Community Health Matters

NOTTINGHAM EQUAL

Connecting Nottingham's BME Communities

Nottingham City Council

NHS

Nottingham City Clinical Commissioning Group

Contents **Page number**

Community Partners Programme
New and Emerging Communities Consultation

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Aims
In January 2018, Nottingham City Clinical Commissioning Group (CCG) with financial assistance from Nottingham Equal and stakeholder support from Nottingham City Council, commissioned two, local, Nottingham based Community organisations to facilitate engagement activities as part of the Community Partners Programme with new and emerging communities in the City of Nottingham.

This included collecting personal experiences of individuals in the community, listening to their needs and gathering information regarding access and use of NHS services.

A copy of the Programme Brief is attached - Appendix 1

The engagement brief was to:

- Establish relationships between the CCG and Community organisations, groups and individuals who are currently working within each community
- Gather feed back on behalf of the CCG from these communities
- Identify appropriate communication and engagement channels with the communities identified
- Obtain an understanding of the behaviours and preferences of local communities in relation to communications and engagement
- Use the knowledge captured to inform future communications and engagement approaches with the communities identified.

Two Nottingham City Voluntary Sector Organisations were commissioned to deliver the Programme. **Signpost to Polish Success** (SPS) and **11 Tech 18** were the organisations engaged because of their expertise of working with, access to, and knowledge of the identified communities.

SPS were commissioned to consult with members of the Polish, Slovak and Czech communities.
11 Tech 18 were to consult with members of the Hungarian, Bulgarian, Romanian, Sudanese, and wider African and Commonwealth Diaspora.

Signpost to Polish Success is a highly respected registered charity, founded in December 2005 to support Eastern European migrants, especially Poles, to integrate into Nottingham and the East Midlands. Their services include free information and advice sessions, English language classes, community events, and a regional monthly community newspaper.

11 Tech 18 is a Nottingham based registered charity that provides advice, education and training, and support to individuals in the community, especially people from emerging communities in the city. The organisation has a trusted reputation and is well connected into the more maginalised communities of the city.

In order to deliver the engagement programme, both the commissioned organisations committed to a great deal of work.

They recruited volunteers to become the community researchers and champions– conducting interviews and providing information about what the CCG is and its function, encouraging participation from the targeted communities and completing surveys and interviews, (plus, where appropriate, interpreting and translating the responses and interviews from the original language into English) and finally compiling these into datasets.

All the volunteers that took part were trained to conduct ethical research in line with the CCG's protocols. All surveys and interviews were confidential, anonymous and were conducted with given consent. **Signpost to Polish Success** recruited 8 volunteers to conduct the research, **11 Tech 18** recruited 15.

A copy of the Training materials used to support the volunteers are attached - Appendix 2

Between July 2018 and October 2018 both **Signpost to Polish Success** and **11 Tech 18** carried out the engagement by conducting interviews with the following community members:

- Darfur Association Nottingham (Sudanese nationals)
- Hungarian East Midlands Society (HEMS)
- Romanian Society East Midlands &IDEEA ROM ASSOCIATION (Romanian and Roma from Romania)
- Commonwealth Africa (African nationalities)
- Edo Diaspora Nottingham (African nationalities)
- Global Sistaz (African nationalities)
- Balkan Bulgarians Nottingham
- Polish Community
- Czech Community
- Slovak Community

The recruited volunteers were able to speak to a diverse range of people; across different demographics and with different English language ability, and time lived in the UK.

Among those engaged by the volunteers were people who use healthcare services often, sporadic users of services and those who have rarely accessed healthcare in the UK.

The two organisations leading the engagement developed their own strategy to engage with the target communities.

"I enjoyed talking to people and their experiences with NHS – accessing services and communication. I learn about people concerns and things they are happy with. Some of them said that NHS services are cheaper than in Czech, but were not very happy with the quality of services. There were some ideas for improvements in accessing health services – especially being referred to a specialist and booking an appointment at the doctors. Also, people often talked about things that were exceeding the survey, especially when they had some bad experiences, but they were not willing to complete the interview. Sometimes they were saying that they don't have a story from the beginning to an end to tell, it's more like overall perception and experiences in general, which was often not positive. There was also an issue of unprofessional and simply unpleasant reception staff. People often were saying that this puts them off. For many people for whom English is a second language it is easier to talk face to face rather than over the telephone, but quite of few people I spoke to said they prefer to deal with their health issue themselves rather than going to their Medical Practice and speak to reception to book an appointment."

Vera, Czech volunteer Community Researcher"

Key Themes

1. Lack of understanding of the UK health system, processes and rules.

2. A lack of trust between some communities and the health system in general, linked to feelings that people are judged and assumptions made about their entitlement to UK health services.

3. The complexity of language barriers are often underestimated and have impacts that are much wider than a need for interpreters, including difficulties in registering with a GP surgery, empowering patients to feel involved in their care and building trusting relationships.

Survey Responses

A copy of the Survey is attached - Appendix 3

In total **Signpost to Polish Success** and **11 Tech 18** surveyed 186 individuals from the New and Emerging Communities in the City of Nottingham.

This feedback from these surveys provides valuable insight into the health experiences of these communities.

It should be noted that all the respondents did not give answers to some questions. Therefore, the quantitative data gathered from the survey does not accurately represent the findings which maybe interpreted as there not being a barrier or that there is not an important issue underlying. However, in questions where a personal experience was required, statements were provided that evidenced that there was a problem in that there is a barrier to accessing services or an underlying issue. Therefore, in analysing the data, I have taken into account both the quantitative and qualitative data and personal testimony.

Section A Demographics

The demographic data for the each of the Communities breaks down as follows:

Polish Community

- 34 people from the Polish Community were interviewed, of these 13 were male and 21 female.
- The ages ranged from 1 person aged between *16 – 25* years, 25 people aged 26 – 45 years, 7 people aged 46 – 65 years and 1 person aged 65 years or older.
- Every individual identified their ethnicity as White European with the immigration status 'European Citizen'.
- All identified their sexual orientation as heterosexual.
- The respondents live across all areas of the City; this is demonstrated by the recorded given postcode of each individual. This broke down as: 2 people in NG1, 1 person in NG2,4 people in NG3, 1 person in NG4, 5 people in NG5, 2 people in NG6, 10 people in NG7. 8 people in NG8 and 1 person in NG10.
- The time that people have lived in the UK varied greatly. The most recent arrival being 1 year ago (1 individual) and the longest resident having lived in the UK for 16 years.

Czech Community

- 18 people from the Czech community were interviewed, of these 10 were male and 8 female.
- The ages ranged from 6 people aged between *16 – 25* years, 6 people aged 26 – 45 years, and 6 people aged 46 – 65 years.
- Individuals identified their ethnicity as White European with the immigration status 'European Citizen'.
- 17 people identified their sexual orientation as heterosexual. 1 person as homosexual.
- The community live within 5 areas of the city; this is demonstrated by the recorded given postcode of each individual. This broke down as: 1 person in NG2, 6 people in NG3, 5 people in NG5, 1 person in NG6, and 10 people in NG7.
- The time that people have lived in the UK is between 1 month and 8 years.

Slovak Community

- 13 people from the Slovak community were interviewed, of these 2 were male and 11 female.
- The ages ranged from 1 person aged between *16 – 25* years, 6 people aged 26 – 45 years and 6 people aged 46 – 65 years.
- Individuals identified their ethnicity as White European with the immigration status as 'British citizens' (6 people) and 'European Citizen' (7 people).
- All identified their sexual orientation as heterosexual.

- The community live in just 4 areas of the city; this is demonstrated by the recorded given postcode of each individual. This broke down as: 2 people in NG1, 2 people in NG2, 5 people in NG5 and 4 people in NG7.
- The time that people have lived in the UK varied greatly. The most recent arrival being 5 year ago (1 individual) and the longest resident having lived in the UK for 20 years (1 person).

Hungarian Community

- 21 people from the Hungarian community were interviewed, of these 9 were male and 11 female.
- The ages ranged from 19 people placed between *26 – 35* years category, 1 person aged 46 – 55 years and 1 person aged *65 years or older*.
- Individuals identified his or her ethnicity as white European with their immigration status European Citizen.
- All identified their sexual orientation as heterosexual.
- The community live across all areas of the city; this is demonstrated by the recorded given postcode of each individual. This broke down as: 1 person residing in NG1, 4 people in NG3, 4 people in NG5, 2 people in NG6, 4 people in NG7, 5 in NG9 and 1 person in NG10**.**
- The time that people have lived in the UK varied greatly. The most recent arrival was 18 months ago (1 individual) and the longest resident having lived in the UK for 12 years.

Sudanese Community

- 32 people from the Sudanese community were interviewed, of these 26 were male and 5 female and 1 person who did not disclose.
- The ages ranged from 14 people placed between *16 – 25* years category, 12 people *26 -35* years, 1 person aged 36 – 45 years and 5 people aged 46 – 55 years.
- All surveyed identified their ethnicity as black African.
- However, their immigration status varied as follows; 15 people identified as refugee / asylum seeker, 12 people have British citizenship, 1 person has a student visa and 3 people were EU Nationals.
- All except 1 person identified their sexual orientation as heterosexual. 1 person identified as Homosexual.
- The community live across many areas of the city; this is demonstrated by the recorded given postcode of each individual. However there is a high concentration of people from the Sudanese Community living in NG7. This broke down as: 1 person residing in NG1, 2 people in NG3, 1 person in NG5, 1 person in NG6, 21 people in NG7 and 4 people in NG8**.**
- The time that people have lived in the UK varied greatly. The most recent arrivals (4 people) less that a year ago and the longest resident having lived in the UK for 25 years.

Bulgarian Community

- 6 people from the Bulgarian community were interviewed, of these 4 were male and 2 were female.
- Their ages ranged from *16 -65* years
- All people surveyed identified their ethnicity as White with their immigration status as EU National.
- All people identified their sexual orientation as heterosexual.
- The interviewees lived in 2 areas of the City; this is demonstrated by the recorded given postcode of each individual. This broke down as: 2 people in NG2, 1 person in NG5, 1 person in NG7 and 2 people in NG8.
- The time that these people have lived in the UK is between 2 and 10 years.

Global Sistaz (mixed nationality group)

- 21 people were interviewed from this Women's community group.
- The ages ranged from 4 people placed between *16 – 25* years category, 13 people *26 -45* years, and 3 people aged 45 – 65.
- Mixed demographic, including, Sudan, Malawi, Cameroon, Gambia, China, Nigeria, Ethiopia, Eritrea, Sri Lanka, Kenya, and Algeria.
- Those surveyed identified their ethnicity as black African or Asian.
- However, their immigration status varied. 18 people identified as refugee / asylum seeker, 1 person has British citizenship, 1 person is awaiting a resident permit visa and 1 person is a EU National.
- All except 1 person identified their sexual orientation as heterosexual. 1 person did not disclose their sexual orientation.
- The community live across 3 areas of the city; this is demonstrated by the recorded given postcode of each individual. This broke down as: 5 people in NG2, 11 people in NG3, 5 people in NG7.
- The time that people have lived in the UK varied greatly. The most recent arrivals (1 person) less that a year ago and the longest residence having lived in the UK for 13 years (2 people).

Romanian / Roma Community

- 19 people from the Romanian/ Roma community were interviewed, of these 11 were male and 8 female.
- The ages ranged from 4 people placed between *16 – 25* years category, 12 people *26 -45* years, 2 people aged between 45 – 65 years and 1 person over 65 years.
- Those surveyed identified their ethnicity as white.
- However, their immigration status varied as follows; 3 people have British citizenship, 1 person is a student and 15 people are EU Nationals.
- All 19 people surveyed identified their sexual orientation as heterosexual.
- The community live across 5 areas of the City; this is demonstrated by the recorded given postcode of each individual. This broke down as: 1 person in

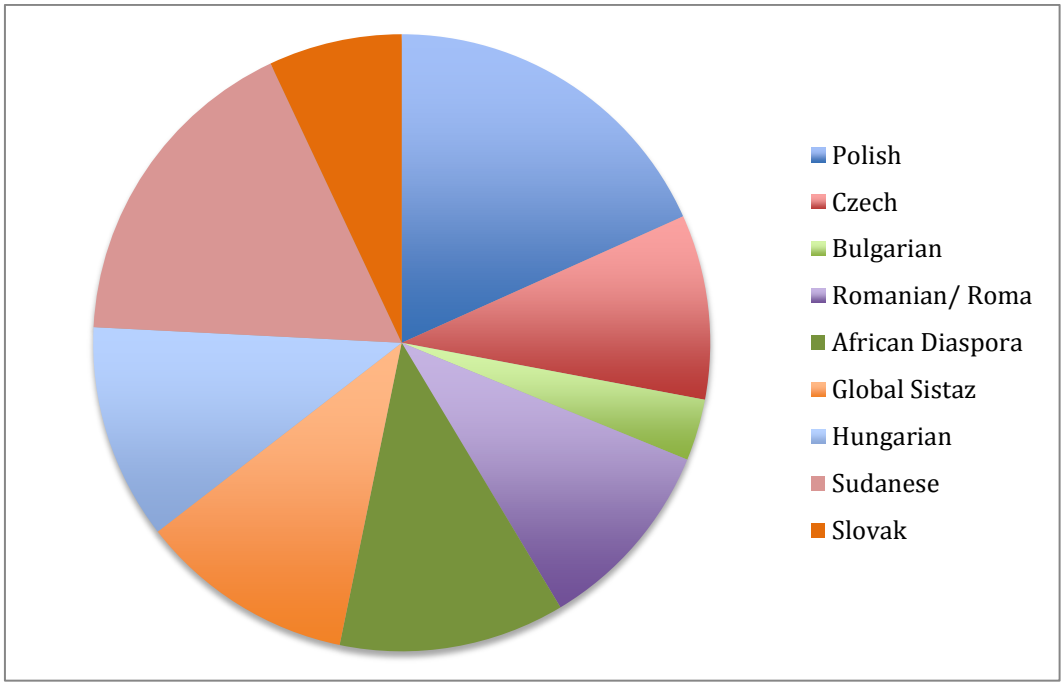
NG1, 1 person in NG2, 1 person in NG3, 1 person in NG5, 2 people in NG6, 6 people in NG7, 2 people in NG9, 2 people in NG11. The remaining 3 people live in the county in NG15.

- The time that people have lived in the UK varied greatly. The most recent arrivals (1 person) less that a year ago and the longest residence having lived in the UK for 38 years (1 person).

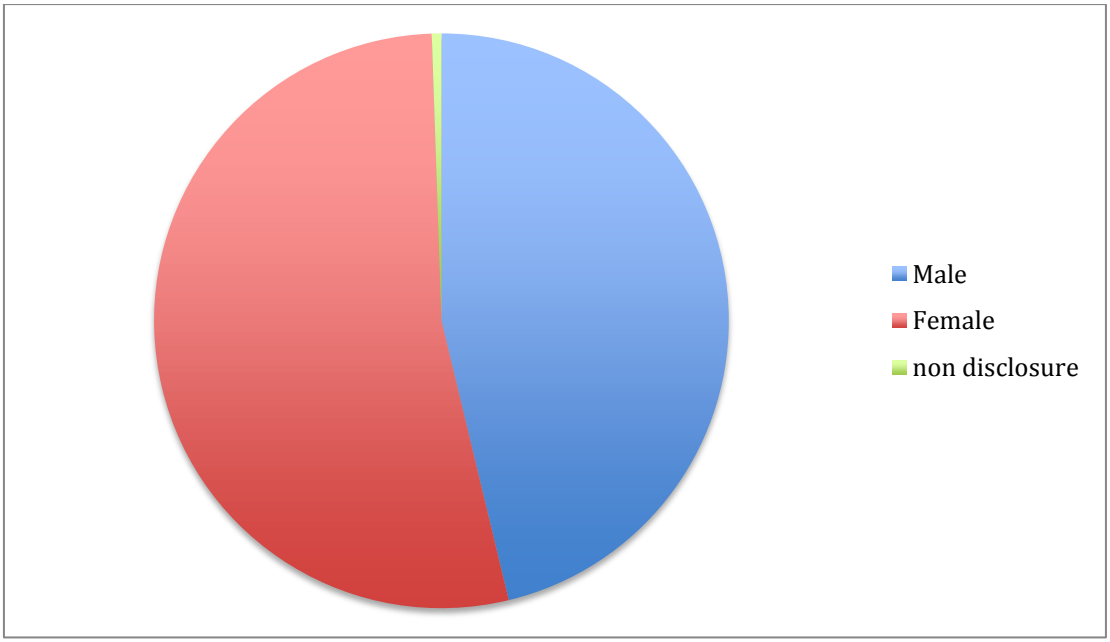
African Diaspora (mixed nationality group)

- 22 people from the African Diaspora community were interviewed, 13 were male and 7 female. 2 people did not disclose their gender.
- The ages ranged from 6 people placed between *16 – 25* years, 11 people aged *26 -45* years and 2 people aged in the 45 -65 category, with 3 people not disclosing their age.
- Those surveyed identified their ethnicity as Black from the Caribbean, Nigeria, Malawi, Cameroon, Zimbabwe and Gambia.
- However, their immigration status varied as follows; 7 people have British citizenship, 2 people have student visas and 10 people are EU Nationals. 3 people stated 'other'.
- 15 people surveyed identified their sexual orientation as heterosexual, 1 person identified, as homosexual and 5 people did not disclose their sexual orientation.
- The community live across of the City; this is demonstrated by the recorded given postcode of each individual. This broke down as: 2 people in NG1, 3 people in NG5, 2 people in NG6, 6 people in NG7, 1 person living in NG8, 1 person in NG9 and 2 people in NG11, 1 person in NG12. The remaining 4 people did not disclose this information.
- The time that people have lived in the UK varied greatly. The most recent arrival 'had just arrived' and the longest residence having lived in the UK for 20 years (1 person).

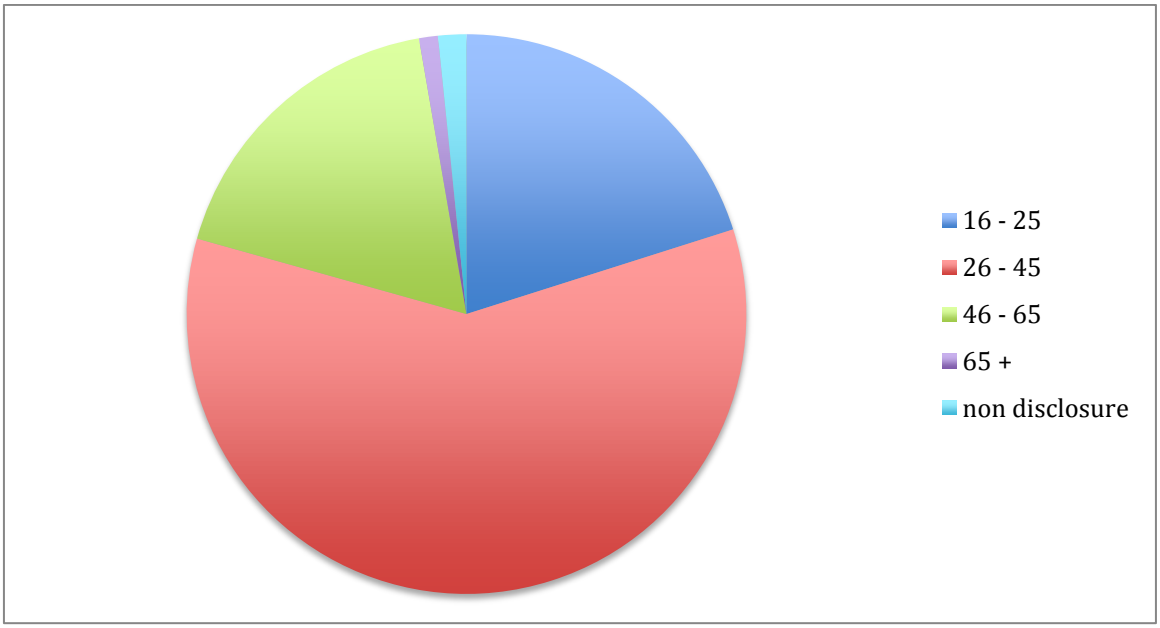
Visual breakdown of Community by Nationality



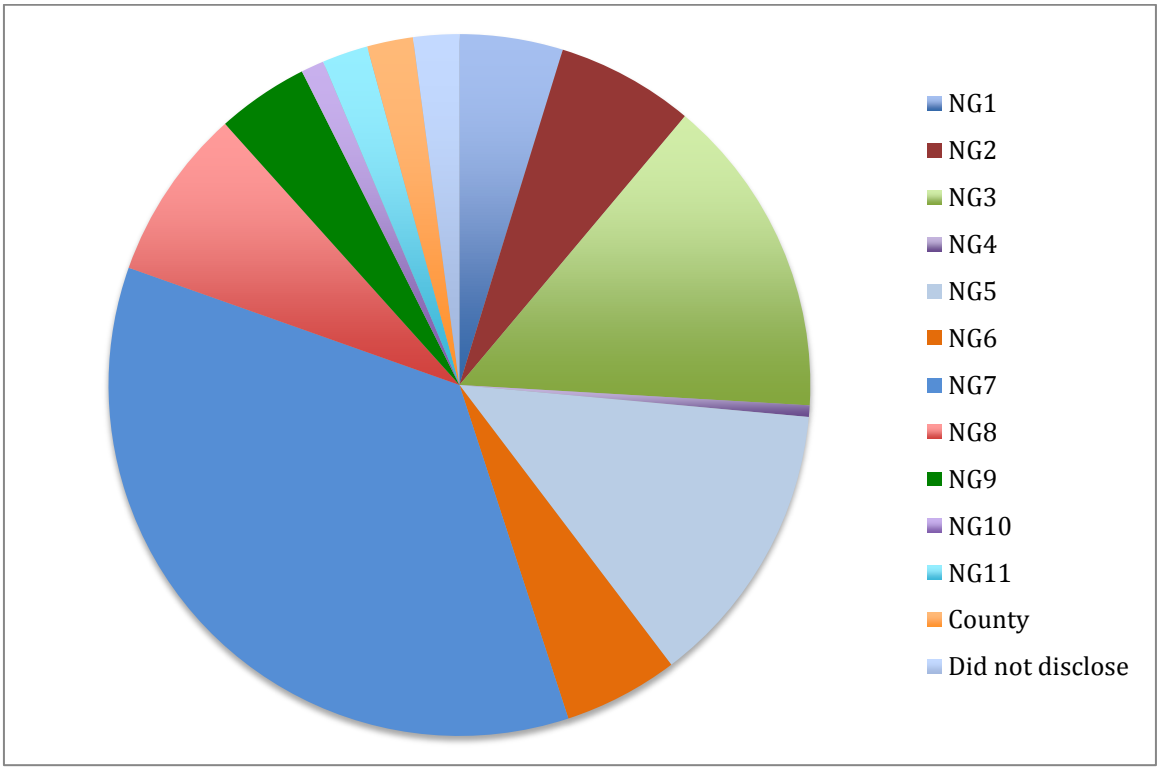
Visual breakdown of Community by Gender



Visual breakdown of Community by Age



Visual breakdown of Community by Postcode



Are you and your family registered with a GP in Nottingham?

In response to this question, 176 people answered that they are registered with a GP in the City.
7 people surveyed are not registered with a GP in Nottingham.

Have you used the NHS and healthcare systems in England?

In response to this question, 179 have used the NHS and healthcare systems in England. The answers included were: GP, A & E and Urgent Care Service and specialist services for example, Maternity and Physiotherapy.

Did you find accessing health care in the UK very different from your country of origin?

> ***"Yes, different. Medications and Injection are given on first visit once it is established that you are actually sick of what you complain about. We usually don't book appointment, you just turn up, and you also get blood test on the same premises not making another appointment at a different location. Although in UK, you do get lots of explanations to what medication you are offered whereas in Africa you are just treated without explanation."***

All the respondents to this question answered that, YES, they did find accessing healthcare very different from their country of origin. Some people were unable to answer the question about the differences in accessing the health care system in the UK and country of origin as they either arrived to the UK when they were teenagers or had lived in the UK for such a long period of time that it is difficult to compare.

> ***"For me the Healthcare in UK is not too bad it is better than my country Healthcare."***

These reasons included both positive and negative differences:

Positives

- Health service is provided at the point of need, therefore private health insurance is not required unlike in the country of origin**.**

- The cost of medication is more affordable due to flat fee charging for prescription medication.
- Having a family GP is appreciated.
- Maternity Care is largely considered to be much better in the UK.

Negatives

- It is difficult to both make an appointment to see the GP, often having to wait over a week for one. This was further exacerbated and much more difficult if the person worked shifts or was employed on a Zero hours contract in the Gig economy.
- Waiting times are very long for all appointments.
- Appointment times were too short to fully explain symptoms or explore problems.
- Repeat appointments and visits to the GP are required to be taken seriously for a problem.
- Paracetamol is dispensed for the majority of illness, this was concerning to those surveyed.
- It is difficult to have a referral made to see a Specialist Consultant (e.g. Dermatology, Paediatrics, Gynaecology, etc.)
- There are no self-referrals available to see specialists.
- Test results are not shared with the patients.
- Concerns about seeing a Nurse rather than a Doctor**,** there is some confusion about roles and responsibilities in comparison to services provided in countries of origin.
- Anxiety regarding cultural questions asked by health care professionals, this leads to people feeling judged.

Several Polish community members stated that they continued to use the health system privately in Poland in addition to using health services in the UK/ in Nottingham.

> ***"I don't believe that GP can actually help with my health problems. I go to Polish doctors when I am in Poland, unless it's urgent, but that's not happening often."***

Section B Difficulties in accessing the UK health system

The second part of the health engagement survey was focused on difficulties in accessing health services in the UK. This section was giving the people the variety of possible reasons they may have limited access to health services.

What stops you from accessing health care services?

"I only go the doctor if I really need to, I don't feel confident. I feel judged especially by the reception staff for not knowing the language."

"When there is a persistent complaint on someone health issues a thorough Investigation should be carried out, before it gets complicated. Time taken for referral is too long."

The vast majority of respondents sited barriers that prevented them accessing care and services that they are requiring and entitled tor

Providing quantitative data on this section of the survey does not accurately represent the underlying issues communicated by he combination of survey responses and the personal experiences shared. Therefore this report takes into account both the quantitative and qualitative data and personal testimony to create a clearer and better understanding of the evidence.

Language barriers

"I don't think I present my problem properly and then it is not treated seriously."

In response to this question 112 people surveyed said that that YES they did experience language being an issue for them when accessing services. However, some people preferred not to give this as an answer feeling that they should learn English and didn't wanted to be perceived as patients who demand to have an interpreter available at all times.
When looked at with additional responses to other questions, this issue became a more significant one with much wider implications and impacts for services and patients.

This were identified by people as:

- Finding it difficult to register with a GP Surgery because there language or literacy level made this difficult
- Feeling judged because their English was poor

- Feeling judged because they had to ask for a question to be repeated or said more simply or slower
- Feeling judged because they have an accent
- Making appointments where an interpreter was required took more time and was problematic when an urgent consultation was required
- GP Surgeries were unwilling or reluctant to utilise Interpretation services
- Healthcare professionals talked to the interpreter rather than the patient
- Appointment times were not long enough to communicate properly or meaningfully with the health care professional
- Literature and leaflets in English are often not accessible or uses language that is not understood
- Translated literature is often badly translated, confusing and/ or out of date

> ***"I am pleased to have an interpreter however it would be great to have some more technology (like touch screen) so the services could be translated into languages."***

> ***"[It would be useful to have} Leaflets in different languages, dictionary of most frequent health related words."***

> ***"I would like to see more lessons about health and health related vocabulary at my ESOL class."***

Not sure how to talk to medical staff so we understand each other

The responses to this question were mixed and ranged from neutral to negative in tone. People mentioned feeling:

- Surgery Receptionists were being rude / judgemental / unfriendly
- The NHS doctors focused on symptoms of the sickness rather than prevention.
- A lack of confidence in saying how they were feeling or to describe their symptoms
- Unable to ask questions
- Not taken seriously
- Not listened to
- That health professionals were dismissive

However, people took this question as an opportunity to make some suggestions that would improve understanding between healthcare professionals and themselves. These suggestions included:

- Drawing and diagrams that people can point to
- Language toolkits
- Using simple sentences
- Duel language leaflets

- GP doctors to be more empathetic
- Cultural awareness training

"Medical staff don't discuss with you, just give a prescription."

"Training for health professionals about what tools can be used with patients that don't speak good English."

I don't feel involved in decisions made about my care

"Medical staff don't talk about options."

"GP assumes that I don't understand/know anything and therefore just present me with a prescription."

Many people indicated that they felt disengaged from or felt a lack of control in, their own health care.
This was indicated by responses that divided into the following themes.

1. Language
    - Not feeling fully understood / listened to or not taken seriously by the GP or nurse.
    - Problems with interpreters. e.g. the length of time to make an appointment makes people feel unvalued, feeling ignored by the health care professional when the conversation is with the interpreter, a lack of trust in the interpreted conversation.
    - Not having the linguistic ability or confidence to ask questions about test results, diagnosis, referral or treatments.
    - One person identified that their difficulty was not necessarily language but their deafness that they were struggling to convey to the GP. Assumptions were being made and this acted as a barrier to any form of meaningful communication. This was a great frustration and disappointment to the individual.

2. Lack of understanding of the health system, how different conditions and problems are prioritised or the process for prescribing medicines.
    - Not understanding the referral process or the amount of time this takes.
    - Not understanding the different roles that different healthcare professionals have. This was a recurrent theme especially regarding nurses at GP Practices and Health visitors in post-natal care.
    - Use of emergency and urgent care services.
    - A number of people from Poland and the Czech Republic indicated that they preferred to travel back to their country of origin for tests and

treatment because of the delay in referral and access to treatments. The reasons given were a lack of trust in the process.

"I don't want to see just GP for all my problems and being told to take paracetamol."

"Sometimes I am confused which services I can self-refer to. For example, Gynecologist and Opticians?"

"You have to be assertive to get the proper help rather than course of prevention."

3. Entitlement to Healthcare Services
   - Anxiety about being charged for care and services.
   - Uncertainty about entitlement for the patient.
   - Being asked for evidence to prove entitlement especially at GP registration.

The findings around the issue of people's perceived entitlement to health services in the UK are drawn from the survey responses and from wider comments made during interviews, There is a lack of trust between many community members and the local health services, with people often feeling they are being judged and that assumptions are made about their actual entitlement to access health services in the UK. A low level of trust between communities and local services can have negative impact on people's willingness to access help when they need it.

I don't know where to go or what support is available for me

"Who I can talk to regarding appointments with specialists?"

It was evidenced by the responses to the survey that there is mixed knowledge about what support is available to them.
There appears to be little signposting carried out via health professionals for self care or self help or direction towards support groups.
The few people that did identify some knowledge were searching proactively utilising the following: local libraries, community organisations and community centres, the Internet and pharmacies.

The data indicates that these people tend to have better English language skills, have been resident in the city for longer periods of time and are residing in areas of the city with more community diversity and infrastructure.

Are you aware of other health services out of GPs and hospital?
It was evidenced by the responses to this question that there is generally scant awareness of other health services beyond GPs or hospitals.

This response fell into 4 distinct groups:

1. Those who left the question unanswered
2. Those who answered that they had no knowledge of other/ additional services
3. Those who had heard of Private Healthcare and Social Care but had little knowledge about them
4. Those who had knowledge of and used a service

   The services that these identified were:
   - Physiotherapy
   - Support with Hearing loss
   - Gynaecology
   - 111 Service
   - Optician
   - Dentist
   - Pharmacy First
   - Counselling
   - Maternity services
   - Double Impact
   - Support to stop smoking
   - Support for weight loss
   - Healthy Gay Nottingham

Section C Accessing information about the health care system in the UK

Where do you find/get information about the health care system now?

One of the aims of the CCG in commissioning this survey is to learn about people's preferences in obtaining information about Health care and services.
The majority of people interviewed gathered information about the health care system from the Internet (63), GP and Health Professional (63), Community Organisations (41), and friends/family (29).

Other answers included:

- Work
- NHS interpreter
- GP practice leaflets
- Facebook groups/ Social Media platforms
- NHS website
- Health services websites from other countries
- Church
- Youth Centre
- School/ Collage
- Nottingham City Council
- Pharmacy
- Community Events.

Where would you like to get/receive the information?

In terms of where would people like to get/receive the information from the majority answered GP or Healthcare Professional (40 people), followed by Internet, local Libraries Community Centre and Community Organisations, College/school and by visits and community events.

How would you like to get information about the care system?

When asked this question in the survey with identified options and suggestions, the response were very much in favour of face-to-face contact and human generated communication, and also establishing a sense of place by visiting a venue or event. Where the Internet featured highly in the previous question, it was very low in this questions response.

1.	By visiting a health service	88
2.	By visiting a community establishment	62
3.	Community raising awareness events	66
4.	By email, phone or text messages	65
5.	By social media	15
6.	Other (internet)	4

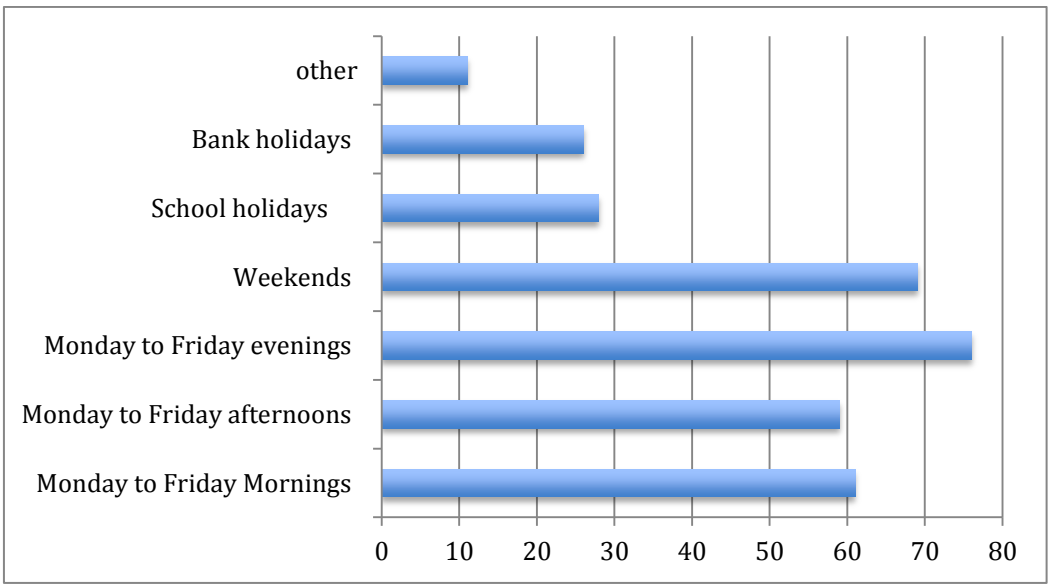
Section D Availability

When is convenient for you to attend health appointments and activities or look for information?

This question was enthusiastically answered by all interviewed. The findings are as follows:

Monday to Friday Mornings	61
Monday to Friday afternoons	59
Monday to Friday evenings	76
Weekends	69
School holidays	28
Bank holidays	26
Other	

- Depending on my working hours/ shift work (8),
- 24 hrs. (2)
- When one of my children is available to interpret (1)



However, what this question failed to explore was the booking system to make appointments.

There were comments about being unable to afford the telephone call and sitting and waiting until you can be seen as inconvenient.

People who identified themselves as being shift workers or on Zero-hours contracts in the GIG economy were especially disadvantaged and penalised by both the booking system and the appointment times. They are unable to make appointments easily as they would have to either loose sleep or be anxious about loosing future work or contracts.

Suggestions were also made by respondents that they consider to be helpful:

- Making a self-referral services to specialist clinics available
- Better access to interpreters - having the facility to book appointment online with an interpreter
- Being able to book an interpreter earlier than a week/ two weeks in advance

Suggestions with regards Opening times are:

- More appointments available for people working 9-5
- More flexible opening hours of medical practices and maybe one weekend per month or so for the GP practices to be open
- Longer opening hours

Section E Is there anything else you wish to share with us or let us know?

Responses to this question are varied and some reveal frustrations and anxiety about the care being received, Responses included:

- I had an unpleasant experience with a reception staff that discourages me to arrange a visit. I would prefer online booking system, not available at my GP

- Once you manage to see the specialist (it took me several months before my doctor decided to make a referral to cardiologist), the service is brilliant and professional. The hospital staff are excellent

- It is a shame that a few years after a heart attack no one even got me on the electrocardiogram treadmill test to investigate and check the condition of my heart. All GP's I have requested it with seemed to be surprised, not interested. In Poland these are the basic procedures. I do not feel that the council knows what works and what doesn't with us, the migrants

- When there is a persistent complaint in someone's health issue thorough investigation should be carried out, before it gets complicated

- Time taken for referral is too long

- I would like to have an access to my medical / tests results, just like in Poland, where always I get a copy of tests results. In England the results are being sent to GP and I don't have access to see them

- Well most of the time when I see my GP I feel I waste my time. They not try to help to find out what is the main problem that could cause the illnesses. They mainly give Paracetamol for everything to reduce pain/symptoms. Also to get appointment in hospital can be ages

- Paracetamol does not solve every kind of sickness, and without be seen by a doctor I can't get medicine

- A child doctor at every GP should be important because a general doctor may be doesn't know [enough about] children sicknesses

The questionnaire was overwhelming for our members, because of language barriers as well as the lack of knowledge about the health care system. The questions that were requiring detailed explanations were limiting many people to answers, hence the low number of participants. Most members are unable to communicate their experience about health care in English and some even struggle in Hungarian to write about.

Also, many people do not understand the system, therefore unable to communicate what they do not know.

I would suggest a quantitative more specific questionnaire where people could realise about things they do not know. Such as break down mental health and physical health issues in a way they can recognise knowledge gap in the area. For example, if you have experienced mental/physical health problem did you know the following options are available for you then list them.

Our community would be grateful if, in any format, we could show people where to turn to with specific issues. Unfortunately, recently many people asked us what to do when they have mental health issues. They are regularly relying on A&E, and on ambulance services, but they do not want or don't know how to approach GP about this.

This puts pressure on other services too. We would be grateful if we could have a chart to pass on where and when to turn to health services and what is going to happen.

We feel that more education is needed in this area to enable people to engage with the topic and to understand the system in the UK. Also, Information about IAPT services would be also appreciated as we see a rise in the number of people who could benefit from this.

Thank you for your consideration and I hope the detailed above will help our work in a more effective way.

A letter from a Hungarian Community Leader

Wider Findings

In commissioning this work, the CCG wished to better understand how community organisations and groups and individuals from New and Emerging Communities are currently engaging with health professionals.

The communities responded, mostly by saying that they have little engagement with health professionals or staff.
Community groups are most likely to engage in the activities delivered by their leaders rather than directly with the wider community.

People felt that they lack confidence in dealing with professionals when their English is not fluent, or that they also don't feel as though they are treated with common courtesy if they have an interpreter as the medical staff make greater eye contact with the interpreter. This results in the patient feeling as though they don't exist.

The responses indicate feelings of marginalisation and a lack of trust among some communities with healthcare professionals and the system as a whole.
The vast majority of contact respondents had with the health service was through GP practices. It is therefore the most important area to focus on in any work that seeks to improve understanding of the communities engaged and build greater knowledge of, and trust in the health system.

The work of the CCGs cultural competence development plan should seek to the raise awareness among CCG staff and GPs about the needs of different community groups by ensuring that the following issues are carefully considered:

- Appropriate, timely and sensitive use of Interpreters
- Leaflets and information available in community languages
- Awareness of Gender sensitively
- Greater empathy from healthcare professionals.
- That all medical professionals do not to use jargon
- Considering the difficulty people who work in the gig economy have in booking and keeping appointment, given that their employment is insecure, hours can change at late notice and worked hours are usually long.

The CCG has an interest in developing the capacity and capability within these identified and other new and emerging communities. The volunteers recruited and trained to deliver this engagement programme could be utilized as community champions, continuing to engage with their communities on behalf of the CCG.

Recommendations

Based on the data gathered in the survey and interviews, it can be evidenced that the service provided varies that people from new and emerging communities feel unengaged and disconnected from the health services, creating the perception that they receive a different level of care from other members of the community.

To address this, the following points should be considered:

- Create a simple visual guide or systems map to illustrate how the NHS works
- Use language that resonates with people. The use of jargon and technical terms are a barrier to communicating with individuals especially those whose first language is not English
- Commit to continued innovation, efficiency and investment in technology and IT
- Increasing the collaboration and partnership working between GPs, specialist health services and social care, third sector agencies and the community
- Deliver cultural awareness and engagement training for key staff. (Especially GP Receptionists and Health professionals that visit people in their homes)
- Develop a greater cultural understanding between medical staff, patients
- Encourage a culture of transparency and openness. Ask medical professionals to explain the process or why a question is being asked, what their role is etc. This will empower individuals to have agency and feel engaged in their healthcare
- Have a commitment to include patients and the public in the work of the CCG and to empower communities to shape and contribute to their own care.
- Find out what matters most to the community and use this to frame every communication and be responsive
- Be committed to meaningful community engagement and nurture relationships
- Invest in key Community Organisations and TRUST that they will deliver for their communities
- Work with Communities and Community Leaders to deliver events.
- Develop both the capacity and capability within new and emerging communities as identified by Community Champions
- Attend community events to learn from them about engagement and their communities
- Pay attention to who attends but be more attentive to who does not attend – explore this
- Develop the Community Champion model as the liaison between all stakeholders so that they can continue to engage with the CCG, other statutory agencies and local organisations

- Provide training and development for the Community Champions to build their personal knowledge and capacity

Special thanks and acknowledgements:

Community Health Matters is a community delivered engagement project in Nottingham focusing on Eastern European and African communities. Commissioned by NHS Nottingham City CCG in partnership with Nottingham Equals and Nottingham City Council and delivered by Signpost for Polish Success and 11Tech18.

This report has been written by **Beatrice Giaquinto** with **Signpost to Polish Success** and **11 Tech 18** in February 2019.

Signpost to Polish Success (SPS) and **11 Tech 18** were the organisations engaged because of their expertise of working with, access to, and knowledge of the identified communities.

SPS were commissioned to consult with members of the Polish, Slovak and Czech communities.

11 Tech 18 were to consult with members of the Hungarian, Bulgarian, Romanian, Sudanese, and wider African and Commonwealth Diaspora.

Signpost to Polish Success is a highly respected charity, founded in December 2005 to support Eastern European migrants, especially Poles, to integrate into Nottingham and the East Midlands. Their services include free information and advice sessions, English language classes, community events, and a regional monthly community newspaper.

11 Tech 18 is a Nottingham based non-profit organisation that provides advice, education and training, and support to individuals in the community, especially people from emerging communities in the city. The organisation has a trusted reputation and is well connected into the more marginalised communities of the city.

In order to deliver the engagement programme, both the commissioned organisations committed to a great deal of work.

They recruited volunteers to become the community researchers and champions – conducting interviews and providing information about what the CCG is and its function, encouraging participation from the targeted communities and completing surveys and interviews, (plus, where appropriate, interpreting and translating the responses and interviews from the original language into English) and finally compiling these into datasets.

Everyone involved in the programme would like to place on record their special thanks to these organisations and their volunteers for their work in bringing this project to life.

Appendix 1

Community Partners Programme

Engagement Brief

Title of the engagement project
Engaging New and Emerging Communities Programme
Background
The CCG has identified a need to establish communication and engagement channels across a range of new and emerging communities within Nottingham City, with a particular focus on Eastern European migrant communities. The project has been informed by a scoping exercise undertaken with partners across the statutory and voluntary sectors. The scoping exercise identified that engaging with new and emerging communities was challenging and that there was a general lack of quality intelligence to inform service delivery, and to inform the best approaches for engagement. There was a specific challenge identified in understanding how to engage with communities broadly identified as Eastern European, including: Polish, Hungarian, Czech, Bulgarian, Slovakian, Slovenian and Roma communities. There is no single comprehensive picture of the size of the Eastern European migrant population in Nottingham City. The best indicator is the number of National Insurance numbers granted to people from Eastern European countries. Between 2004 and 2014, 20,300 people from EU accession states were granted National Insurance numbers, which represents a significant population. Despite the estimated size of the populations, the CCG has little intelligence on use of health services by Eastern European migrants and very limited ability to undertake engagement to understand their needs. Despite a general lack of intelligence on new and emerging communities in Nottingham City, the scoping exercise provided anecdotal evidence that service uptake and appropriate use of services may be limited. As part of the city's Joint Strategic Needs Assessment Nottingham City Council and the CCG have undertaken a BME Health Needs Assessment (HNA), informed by extensive engagement. This HNA has also identified that further engagement is required with new and emerging communities, particularly Eastern European communities, if commissioners are to understand the health and wellbeing needs of these groups. Nottingham Equal work with new and emerging communities and through their work they also identified that better engagement is needed with new arrival communities, particularly with Eastern

European and African groups. Nottingham Equal approached Nottingham City Council and proposed to undertake some engagement work to target Eastern European and African groups. A small sum of £1000 was agreed to help facilitate this work. The scope of the project is thus to engage with a range of new and emerging communities of Eastern European and African origin.

The scoping exercise indicated that local community groups are best placed to provide reach into the communities the project wishes to engage, but that they currently lack the capacity to do this. The project will therefore seek to support existing community organisations and groups to undertake the engagement.

Purpose of the Programme

The project will commission a programme of engagement that will include both Eastern European and African Muslim communities. Funding is provided by the CCG and by Nottingham Equal.

The purpose of this programme to establish communication and engagement channels and approaches with the communities identified. The programme's aims are to:

- Establish relationships between the CCG and its partners and those organisations, groups and individuals who are currently working within each community
- Develop effective communication and engagement channels with the communities identified
- Obtain an understanding of the behaviours and preferences of local communities in relation to communications and engagement
- Use the knowledge captured to inform future communications and engagement approaches with the communities identified.

The findings from the engagement will be shared across the CCG's commissioning teams and with local partners and will be used to inform how organisations can communicate and engage with those communities in the future.

This programme will be achieved through the following activity:

- Establish a multi-partner steering group which will provide advice and expertise to the programme and will oversee delivery of the programme
- Commission an engagement partner with experience working within the communities identified to:
    - Identify and recruit community volunteers to undertake the engagement, who are currently volunteering either within local communities or with local groups
    - Work with the community volunteers to identify the best method of delivery for communications and engagement
    - Co-ordinate and support community volunteers to undertake engagement within their communities
    - Analyse the feedback from engagement activities carried out by the community volunteers and present this to a range of stakeholders.

Programme Delivery

The programme will be delivered in three phases.

Phase 1 – Establish a Steering Group to oversee the programme

- Provide advice and expertise on the design and delivery of the programme based on the members' experience, knowledge and skills of working with the communities identified
- Undertake a mapping process of local community organisations, groups and individuals who are currently working within each identified community
- Develop a brief in order to commission an engagement partner to deliver phase 2 and 3 of the programme through the CCG's Community Partners Framework
- To oversee delivery of the programme through monthly meetings with the engagement partner and by receiving regular updates and reports on the delivery of the programme.

Phase 2 – Commission engagement partners who can identify and supply volunteers and coordinate engagement within the communities that they are currently working with

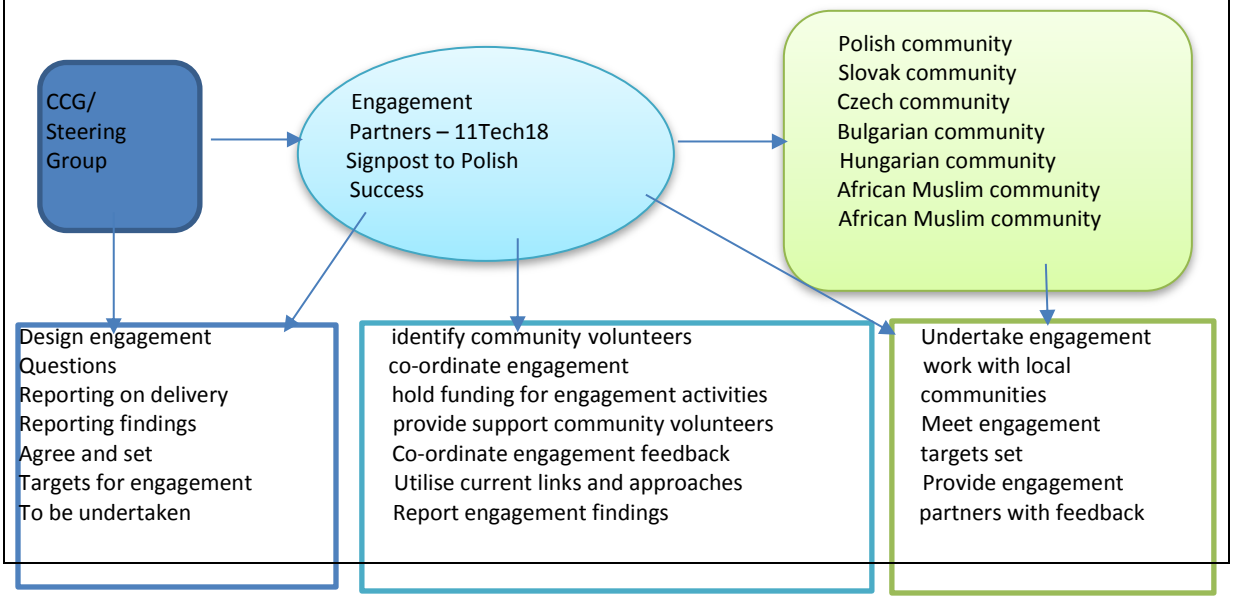
- Engagement partner to work with the community volunteers to co-ordinate a range of engagement activities that will enable the volunteers to undertake engagement
- To work with the Steering Group to create a range of questions that can be used for the engagement activities and that will meet the objectives of this programme e.g. how do local communities want to receive information; what is the best method of engaging with communities.

Phase 3 – Delivery of engagement activities within identified communities

The Engagement Partner to support and co-ordinate community volunteers to:

- Undertake engagement activity using a range of approaches
- Analyse and report back findings from the engagement to the CCG, Steering Group and partners
- To make recommendations (where appropriate) on approaches or processes that enable ongoing communication and engagement with local communities
- To work with community volunteers to support them to present their engagement findings to the CCG, Steering Group and partners at a stakeholder event.

Proposed model for delivery:



Funding is to be allocated on the following basis:

- £1,125 for engagement within each identified community
- £1,625 for coordination and delivery of the final presentation event to feedback findings from the event (includes funding for venue and refreshments as well as administrative costs)
- Funding allocations for each organisation are summarised in the document below

Engagement objectives

The engagement objectives of the programme are as follows:

- To understand how organisations, groups and individuals are currently engaging within the communities identified
- To understand the preferences from local communities in how they would like to receive information in relation to local health and care services
- To develop channels and approaches to undertake effective and meaningful communication and engagement with the communities identified
- Use the insight through the engagement to inform how the CCG and its partners can provide targeted information and support in relation to local health and care services
- To inform the CCG's cultural competence development plan – this is a programme of work that seeks to raise awareness among CCG staff and GPs about the needs of different groups
- To develop capacity and capability within the communities identified through community champions so that they can continue to engage with the CCG and other local organisations.

Service Description/Requirement

For the purpose of this brief the provider will be responsible for the delivery of phases 2 and 3 described above.

Required outputs and activity

<u>Overview</u>

The engagement partners (the providers) will be responsible for the delivery of a range of engagement activities to gather feedback. The engagement partners are responsible for engagement with the communities below:

- **Signpost to Polish Success** – Polish community; Slovak community; Czech community
- **11 Tech 18** – Bulgarian community; Hungarian community; Sudanese community; English speaking African communities

11 Tech 18 are also responsible for coordination and delivery of a partner event to present the findings of the programme to local organisations.

Engagement partners will draw up proposals for engagement activities to reach the groups defined

above. These will be agreed with the Steering Group. The Steering Group will not set targets for the numbers of people engaged as it recognises that the communities being engaged by each provider are different and that some are more difficult to reach than others.

Instead of setting targets for the number of people to be engaged, the programme has a range of expectations around**the evidence the engagement partners produce to demonstrate**:

- The number and range of engagement activities they have carried out
- The work they have undertaken to maximise participation in the engagement
- The work they have undertaken to engage across the different groups within each community, in particular Roma communities where relevant.

These expectations are set out below.

Identification and training of volunteers

Engagement partners are responsible for identifying appropriate volunteers to be trained to deliver the engagement. The project expects that:

- The volunteers should be drawn from the communities being engaged and should represent the range of groups across each community
- Engagement partners should seek to recruit a balance of male and female volunteers
- Engagement partners should have safeguards in place to ensure that the volunteers recruited are suitable for the role
- Engagement partners will work with the training provider to ensure that the training is suitable for the volunteers identified and that volunteers are appropriately supported through the process.

Delivery of engagement

Engagement partners can undertake engagement using a range of approaches. All engagement activities must gather feedback against the engagement questions, which are to be developed. Suitable approaches include:

- 1-1 engagement
- Hard copy surveys
- Online surveys
- Events.

Engagement partners can utilise existing events and activities attended by the communities being engaged.

Engagement Partners may also identify individuals who are willing to share their experiences in more detail. The programme encourages Engagement Partners to develop case studies based on the experiences of individuals and will work with them to develop questions for 1-1 interviews or

focus groups to support this.

The project expects that:

- Engagement activities will take place for each community to be engaged, with **at least** 3 engagement activities for each community (see below for a definition of 'engagement activity'
- Engagement partners seek to engage across the breadth of communities, considering Roma communities where appropriate as well as different characteristics such as age; gender; sexual orientation and religion
- Engagement partners will capture demographic information from those being engaged, using a template to be developed for the project
- Engagement will gather feedback against the engagement questions, to be developed for the programme.

The project expects that engagement partners will deliver **at least** 3 engagement activities for each community being engaged. For the purpose of the programme an engagement activity is any activity that involves delivery of engagement for a half-day period. This is in recognition of the additional work required for coordination and administration. An engagement activity may therefore involve volunteers attending a community event for half a day to capture feedback using a survey template.

The project will seek the following evidence of activity:

- Evidence of promotional activity (social media; leaflets; articles; correspondence etc.)
- Evidence of efforts to engage each community, as well as evidence of effort to engage across the range of groups within each community (as above)
- Demographic monitoring information (to be captured using a template provided by the project)
- Any photographs taken of events and activities
- Evidence of the number of people engaged from each community
- Copies of individual feedback captured.

The following templates are included below:

- Case study template
- Survey
- Demographic monitoring template

<u>Monitoring and reporting</u>

The provider will be required to attend bi-monthly Steering Group meetings to provide updates

against programme delivery. A monitoring form is to be completed for each Steering group meeting to provide evidence of delivery in line with the activity agreed between the engagement partners and the Steering Group and in line with the expectations set out above.

The provider will be required to provide a final programme report to the Steering Group and

CCG using the Community Partners Framework Reporting Template.

Timescales

The contract will run from February 2018 (date of award) to 31 October 2018.

Budget

The total budget for this programme is £9,500 (including a contribution of £1,000 from Nottingham Equal). Funding will be allocated to engagement partners based on the range of communities that they will be delivering engagement with,

This budget will cover delivery of phase 2 and 3 including:

- Funding for the recruitment, co-ordination and support of community volunteers to undertake engagement
- Funding for local engagement as determined
- Funding for analysis and report to be presented at programme event
- Funding for coordination and delivery of the final feedback event to share the findings of the programme.

Additional information

The provider of this programme of work will be required to be partner of the Nottingham City Community Partners Framework and will be required to apply to the framework using the application process set out.

Appendix 2

Community Researchers TRAINING

1. Introductions

- **To each other - say something about self**
- **Group agreement**
- **To the project including the aims and objectives**

We are collecting the views and experiences of people about accessing health and wellbeing services in Nottingham on behalf of the City's Clinical Commissioning Group. They will use this information to help bring about changes in how services are designed and delivered to make them better for our community.

The purpose of the study is to:

Understand the Health needs, Experiences, Challenges and Barriers of New and Emerging Communities in Nottingham City.

What is the Clinical Commissioning Group (CCG)?

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Nottingham City CCG is one of 195 CCGs in England.

Commissioning is about getting the best possible health outcomes for the local population.

This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.

It is an ongoing process and CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population, and measured by how much they improve outcomes.

CCGs are:

• Membership bodies, with local GP practices as the members;

• Led by an elected governing body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;

• Responsible for approximately 2/3 of of the total NHS England budget;

• Responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care;

• Independent, and accountable to the Secretary of State for Health through NHS England;

• Responsible for the health of populations ranging from under 100,000 to 900,000, although their average population is about a quarter of a million people.

The commissioning system is continually evolving.

CCGs and NHS England

CCGs work with closely with NHS England, which has three roles in relation to them:

• Assurance: NHS England has a responsibility to assure themselves that CCGs are fit for purpose and improving health outcomes.

• Development: NHS England must help support the development of CCGs.

• Direct commissioning: NHS England directly commission highly specialised services. In some cases they also commission primary care, though most CCGs have now taken on either full or joint responsibility alongside NHS England for this.

As co-commissioners, CCGs work with NHS England's regional teams to ensure joined-up care.

Public health

As local authorities are responsible for public health, CCGs work closely with them through health and wellbeing boards. They work together to achieve the best possible outcomes for the local community by developing a joint needs assessment and strategy for improving public health.

Nottingham City CCG commissioned this research.

The Nottingham City CCG has identified a need to establish communication and engagement channels across a range of new and emerging communities within Nottingham City.

The project has been informed by a scoping exercise undertaken with partners across the statutory and voluntary sectors. The scoping exercise identified that engaging with new and emerging communities was challenging and that there was a general lack of quality intelligence to inform service delivery, and to inform the best approaches for engagement. There was a specific challenge identified in understanding how to engage with communities.

There is no single comprehensive picture of the size of the migrant population in Nottingham City. The best indicator is the number of National Insurance numbers granted to people. For example, Between 2004 and 2014, 20,300 people from EU accession states were granted National Insurance numbers, which represents a significant population. Despite the estimated size of the populations, the CCG has little intelligence on use of health services by migrants and very limited ability to undertake engagement to understand their needs.

Despite a general lack of intelligence on new and emerging communities in Nottingham City, the scoping exercise provided anecdotal evidence that service uptake and appropriate use of services may be limited.

As part of the city's Joint Strategic Needs Assessment Nottingham City Council and the CCG have undertaken a BME Health Needs Assessment (HNA), informed by extensive engagement. This HNA has also identified that further engagement is required with new and emerging communities, if commissioners are to understand the health and wellbeing needs of these individuals and communities.

Having identified that better engagement is needed with new arrival communities, particularly with Eastern European and African groups. A small sum of money was agreed to help facilitate this work. The scope of the project is thus to engage with a range of new and emerging communities of Eastern European and African origin.

The scoping exercise indicated that local community groups are best placed to provide reach into the communities the project wishes to engage, but that they currently lack the capacity to do this. The project therefore seeks to support existing community organisations and groups to undertake the engagement.

1. What are the issues that we are exploring?

2. Types of engagement

- **Questionnaire/ survey**
- **In-depth interviews**
- **Focus groups**

3. Confidentiality and ethical interviews

Exercise 1 What conditions, qualities and skills do I need to be a good Community researcher?

Exercise 2 What barriers may we face in carrying out the research?

4. What is Confidentiality?

Exercise 3 Completing the Confidentiality Agreement

5. Introduction to the questionnaire

6. Carrying out an interview and capturing case studies.

Exercise 4 Role play and practice in conducting an interview

7. Carrying out a focus group

8. Feedback with the group. What learning has taken place?

9. Q & A sessions

10. Contacts and support details

11. What next? And further involvement

12. Claiming volunteer expenses/SPS gift voucher

Appendix 3

New and Emerging Communities Engagement Survey

City of Nottingham is becoming increasingly diverse and new communities are emerging. We are aware that there are inequalities in accessing health care and some people are struggling to access suitable information, help and/or care. We want to work with you to identify the right way for non-British people to access the right health care while in the UK.

The CCG, Nottingham City Council and Nottingham Equal has produced this survey to identify how non-British people would like to be informed about their health care and how they would like to communicate with health care providers in Nottingham. The findings of this survey will be used to help improve access to health care for non-British people.

Please take a few minutes to answer as many of the questions as you can. All your answers will be treated confidentially.

CCG = A Clinical Commissioning Group (CCG) is an organisation that commissions (buys) most of the health services that people use.
Nottingham Equal = an umbrella organisation providing a range of community services.

A. About you:

Gender: Male □ Female □

Age: 16 to 25□ 26-45□
46-65 □ over 65 □

Country of origin:.....
Ethnicity:.....
Sexual orientation: heterosexual (straight) □ gay □ lesbian □ bisexual □

Post code: first part only ……

How long have you been living in the UK for? .....

Your status in the UK:

British citizen □
Refugee and Asylum Seeker □
European Union Citizen □
Student □
Other □
Please specify: ……

B. Accessing the UK health system

1. Are you and your family registered with a GP in Nottingham?

   Yes □ no □

   If no – why? Please give details

   ……
   ……
   ……
   ……
   ……

2. Have you used the NHS and health care system in England?

   Yes □ No □

   If no – Why? Please give details

   ……
   ……
   ……
   ……
   ……
   ……

   If you have not used the NHS how do you meet your healthcare needs?

   ……
   ……
   ……
   ……
   ……

3. Did you find that accessing health care in the UK is very different from your country of origin? In which way?

……
……
……
……
……
……
……

C. Difficulties on accessing the UK health system.

1. What stops you from accessing the health care services you need in the UK?

   □Language barriers.

   How would you like to see this improved?

   ……
   ……
   ……

……
……

□ Not sure how to talk to the medical staff so we understand each other
How would you like to see this improved?
……
……
……
……

□ I don't feel involved in decisions made about my care.
Please give details:
……
……
……
……
……
……

□ I don't know where to go or what support is available for me
Please give details:
……
……
……
……

□ Other reasons – please specify:
……
……
……
……

2. Are you aware of other health services outside of GPs and hospital? Please give examples:
……
……
……
……
……

3. What do you think would make it easier for you to access health care services in the UK? (for example better waiting rooms, check-in procedures, appointment-setting, so on)
……
……
……
……
……
……

4. Do you have cultural needs that you want the care staff to be aware of? (women seeing a woman doctor only, dress code, time of the day, so on)
   ……
   ……
   ……
   ……
   ……

D. Accessing information about the health care system in the UK.

Where do you find / get information about the health care system now? (for example: church (name), schools, hospitals, friends, GP and so on)

……
……
……
……
……

Where would you like to get/receive the information from (for example: doctors, nurses, school or church staff, community organisations and so on)

……
……
……

How would you like to get information about the care system?

□ by visiting a health service
□ by visiting a community establishment (church, school, etc.)
□community raising awareness events
□ by email, phone or text messages
□ by social media (Facebook, twitter, etc.)
□Other – please specify

……
……
……
……

How would you like to communicate with those organisations? (for example visits, calls, texts, so on)

……
……
……
……

E. Availability

1. When is convenient for you to attend health appointments and activities or look for information? Please tick all the options that applies to you
   - □Monday to Friday Mornings
   - □ Monday to Friday afternoons
   - □Monday to Friday evenings
   - □Weekends
   - □School holidays
   - □Bank holidays
   - □Other time – please specify

   ……
   ……
   ……

F. Is there anything else you wish to share with us or let us know?

……
……
……
……
……
……

THANKS YOU FOR FILLING IN THIS SURVEY.

THIS SURVEY IS ENTIRELY CONFIDENTIAL AND YOU WILL NOT BE IDENTIFIED OR CONTACTED IF YOU FILL IT IN.

BUT …

If you would like to be involved further in this work, for example by taking part in interviews, group discussions, or consultations about how to improve people's experience on accessing the UK health system, please let us know your contact details and we will be in touch to see how you might wish to be involved:

Your name …….

Your favourite method of contact (e.g. phone, email)

……

……