm not currently receiving it	I would like to learn more about this service
Residential care	0	1	4
Financial support	0	0	4
Information, advice and advocacy	1	1	4
Support for carers	0	1	1
Other care support	0	0	1

3-2. Men	I am currently receiving this service	I feel that I need this service, but I'm not currently receiving it	I would like to learn more about this service
Equipment	1	0	3
Help at home	1	0	1
Community support and activities	1	0	2
Day centres	1	0	1
Home adaptations	1	0	1
Residential care	1	0	1
Financial support	1	0	1
Information, advice and advocacy	1	1	3
Support for carers	1	0	2
Other care support	1	0	1

A number of respondents said that they wanted more information about the social care services that were available in the borough.

4. Are you a carer and feel that you need support to take care of your wellbeing?

Six respondents felt that they had a caring responsibility, but of those six none had had a carer's assessment. Five of the six felt that their caring responsibility had an impact on their health and wellbeing. Respondents described needing a range of support including, a paid carer so that the primary carer can pop out to the shops or run errands, psychological therapy and social activities for the person they care for.

There were several respondents who felt that they may need services which they were not receiving, LAWRS, CLAUK and Healthwatch Islington will signpost these respondents accordingly.

Recommendations



Written information in Spanish and Portuguese should be available for patients about GP practice opening times, services, and how to book interpreters. Face to face interpreters should be available in these languages.



As recommended in our report '[Interpreting services: mystery shopping GP practices](#)', GP practices should record the nationality and language of patients, so that they already know what language they speak and how to provide them with information in a more effective way.



Where possible, GPs could try and accommodate longer appointments when interpreters are needed. This would give patients time to ask the GP questions about their treatment, via the interpreter.



Medical and administrative staff should be trained about how to work with non-English speakers, migrants and people from other cultures in general. Training should focus on the particular challenges these service users face, and how to meet their needs most effectively.



It is important for doctors, nurses, and administrative staff to make services more inclusive to residents who have limited or no access to a computer. Many older service users in particular do not use computers.



A leaflet or publication should be produced in Spanish and Portuguese highlighting different services from the NHS in Islington and how to access them.



A leaflet or publication should be produced in Spanish and Portuguese highlighting different social care services provided by Islington Council and how to access them.

Further findings from existing literature

According to the [No Longer Invisible](#) report (McIlwaine et al, 2011) there were 113,500 Latin Americans in London in 2008. According to a new report (to be published in April 2016) by Queen Mary University of London *Towards Visibility: The Latin American community in London* there were approximately 145,000 Latin Americans in London in 2013. Latin Americans were also identified as the second fastest growing non-EU migrant population in London. Many have citizenship status (25% have British citizenship and 19% have EU citizenship). The rest either have other types visas (e.g. spouse, high-skilled, student) with around 20% whose status is undocumented. In spite of being highly qualified, one third cannot speak English.

Latin American workers are concentrated in low-skilled, low-paid jobs, particularly in cleaning, catering, and hospitality. These sectors offer extremely poor conditions, with many people working in split shifts, overnight, and 70% of Latin Americans report not being paid for work done. Over 40% of Latin Americans report workplace abuse and exploitation.

In spite of low incomes, only 1 in 5 Latin Americans claim any form of welfare benefit. This situation translates into poor living conditions and limited access to services: at least one third are sharing their homes/rooms with other families, 1 in 5 are not registered with a GP, and only 4 out of 10 have been to a dentist in the UK. Additionally, almost 40% of Latin Americans have used private health services and about half of these were Latin American doctors (McIlwaine et al, 2011).

A [Healthwatch Southwark report](#) produced in partnership with LAWRS (2014) has identified the following barriers affecting Latin Americans' access to health services in South London:

- ▶ Language: a barrier not only affecting access to services but also patients' experience.
- ▶ Lack of information: difficulties finding information and resources about services and pathways, including treatments and entitlements.
- ▶ Difficulties in navigating the system.
- ▶ Perceptions and cultural specific issues: difficulties when speaking about sexual health and a perception of lack of sensitivity and support from health staff.

Access to sexual health services emerged as a particularly urgent matter in the 'Let's Stop HIV' campaign report from CLAUK and Naz Latina (2014): from a total 137 rapid HIV tests conducted in the community, 2 people tested reactive (prevalence rate of 1.5%), and more than two thirds (68%) of the total sample had never accessed health services in the UK before.

Other research/sources on health and LAs:

- ▶ Mental Health study based on the Latin American community of London: http://roar.uel.ac.uk/3026/1/2012_DClinPsych_Lopez.pdf
- ▶ CLAUK responses to consultations: <http://www.clauk.org.uk/publications/>

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