Healthwatch Kingston Including Communities: Engagement Report March 2022 to October 2023

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healthwatch Kingston upon Thames

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1. Executive summary and recommendations

This report is one of two (the second is our 'Including Digitally Excluded Communities' report) that share findings from our community engagement with Kingston residents over almost two years. Prior to publication of this report, we have provided anonymised insights gathered in real time to a range of stakeholders throughout the 20-month period. What we heard from local people has informed: the development of the Royal Borough of Kingston upon Thames (RBK) Joint Strategic Needs Assessment (JSNA) 2023 (Healthwatch Kingston was part of the Kingston JSNA Steering Group that completed the preparation of the Kingston JSNA on behalf of the Kingston Health and Wellbeing Board and work was carried out from September 2022-July 2023); the work of the Kingston and Richmond Long Covid Steering Group; the RBK cost of living workshops (during 2022); exploratory research opportunities with Kingston University; our Health Inequalities themed Healthwatch Kingston Open Meeting (23 January 2024), and other ongoing engagement with health and social care influencers and decision makers (including the Care Quality Commission).

Between March 2022 and October 2023, Healthwatch Kingston attended health and wellbeing events and community groups (28 in total) across our borough and engaged with attendees from seldom heard from communities and the most vulnerable in our society. Our work solicited 334 responses that have informed this Including Communities report. We wanted to hear people's views and experiences of NHS and social care services to ensure commissioners, providers and other system leaders responded appropriately to local population health and care needs. Local people we engaged with across this 20-month period included:

- People experiencing homelessness
- Young people (16-18 years)
- Refugees, asylum seekers and other migrants (RASM)
- People with learning disabilities
- Neurodiverse people
- People from areas in Kingston with high deprivation
- People with English as a second language
- People with limited mobility to leave their home, through community libraries
- People with physical and mental disabilities.

We asked about access to General Practice (GPs, nurses etc.), hospital, pharmacy, NHS dental and other support services.

There were distinct differences in experience between some of the groups we engaged with in terms of access, but some of the more common challenges and barriers identified in our discussions included:

- Language difficulties
- Lack of knowledge as to what was available/entitled to
- Difficulties navigating NHS services and understanding when to use the services (999/111/GPs/Pharmacies)
- Difficulties navigating online booking systems
- Unhelpful/blocking General Practice receptionists
- Access to medication, if items were not available at local pharmacy
- Communication problems between GPs and pharmacy
- Lack of communication between GPs and hospitals
- Provision of safe and private space for confidential discussion at some service provider sites, e.g. pharmacy
- Crowded chaotic experiences in hospital Emergency Department (A&E)
- Lack of clarity about accessible translator services
- Lack of access to NHS provision at dentists
- Stigma and discrimination
- Fear of reprisal
- Long waits on the telephone
- Problems getting appointments at time of need/lengthy waiting times for appointments.

Healthwatch Kingston notes that the benefits to timely access of health, social care and support services are:

- Better health care
- Better health outcomes
- Improved quality of life
- Reductions in cost and waste
- Preventing disease progression
- Management of illness and other conditions.

Many people we engaged with noted they were happy to use online services and content with the support they received from services (when they had got through to the right person) and most people found pharmacies helpful and efficient.

However, some in our local community told us they had particular difficulties accessing services due to social, financial, economic, and geographical factors. This was heightened for refugees, asylum seekers and other people migrating to the UK. Healthwatch Kingston heard there was a general lack of understanding about how to use NHS and social care services. This can be for various reasons including, English not being a first language and other barriers to registering with a GP practice and getting appointments. Some people told us they were given a leaflet when they entered the UK, but after they had moved several times, this got lost, and they were then unsure where to find the information when they needed it.

Furthermore, other people told us they felt at a disadvantage when trying to access NHS and social care services because they did not have a computer or were not computer literate:

'Being digitally excluded causes me major access issues. There is a need for further support for digitally excluded people.'

This 'Including Communities' report is informed by people who noted they were seldom heard from. Healthwatch Kingston hopes that their described experiences will be considered by those commissioning, planning, and delivering services to Kingston residents.

Our recommendations for NHS and social care system influencers, commissioners and providers across the South West London Integrated Care Partnership (SWLICP), are set out below.

In addition to our recommendations, we include a request for an update from the NHS South West London Integrated Care Board (SWLICB) and the Royal Borough of Kingston upon Thames (RBK). Both SWLICB and RBK are SWLICP partners.

Key recommendations to include all communities:

1. SWLICP providers to co-develop (with target groups) **vulnerable communities awareness training**, and ensure this training is then delivered to health and social care staff and boards to support equitable access to and culturally appropriate services that promote inclusion and address stigma and discrimination.

2. SWLICP providers to co-develop (with target groups) **accessible service satisfaction surveys** with a core set of standardised questions for RASM and other seldom heard from communities to complete after they receive primary and secondary care, to monitor timely access, improved communication, triage, follow up care and cooperation between health and social care services.

3. SWLICB and Kingston Place leads to ensure core and targeted health and care information, education, promotion and engagement is available in relevant languages for RASM, also in accessible formats for people with disabilities (such as sign language for Deaf people), the digitally excluded (see our 'Including Digitally Excluded Communities' report) and other seldom heard from communities.

4. SWLICB and Kingston Place leads to improve sector wide promotion about which General Practices in Kingston (and across south west London) are 'Safe Surgeries' and what they offer for people experiencing homelessness (including RASM).

Recommendations to include refugees, asylum seekers and other migrants (RASM):

5. SWLICB and Kingston Place leads to ensure easily accessible translator and interpreter services are available in primary and secondary care for RASM.

6. SWLICB and Kingston Place leads to explore use of a centralised telephone number for people with English as a second language (ESL), where a translator would answer to support calls to health and or social care professionals, rather than people with ESL having to call a service provider directly.

7. SWLICP providers to explore ways to promote which languages are spoken by their staff and volunteer teams within their services. This could include use of languages spoken charts, 'I speak…' badges, or promoting a list of pharmacies where languages other than English are spoken.

Recommendations to include people experiencing homelessness:

8. SWLICB and Kingston Place leads to ensure, access to mobile community clinics that support the physical, mental and addiction support needs of people with poor health outcomes and/or accessible signposting to 'Safe Surgeries' for people experiencing homelessness who can often have specific barriers when trying to access services.

Recommendations to include people with learning disabilities:

9. SWLICP providers to ensure that additional time is taken to include the person with a learning disability in discussions about their health and social care needs and therefore communications need to be in Plain English and easy to read.
10. SWLICP providers to be mindful that a carer is often helping to arrange and attend appointments with patients with a learning disability and remember that if it is necessary to rearrange an appointment, this needs to be suitable for both patient with a learning disability and their carer.

Recommendations to include neurodivergent people (autism, ADHD etc.):

11. SWLICP providers to clarify the process to appeal a decision after diagnosis assessment as part of patient post assessment diagnosis letters.
12. SWLICB and Kingston Place providers to ensure that advocacy service workers supporting people with ADHD, autism etc., through diagnosis assessments are better informed about the needs of neurodivergent people. **NB.** Healthwatch Kingston made a recommendation in our 'Neurodiversity and health and care services' report (published in March 2022) that sought to help address the obviously ongoing identified need for workforce awareness about the needs of neurodivergent people.

    Our previous recommendation remains appropriate after listening to neurodivergent people as part of this recent community engagement:

    'Health and social care service leads should commit to increasing awareness and understanding of neurodiversity across the commissioner and provider workforce to deepen understanding of the variety of ways neurodiverse people present. This includes the issues that arise from the 'invisibility' of these disabilities due to the fluctuating nature of some symptoms and the disabling impact they have on people's mental and a physical health and daily life. Impactful neurodiversity

workforce training should be co-developed and co-delivered with neurodiverse people and tailored for both specialist and general health and care workforce, including clinicians and commissioners.'

13. SWLICP providers to ask neurodivergent patients (autism, ADHD etc.) if they would prefer more time between their therapy sessions (two weeks rather than one) to enable patients to process their thoughts adequately.

14. SWLICP providers to text appointment reminders to neurodivergent patients (autism, ADHD etc.) a day before and on the day of their appointment.

Recommendations to include young people:

15. SWLICP providers to improve collaboration with young people to help ensure services are young people friendly (see '15 Steps Challenge' - Youth Out Loud!).

Request for an update from NHS SWLICB and RBK:

'Prosperous Lives for All: The Refugee and Migrant Strategy 2016-2019' was developed to address the barriers faced by RASM and to facilitate their entitlement to equal access to services. The 2016-2019 strategy (referenced as a supporting strategy to the Royal Borough of Kingston upon Thames (RBK) Joint Strategic Needs Assessment (JSNA) 2023) aimed to:

a. Develop clear guidelines for primary and secondary care staff about eligibility and access to health services
b. Create a widespread understanding within primary care that refugees, asylum seekers and migrants are currently entitled to register for free NHS primary care
c. Promote support services including interpreting services, advocacy and counselling available for non-English speakers to all stakeholders
d. Work in partnership to develop and buy services (joint commissioning) that will focus on reducing barriers, health inequalities and the costs associated with potential inappropriate use of services (i.e. due to not knowing what health services to use when) for all affected groups including refugees, asylum seekers and migrants
e. Promote Kingston Interpreting Services and English language opportunities to all stakeholders
f. Develop targeted health improvement initiatives between organisations and with communities to help prevent vulnerable groups from being further disadvantaged.

Our 'Including Communities' engagement has shown that RASM have continuing health and social care concerns about access and service support, that were to be addressed between 2016-2019. **Healthwatch Kingston requests an update from SWL ICB and RBK on how the above strategic aims have been met, and if not, what plans are in place to achieve these, and by when?**

2. Introduction and context

In March 2022 Healthwatch Kingston worked with NHS South West London Integrated Care Board (SWL ICB) and other stakeholders across Kingston including, Kingston Council, SPEAR, Refugee Action Kingston, Kingston Churches Action on Homelessness, Kingston Voluntary Action, and Your Healthcare, to host a Health and Wellbeing event for people experiencing homelessness, refugees, asylum seekers and other migrant communities. Initially the event was to support the NHS SWL Covid vaccination programme and offer a range of health, social and other support services to vulnerable people and also provide a 'Warm Space' environment, with a hot meal, access to GP health checks and personal care facilities on the day.

As well as being part of the Health and Wellbeing event development, Healthwatch Kingston held a community surgery on the day, offering people the opportunity to share their experiences of local health and social care services. It became apparent that many participants were having difficulty accessing both primary and secondary health care and other social care and support services.

We were keen to further explore if other communities were facing similar challenges accessing local health and care services and so continued to support further Health and Wellbeing events and visited local community groups between March 2022 and October 2023 (see Appendix on page 41 for the complete list of the 28 events/community groups and dates attended).

Tackling health and care inequalities

People from disadvantaged groups can struggle to have their basic needs met due to a complex mix of social, economic, and geographical factors, with stigma and discrimination also playing a part.

Kingston, as a Marmot Borough, has adopted the six 'Marmot Principles' set out in 'Fair Society, Healthy Lives' which set out evidence-based strategies for reducing health inequalities. The borough 'Protected Characteristics Profile' provides a dashboard which collates local data on the nine protected characteristics outlined in the Equality Act 2010.

People experiencing homelessness do not have a stable address or may have lost identification and often find they are juggling competing life-priorities such as a safe space to sleep, or enough money for food. This can result in a spiral of substance and alcohol misuse where poor

health outcomes become evident. (See Kingston's Joint Strategic Needs Assessment 2023: Alcohol').

Some refugees, asylum seekers and other migrant communities are particularly vulnerable due to health conditions. Language and cultural barriers are also common challenges. We have been told that Government immigration policy, has fuelled a reluctance in some to approach health care for fear of reprisals, or worse, the threat of deportation or detainment.

Healthwatch Kingston supported the development of the 'Prosperous Lives for All: The Refugee and Migrant Strategy 2016-2019'. The strategy set out how stakeholders might work together 'to enable refugees, asylum seekers and vulnerable migrants to have a decent life and a prosperous future in the Royal Borough of Kingston Upon Thames'. The strategy noted:

'Refugees, Asylum Seekers and Migrants are amongst the most socially and economically marginalised groups in any society and, in order to improve their lives, they depend heavily on targeted advice, information and referring and signposting services, especially in the initial stages of their life in the UK. Depriving them of these services would be depriving those who rely on them of their human rights and actively preventing their integration.'

The RBK 'Prosperous Lives for All' strategy also highlighted what refugees, asylum seekers and migrants faced as a result of poor communication with service providers:

'Communication difficulties in trying to express their circumstances and understanding the words being used by key professionals. This has led to some clients being sanctioned by Job Centre Plus, without really understanding why this occurred, leading to serious consequences.

'Sometimes friends and families are used as interpreters, even children. This is wrong. Children don't understand medical words. All refugees should know they are entitled to an interpreter at appointments'

'Although efforts have been made by information and advice agencies to improve communication through using interpreting services, there is still anecdotal evidence to suggest that those with English as a second language struggle to communicate, leading to the inappropriate use of friends and family members as interpreters. The use of

telephone-based interpreting services was also reported to be unpopular amongst staff and clients.'

People with learning disabilities are often unable to communicate their needs and can be excluded from access due to a myriad of challenges - both physical and mental. This becomes even more so for non-verbal people with profound and multiple learning disabilities.

Young people reported untimely access to the services they needed, and lengthy waits for Child and Adolescent Mental Health Services (CAMHS) provision.

In summary, our vulnerable populations are at risk of disparate healthcare access and poorer health outcomes because of economic, political, cultural, ethnic, or other health characteristics, often exacerbated by inadequate or non-existent access.

Including digitally excluded communities

In response to what we heard from some, and to build upon our including communities work, Healthwatch Kingston ran a further, more focused community engagement exercise with digitally excluded residents (between July and October 2023) to find out how Healthwatch Kingston and the Care Quality Commission could better engage people who were digitally excluded in our work (how we did this and what we learned is reported separately in our 'Including Digitally Excluded Communities' report).

Healthwatch Kingston hopes this 'Including Communities' report and our 'Including Digitally Excluded' report, continue to support the vision and aims set out in the 'Inclusive Kingston: Equality, Diversity and Inclusion Strategy, 2021-25'.

3. Methodology and limitations

Healthwatch Kingston created a brief printed survey to capture experiences shared with us during local Health and Wellbeing events and when we visited local community groups. The responses received varied in length and context, as people were given the freedom to talk to us about either a number of services, or share an experience that was most important to them. The key questions in the Including Communities survey asked if people had you used any of the following services:

- General Practice (GPs, nurses etc.)
- Pharmacies
- Hospitals
- NHS Dentists
- Social Care
- Other support services.

Between March 2023 and October 2023 we also asked people we engaged with about their experiences of calling 999 or 111, experiences of care homes/home care, and if information from NHS and social care professionals was accessible and easy to understand.

With support from Youth Out Loud! we ensured our survey was accessible for young people. In regard to 'Hospitals', we did not differentiate between hospital outpatient appointments, Emergency Department (A&E) attendance or inpatient care at hospitals, this was largely due to the language barrier and the complication many had in understanding the difference between hospital services and departments.

We also included a question about what people's experience of Long Covid (Post Covid) services, to help inform providers as the Kingston and Richmond Long Covid Steering Group told us there had been limited feedback.

Our engagement was also supported by Kingston Library, who worked with us to identify community groups who would be willing to share their experiences of health and social care in Kingston. This included the Community Library Service, where books were delivered to vulnerable people who had limited ability to leave their home. Library volunteers delivered our

survey and encouraged people to share their experiences. Healthwatch Kingston provided self-addressed envelopes for replies.

Key communities we engaged with were:

- People experiencing homelessness
- Young people (16-18 years)
- Refugees, asylum seekers and other migrants
- People with learning disabilities
- Neurodiverse people
- People from areas in Kingston with high deprivation
- People with English as a second language
- Community Libraries for people with limited mobility to leave their home
- People with physical and mental disabilities.

The data from the paper surveys was then uploaded to Survey Monkey for our analysis.

Limitations

Our community engagement survey was sometimes reliant on third parties, including translators and interpreters that helped refugee, asylum seeker and other migrant participants to respond. Responses were at times provided in the third person which was not as fluid and free flowing as if dialogue was directly from respondents. However, in a sometimes-challenging environment, our face-to-face survey approach allowed people the opportunity to share their experience(s) regardless of their capacity to communicate in English.

Healthwatch Kingston notes that interpreters were not always available at each event we attended, but where available, the Royal Borough of Kingston upon Thames (RBK) Translator Service was helpful, and willing to spend time sharing the views of the people we engaged with, often offering additional insight into the communities that they worked with.

4. Demographics

Not everyone who engaged with us shared their ethnicity, gender or age. Out of the 334 people that informed this report, some respondents completed a survey independently while others met with the Healthwatch Kingston staff team and volunteers at community events and in local groups. Of the people who completed the surveys, only 84 people shared demographic information.

4.1 Ethnicity

From the information provided, the two largest groups of respondents were 'Asian British: Chinese' (23 recorded responses), and 'White: British / English / Welsh / Scottish/ Northern Irish' (32 recorded responses). Other respondents identified themselves as the following: 'Afghanistani'; 'Albanian'; 'Arabic Speaking' (no country given); 'Asian British: Any other Asian / Asian British background'; 'Asian British: Bangladeshi'; 'Asian British: Tamil'; 'Hong Kong'; 'Australian'; 'Bangladeshi'; 'Black / Black British: Caribbean'; 'Black Caribbean'; 'Other Asian'; 'Dutch'; 'Farsi'; 'Iranian Iraqi'; 'Irish'; 'Italian'; 'Latvian'; 'Nigerian'; 'Non-white British'; 'Swiss'; 'Egyptian'; 'Turkish'; 'Ukrainian'; and, 'Western European'.

Healthwatch Kingston would like to note that sensitivities were expressed by some RASM community participants, who preferred to not share their ethnicity. Out of the 84 that shared demographic information with us, 33% (32 people) identified as white British, with 67% (52 people) identifying as non-white British.

5. Key findings

The following summary of key findings was collected from community engagement participants between March 2022 and October 2023. It provides valuable insight into the experiences of more vulnerable communities when attempting to navigate our local NHS and other health and social care services.

Respondents

Healthwatch Kingston visited 28 Health and Wellbeing events and local community groups, where we engaged with 334 people. Our staff team spoke to 130 people from the Kingston Libraries and local community events, 58 people at Health and Wellbeing events, 26 people directly from the Kingston Migrant Advocacy Group, 4 people who attended the TAG event for SEND families, and we engaged with 116 young people (16-18 years) from Kingston College and via youth groups.

People were willing to participate, often sharing how grateful they were to be given the opportunity to have a voice as they felt they were seldom heard from.

Participants frequently wanted to talk to us about more than one NHS and/or social care service (analysis showed that most respondents shared 3-4 experiences each about services).

We did not ask a specific question about mental health services, however, some people mentioned mental health services in their responses and people frequently shared issues that directly affected their mental health. People also shared a number of responses relating to social care.

5.1 Access to services provided at General Practice (GPs, nurses etc.)

Timely access to General Practice has always been a key priority for health care policy in England. It is well understood that this plays an integral role in health promotion and prevention of disease, and not just treatment and care. GPs are also the key conduit by which people are referred on to specialist provision and care as necessary. Services provided at General Practice are often the first point of contact care for many and these provide an important public health function including immunisations, health checks, screening services and a multitude of children's health services. Facilitating early access to care in the right place for individual

needs relieves pressure on other parts of health and social care services. Amanda Pritchard, Chief Executive of NHS England, said:

Improving access to high quality general practice is essential for our patients and for the rest of the NHS too. It is a personal priority and today NHS England is taking both urgent and longer term action to back GPs and their teams with additional investment and support."

In October 2022, when the Secretary of State for Health and Social Care was Sajid Javid, he stated:

I am determined to ensure patients can see their GP in the way they want, no matter where they live. I also want to thank GPs and their teams for their enormous efforts in the most challenging times in living memory. Our new plan provides general practice teams with investment and targeted support. This will tackle underperformance, taking pressure off staff so they can spend more time with patients and increase the number of face-to-face appointments. Alongside this we are setting out more measures to tackle abuse and harassment so staff at GP surgeries who work so tirelessly to care for patients can do so without having to fear for their safety."

For more vulnerable communities, access to a GP is a crucial primary health care NHS service and there were some responses from participants who were happy with their access and felt that when they were able to get appointments, the service provided was good.

GPs have been helpful once you get to see them, and the GP receptionists have also been happy to help book appointments."

I recently had a first face-to-face appointment since lockdown, and the GP was really good. I had a really good phone call with the previous doctor, but I never see the same doctor twice."

The GP was brilliant but I had to wait three weeks for an appointment for a problem that was urgent!"

The attention was excellent and the doctor made follow up calls by telephone."

However, the majority of responses from participants identified some serious access issues, with the recurring challenge that many were unable to get an appointment in a timely manner. Main complaints were that phone lines were inadequately staffed and often left unanswered, that when you eventually managed to get through, all the appointments were taken, and attempts to book online sometimes resulted in systems crashing or not being able to get an appointment for weeks. Being left to wait for weeks was a major issue for many, and being left hanging on the phones or struggling through the online booking facilities was a recurring cause for complaint.

Some reported "unhelpful" and "rude" receptionists, with others stating that the receptionists were inhibiting or were refusing access to services provided by General Practice.

The receptionist tried to put me off seeing my GP urgently and tried to divert me to a pharmacy."

Most people were happy once they were seen by a GP, but reported being asked to ring again or use the online booking system was frustrating for some people.

It was good, but I had to fill an online form to see GP after calling in person.'

I was sent away from the GP reception and asked to book online. They didn't check to see if I was capable of doing that. Good service though when you get to see the GP.'

It's a good GP. Horrible online booking. I find it hard online.'

A respondent with a learning disability commented on how their mother and their friends help them make bookings and the difficulty it creates if a booking is cancelled.

We struggle to make an appointment. My mother helps me, but sometimes she struggles. They then cancel and rather than calling us to help us rearrange, we have to

go back online to make another one. I can't do this, so I need her help. Sometimes she can't do it.'

One person let us know about their experience of not being able to get a health check at their GP after asking for one several times and then being allowed to have one almost immediately when they switched to a new GP. Another person told us how they went to A&E rather than waiting for their GP.

GP impossible to get an appointment. Call at 8am – wait an hour and all gone. Go online and all gone. End up in A&E, waiting 9 hours because of it. GP is brilliant when I get to speak to him.'

One female respondent told us they prefer to see a female GP, but this is not always possible, and they are made to wait for a long time to see one. Healthwatch Kingston checked what options are available to young women who want to see a female GP. They can choose to see the GP of their choice, but this may mean a longer waiting time to be seen.

One respondent was unable to get any response despite having a sick child, and had to attend A&E as they were not prepared to risk their child's safety.

Another parent said that getting an appointment for a severely autistic child was "hell". Another stated that they were relieved they could contact their child's consultant directly as they were unable to rely on their GP.

You have to scream and shout to get an appointment - there is no face-to-face offered and its making me lose heart with doctors. How can you check ears, nose and throat over a phone. It's making us lose faith in GPs."

It's a struggle to get appointments and it's getting worse. It's still difficult to get through on the phone and appointments are all gone within 15 minutes of the GP opening!"

I am housebound and only have telephone consultations. My last telephone consultation was for my review but my GP put the phone down on me before I could ask my questions."

One participant told us they were sent home from hospital with sepsis. The GP refused to see them, and they were unable to get past the receptionist despite them passing out in reception. The receptionist advised they call 111 but due to their rapidly deteriorating health they had to call an ambulance and was admitted to hospital with a life-threatening sepsis infection.

Lack of consistent communication was a common complaint with respondents reporting that they had to repeat themselves with different health and care service providers because there was little communication between them.

There needs to be a easier way of getting time with your GP to go over your health and wellbeing, and come away knowing and understanding what the plan is going forward and who will be involved in my treatment."

Language barriers were a recurring challenge for those who were not able to speak English and lack of translators and interpreters was seen as a major factor in poor health outcomes. This was especially problematic if other family members or friends were unable to communicate in English.

A group of migrants from Hong Kong we engaged with through the Kingston Migrant Advocacy Service, suggested a phone number for people with English as a second language to call, where a translator would answer to support calls to a health and or care professional, rather than them having to struggle, calling the professional first. They also spoke of issues with current appointment booking systems. One said (and others in the group agreed):

You tick the button for a translator for your appointment, but you get to the appointment and there is no translator."

They also suggested having a list of languages spoken at different sites, for example if a pharmacy has someone that speaks a different language. They can choose to use that pharmacy rather than struggling with another one where there is potentially going to be a language barrier.

Healthwatch Kingston also heard that many refugees, asylum seekers and other migrant communities do not have access to technology and are unable to phone or use a computer to try

and get access through online booking services. Being digitally excluded causes major access issues (see our 'Including Digitally Excluded Communities' report).

There were also a number of access issues raised which identified a lack of understanding about how the NHS works in England. Refugees, asylum seekers and other migrant communities were not necessarily able to navigate their way through the different approaches, processes, and systems without professional or family help. Again, a lack of English language and inability to communicate needs effectively was a major source of anxiety. Simple tasks like registering with primary care services, including GPs and NHS dentists, required good communication and lack of support to do this was a barrier.

Migrants from Hong Kong specifically asked if traditional Chinese medicine could be available through the NHS, as it was to them in Hong Kong:

So many people would benefit from the receiving the same treatment they were getting in Hong Kong."

Young people we engaged with had mixed experiences about accessing services provided by GPs, but particular issues were raised about long waiting times. We would like to note, however, that most young respondents hadn't been to a GP recently. Those that had been, were mainly positive about their experience, even though some had struggled with getting an appointment.

The last time I went to a GP was last year and it was a warming experience! They asked a lot of questions!"

Although I have had to wait long, I had a great experience and got great service."

It's hard to book an appointment."

My visit went well but I had to wait ages for an appointment."

One young respondent suggested:

Face-to-face appointments should be re-instated and the default option being having a physical interaction with a GP as this is a lot more helpful than over the phone consultations."

Worryingly, some young people shared they were unhappy the way they were spoken to by reception staff.

I went a while back. Sh## service. Never any appointments. Rude receptionists.'

The attitude of reception staff (could be improved).'

It was very initimidating.'

Many appreciated that GPs were very busy seeing large numbers of patients and must be under huge pressures. Even so, one GP had made that extra difference for one young respondent:

They made me feel welcome and as im 16 now they asked more questions to me than my parents.'

In summary, the key challenges identified by participants about accessing services provided at General Practice were:

- Problems getting timely appointments at the time of need
- Long waits on the phone
- Phones being ignored
- Lack of the relevant technology
- Language difficulties
- Lack of knowledge as to what is available
- Difficult to navigate on line booking
- Unhelpful/blocking General Practice receptionists.

5.2 Access to pharmacy services

Access to pharmacy services and to the expertise of a professional pharmacist is a major contribution to our health and wellbeing, and the range of walk-in services they are able to

provide is an excellent source of both primary healthcare, health promotion and prevention. Mainly provided through shop fronts, they are easily visible and accessible, and service local communities providing retail products, over the counter medicines and prescriptions.

They are also able to provide a range of medical services including access to emergency contraception, vaccinations, Covid tests and blood pressure checks. Their ability to triage often reduces pressure on other health services such as reducing unnecessary visits to General Practice and hospital Emergency Departments (A&E).

The majority of respondents in our survey had used a pharmacy and in the main were satisfied with the service provided. These were mainly:

- Prescriptions and repeat prescriptions
- Information and help with medication
- Vaccinations
- Blood pressure checks.

Positive responses included:

Yes - I've had no problems (with my local pharmacy)."

Very good service." *It was excellent."* *Great service."*

I've had my flu and Covid jabs at my pharmacy. I also get my blood pressure checked."

Never had any issues with my local pharmacy - a good service."

Mine is super friendly!" *They provided my emergency product fast.'*

Some respondents also identified the pharmacy text and delivery services as useful where and when they were available:

I use my pharmacy all the time. They send a text when medication is available to collect which is very good."

There were, however, some issues identified by respondents, including the sudden change in charges for medication boxes. One shared:

They started charging £10 to do boxes (my weekly medication box) they have been doing it for years and suddenly asking for £10."

There were a few negative comments about not being listened to and the atmosphere in the pharmacy:

It was okay, they didn't really listen to us. Could be better by letting us talk."

My pharmacy could have some music on to make it less draining while you are waiting to get served.'

A key challenge for some was related to the availability and/or suitability of prescribed medication and the communication between the pharmacy and GPs. And there were a few more negative experiences but those that answered in more detail seemed to be the ones who had faced particular problems. Such as:

Yes - my pharmacy is chaotic. They were unable to find my prescription and I was asked to return after the chemists lunch was over! Not helpful!"

I have a local pharmacy and am on their repeat process. I sometimes have issues in getting all my medication issued at the same time which necessitates a second visit to sort it out. I sometimes get caught in the middle and have to go back and forth between the GP and pharmacy when surely it can be electronic and information transferred immediately? The pharmacist says they can only dispense what has come through from the GP surgery electronically so it seems to be an issue with the GP not ordering the correct medication at the right time?"

Some migrant respondents were unaware of the role that pharmacy could play in their health and wellbeing, and there were some complaints about staff shortages, queues, confusion with prescriptions and communication between GPs and pharmacists. There was also an interesting anomaly identified by recent migrants from Hong Kong where they were used to all medications being issued through doctors, and they did not realise that they were able to access pharmacists

for over-the-counter medications and other services. They reported that they preferred to see a doctor which highlights a cultural issue.

One refugee explained the problems they were having getting their medication for free. They were suddenly asked to pay for their prescription but did not have any money to do so. They were advised to bring along their HC2 form (full help with health costs form) with them as proof they were exempt from fees.

The majority of respondents seemed, however, to find pharmacy services good and accessible, although there were reports of items being delayed and people having to wait for a delivery.

In summary, access to pharmacy services locally was considered good. Key challenges identified by respondents were:

- Access to medication if items not available
- Some communication problems between GPs and pharmacy
- Provision of safe and private space for confidential discussion.

5.3 Access to hospital services

We have already noted that timely access to health care at the point of need is an essential component to providing good quality health and wellbeing outcomes. The majority of participants had not needed to attend a hospital but for those who had, there was a mixed response. Some positive experiences included:

Yes - I had to go to Kingston Hospital and I was straight into resuscitation care. They were very good."

I had to go to Kingston [Hospital] and they were good but had to wait over an hour for an ambulance for my 17 year old with underlying health problems including being deaf. There was a 6 hour wait in A&E but the experience on the ward for an overnight stay was good."

I had blood checks some months ago - they were efficient and kind."

I was in for scans for cancer. It was all organised quickly and treatment started very quickly as well."

I went to Kingston Hospital and was in and out on 4 hours! Excellent!"

I was in for 10 days - great experience and on going treatment."

There are also a few comments about how nice staff are, including one from a parent who was very happy with how their worries were treated.

A&E children's services at Kingston Hospital were really good. I wasn't made to feel silly (had young children)."

Nurses lovely. Drive there and can never park. Sometimes late because of this but never an issues with the drs/nurses."

Young people shared similar positive comments to adults about long wait times and staff:

The staff were lovely."

Very welcoming, the staff did my operation well."

They could have better time management."

It was okay, but a long wait to be seen!"

Some that responded negatively did have difficult and challenging experiences. They not only mentioned the long waits at the Emergency Department (A&E), but many expressed concerns about how long it took for referrals and relevant appointments to come through.

I had an awful experience - they didn't even have a hoist to get me in and out of [the hospital] bed."

It's always overcrowded - doesn't matter if its a strike day - still the same."

I left after 3 or 4 hours of not being seen. Can't deal with crowds.'

Due to severe anaemia, I have made many visits to Kingston Hospital. Being 89 years old, if it was urgent I was made to go to the Emergency Department (A&E) where I had little personal care and long waits. When I could get a proper appointment it was more comfortable for me."

Unfortunately, my regular experience with the Emergency Department (A&E) is not good as they don't understand how to deal with people with profound learning difficulties. They should be aware of fast tracking but they are not."

Kidney problems during Ramadan meant I got the Emergency Department (A&E) at 5pm and had to wait 12 hours for a scan. I could only eat after sunset but was told there was no food left."

Some other issues identified by participants were that there seemed to be a lack of ongoing communication between GPs and patients attending specialist provision in the hospital.

The hospital told me they [GP] would contact me about my results. I didn't hear back for 3 months and had to chase them. I still don't have the prescription I need as I cant get it until the GP does my blood pressure but they say they are still waiting to hear from the hospital".

I waited 7 hours in the Emergency Department (A&E) as needed a strep test for my son as he had rashes but they refused. I needed to prove it wasn't strep before he could go back to school but had to go back to my GP."

One person gave details of being discharged too early after being told they were going to be in hospital for longer.

I had an operation on a Wednesday. Was told I would stay over weekend until Monday. I was discharged Thursday or maybe the Friday. Needed to go to the GP as wounds become infected.'

Another challenge identified at the events was not just about the lack of accessible translation services, but also for the people working as service translators. They have a problem parking and have to pay all their own parking and petrol costs. When there is an emergency situation, they have no choice and given current pay and the cost-of-living crises, one stated “being a translator is becoming an expensive job!”

The refugees, asylum seekers and other migrant communities interviewed did not complain about the services provided at the hospital but there were concerns expressed as to what translation services were easily accessible or even available. They felt the guidance was unclear, as it implied you were able to have a translator if attending the hospital emergency department (A&E) but not for ongoing treatment and care.

In summary, the key challenges faced by our participants when accessing hospital services were:

- Long waits, both for the Emergency Department (A&E) and for appointments to specialist services
- Crowded chaotic experiences in the Emergency Department (A&E)
- Lack of clarity about accessible translator services while receiving hospital services
- Lack of communication between hospitals and GPs
- Inability to understand communication from the hospital if only in English
- Lack of understanding of the systems and processes required to access services (either due to language barriers or cultural differences)
- Difficulty participating in follow up appointments (when no access to phone, or a GP).

5.4 Access to NHS dentists

Oral health is an essential element for our overall health and wellbeing, but many people are unable to access NHS provision. Many are unable to afford private practice.

An increasing number of dentists are not providing NHS services and the British Dental Association (BDA) cites problems with the governments’ contracts and states “they are putting government contracts ahead of patients’ needs”.

According to dentists, the government is only providing about 50% of the finance required for dentists to provide NHS services for every patient. Even those who are entitled to NHS treatment at NHS dental practices because of low income are finding it harder to register.

In 2023, Healthwatch Kingston, the Local Dental Committees Confederation (LDC) and the five other local Healthwatch organisations in south west London collaborated to elevate local population concerns about access to an NHS dentist to a national level.

On 7 February 2024 the Government published a dental care recovery plan. Access to NHS dental care has been an issue that our Healthwatch England network has been campaigning on for many years, as it continues to be the second top problem reported to Healthwatch by local populations.

Many survey participants hadn't seen a dentist recently but for those who had, we again received mixed responses. Positive experiences included:

"I had the regular hygienist appointment and had a very high standard of care and attention. They were really friendly including reception staff."

"I had a really good experience - my dentist was friendly and informative."

However, there was strong consensus that NHS dental treatment was almost impossible to access and for the vulnerable communities we spoke to, some described being told that they had to pay as there was no treatment available on the NHS. Of course, many were unable to afford the costs. Challenges and some of the complications that arose included the following:

"Nightmare to find NHS dentist.'

"I went private as nothing on NHS 'find a service'."

"I have had real issues getting a broken tooth fixed recently. I am an NHS patient and was told it would be at least a six week wait for treatment but I could get it done tomorrow if I went private and paid £250. Someone needs to sort that out."

I had to go privately as can't get an NHS appointment and had to spend £300!"

I went and had good care but they treat NHS patients differently."

Yes, I'm registered with a dentist but feel they don't take their NHS patients seriously and definitely prioritise private patients. I have to fill in forms even though I paid for a visa and health insurance - I feel like a second class citizen"

My adult children have not been going to dentist because they fear they cannot afford it."

Young people shared how unfriendly different staff are at the dentists:

The dentist was scary." *I think they [dental surgery] are rude."*

I switched to private because the old one was judgemental."

My dentist gave me short and mixed answers which caused me stress,"

One young respondent suggested how dentists might make their spaces better for young people:

They could put more interesting books and magazines in the waiting room that are suitable for kids and younger people."

Some survey participants believed they were not entitled to register for a dentist, and some refugees, asylum seekers and other migrant communities were unsure about their entitlement or what the difference was between NHS dental care and private practice. Some also stated that they thought their children could get treatment but were too scared to take them as they didn't know how much it would cost. Others were told to dial 111 if they had an emergency or go to the Emergency Department (A&E) at Kingston Hospital.

I was unable to get a face to face appointment during lockdown and now I've lost several teeth which crumbled. I'm not in pain so I just carry on."

One woman described her experience in trying to have her braces removed as they had been inserted in Sweden. She had to wait a year for an appointment and had originally been quoted a

price of £250 by a local dentist. By the time she had her appointment the price had increased to £1,200 which she was unable to afford.

Another young woman needed a specialist orthodontist and had been trying to get a referral for over a year. She described the experience as "I'm being pushed from pillar to post" and had recently been admitted to hospital because of a 'teeth issue'. One young man reported that:

I can't get an appointment and have bought a dental repair kit on Amazon and am trying to fix my own teeth and fillings."

In summary, the key challenges faced for those trying to access NHS dental services were:

- Lack of access to NHS dental provision
- Lengthy waits
- Lack of knowledge as to what people are actually entitled to
- High costs of private treatment
- Not youth friendly.

5.5 Access to other support services

We also asked participants about their experiences accessing other support services locally. There were a range of providers mentioned that included:

- Health and social services (such as pain clinics, and occupational health)
- Citizens Advice Bureau
- Churches
- The Samaritans
- Migrant Advocacy
- SPEAR (for people experiencing homelessness)
- Counselling services
- Child and adolescent mental health services (CAMHS)
- Adult mental health services
- Opticians
- Bereavement services
- Carers
- Libraries
- Speech and language therapy.

These additional services were mainly welcomed by participants who accessed them but a few complaints or challenges in access were reported:

I have carers four times a day - they are excellent!"

I love using libraries - they are so helpful there!"

I go to many church groups. I have no family here, only friends."

Social services put in a stair rail and bathroom steps for me - I have to have a strip wash as I'm nervous of the shower and bath."

SPEAR rescued me in the night when I was attacked."

I use SPEAR all the time for support."

It was frightening how fast I became homeless. One minute I had my own business and lost it overnight due to an accident. I had to return to the UK, homeless, lonely and frightened."

There were a number of responses about how helpful and useful library services were. People working within the library service that we spoke with, reported an increase in numbers of people coming in to use computers and photocopiers, and requesting help with forms and benefit applications.

I am being asked more and more to help use computers to book appointments with GPs, filling out forms and help with apps. Sometimes people need help even turning on the computer and assistance throughout every part of the online process"

Young people (16-18 years) from Kingston College who participated in our community engagement told us that the main access issues they faced were getting timely appointments for GPs and mental health services.

Other participants reported lengthy waits for bereavement services and access to equipment agreed via occupational therapy, slow response from social care support for young people about to transition into adult services, what happens after a programme of support stops and also, challenges accessing financial help services:

As an asylum seeker I am not allowed to work, despite being a professional. My daughter is now missing her university course as she has to work to pay for our one bedroom flat. I am being passed from pillar to post trying to access financial support."

No - I couldn't access bereavement services when my husband died 6 months ago - I was told there was a waiting list of 55 weeks!"

It would be good to have a local robust social prescribing system to treat mental health."

Social care is slow at responding and my 17 year old son has spent months without a key worker. He's under the children's disability team but will soon transition on to adult social care - I'm dreading that."

I need to use occupational therapy services but I am still waiting for specific equipment I need."

Having COPD [chronic obstructive pulmonary disease], physio is making a huge difference to my life and condition. The problem is when the group stops, then the motivation stops."

We were also reminded of the negative impact of stigma and discrimination experienced by some participants which can be a major factor for some vulnerable communities who then become reluctant to approach services.

One young woman from Albania explained that counselling is not a concept understood in her country, and there is stigma associated with the need for mental health support. It becomes hard to access this type of service for fear of "looking weak".

Participants needing mental health support also identified challenges in accessing services for fear of reprisals.

I have used 'i-Cope' in the past and found them good but the waiting list is too long. People with mental health issues need help now."

In summary, the majority of respondents were happy with the additional support from other services in the Borough, and we learned that many relied heavily on the support offered. However, where the participants reported challenges and barriers to access, they were often similar. These included:

- Lengthy waiting times
- Stigma and discrimination
- Fear of reprisals
- Lack of information about what is available
- Language barriers.

5.6 Calls to 111 and 999

Ten adults shared their experiences of 111 and 999 services and provided limited information. Telephone service experiences and the outcomes of calls were mixed in terms of helpfulness.

111 welfare check. Good experience in terms of efficiency, but customer service not the best.'

Rang 111 long conversation. I felt more knowledgeable than the person on the phone. Call doesn't help.'

Their follow up call took too long. I ended up calling 999 and went to hospital.'

5.7 Care homes and home care

We asked people for their experiences of living in a care home, or about receiving support from home care providers. One respondent was worried about their future as they had multiple health needs:

I have my own home and I am fine now. But I have a bad knee, toe and finger and do worry about what I will do when I need a care home or support.'

Another commented about the difficulty they were having when different staff visited them:

I do not always get the same carer. Don't always get to know them. I don't like it changing too much. Too many different people knowing my business and non-English carers are harder for me to understand.'

5.8 Is NHS and social care information from professionals accessible and easy to understand?

When we asked participants about the accessibility and understandability of health and care information, responses were again mixed. Some respondents found the information provided by professionals easy to understand and a few noted the benefit where this was available in 'Plain English' and 'Easy Read'. Others found it difficult. Some explained they needed to call their doctor to ask if they or someone could help them.

I find it hard to understand as I have a learning disability. I ask Mum and friend to help me. Sometimes they speak their own language (medical speak).'

Not easy, I need more time for them to explain to me.'

Yes I understand because I get information in Easy Read.'

Letters can be complicated. I would rather speak to someone. I call the department that the letter came from to ask them to explain. This works well for me.'

5.9 Help for the NHS through self help

Some participants made suggestions about how pressures on the NHS could be reduced:

I think people can do more for themselves with things like cuts and sprains."

There needs to be more awareness of when people should go to A&E."

More support for people who are constantly anxious about their health and keep returning to A&E with their concerns."

This feedback was also supported by findings from our community engagement that helped inform the London Ambulance Service Strategy 2023-2028, where people wanted more information/awareness on when to go to hospital, call 999 or 111 as well as what people can do for themselves.

5.10 Autism and ADHD diagnosis assessments and appealing a decision

Members of the Fastminds Adult ADHD Support Group shared ongoing issues with getting a diagnosis for ADHD and also other diagnoses such as autism. We were told that challenges existed for neurodivergent people as diagnosis assessments were online and about their concerns that a diagnosis was usually based on one meeting.

Online assessments are overwhelming. Face to face is much better."

Online assessments are difficult as you can not see the physical changes in someone when they are anxious, like twitching their feet, rubbing fingers and tapping their toes."

Diagnosis based on one appointment is unfair. It's a mixed bag, one day I can be fine and the next really struggle."

The group also spoke about the difficulty faced in sharing personal stories and the lack of support following a diagnosis assessment, in regard to appealing an assessment decision and support for a person's mental health.

There is not a clear pathway for appealing a decision."

There needs to be a place to vent after an assessment. It was difficult to share what had happened to me."

It can be distressing to reopen a wound, collect childhood documents and then get no support when opening your soul. It is very traumatic."

Healthwatch Kingston learned from the group that during a diagnosis assessment, advocacy services needed more knowledge of ADHD to be useful to neurodivergent people. We also learned that this often meant that volunteers helped (when they could) other members of the group in need of support with and after assessments.

The Fastminds ADHD support group is based in Kingston, on the day of our face-to-face visit, members from Richmond, Sutton, and other areas of south west London were present due to the lack of ADHD services in their own Borough. Interestingly, they said they had been diagnosed with something else first such as autism before their ADHD diagnosis.

We heard that dual diagnosis had provided conflicting needs and advice for some. One member described they needed a hot bath to help their mind relax before going to bed, however the hot bath stimulated them physically and left them with a higher heart rate and they then struggled to get to sleep.

GPs do not have enough knowledge."

In response to this quote at the meeting, one member said they are ''General'' Practitioners after all, but they should know where to signpost people to services and support for people with ADHD.

The group felt they were 'shoe-horned' into services that have been designed for other groups such as people with autism or poor mental health and are "punished" for not engaging with something that they felt was not right for them. They also said that participation was often overwhelming as it was not individually tailored to support their ADHD specific needs.

Health and care professionals do not have the knowledge and are guessing where to put us."

It is exhausting being pushed from one service to the other. We get penalised for non-attendance when the group is not right for us, or we struggle with our mental health and can not attend."

Being sent to the wrong groups is draining and it can be overwhelming and traumatic to be sent to another wrong group again."

When we cancel it is seen as not engaging, but when they [health and care professionals] cancel or rearrange it is fine."

We get dismissed from the support service if we do not attend twice in a row, this is because of our mental health and this is not taken into consideration."

Weekly sessions are not ideal. You go to week one and you are still processing what was said and suddenly It is week two. There needs to be a gap and more time for us to process things."

Members of the group also said that health and care communications that were sent from different professionals was unhelpful, as it was difficult for some people with ADHD to search for different names in their emails. System reminders for appointments were also a problem and it would be more effective if these were tailored to the personal needs of people with ADHD.

We do not get reminders often enough. We need reminders a week before and a day before our appointments."

Healthwatch Kingston made a recommendation in our 'Neurodiversity and health and care services' report (published in March 2022) that sought to help address the obviously ongoing identified need for workforce awareness about the needs of neurodivergent people. It read:

'Health and social care service leads should commit to increasing awareness and understanding of neurodiversity across the commissioner and provider workforce to deepen understanding of the variety of ways neurodiverse people present. This includes the issues that arise from the 'invisibility' of these disabilities; the fluctuating nature of some symptoms and the disabling impact they have on people's mental and a physical health and daily life. Impactful Neurodiversity workforce training should be co-developed and co-delivered with neurodiverse people and tailored for both specialist and general health and care workforce, including clinicians and commissioners.'

5.11 Covid and Long Covid services

In response to a request from the Kingston and Richmond Long Covid Steering Group we included a question in our 'Including Communities' survey about what people's experience of Covid and Long Covid (Post Covid) services was like.

We had limited feedback from people that we engaged with. Some people reported that they had either not had it at all, had it but only experienced mild flu-like symptoms, had the virus but had few symptoms if any, and some who just stated that they had the vaccine and their seasonal Covid vaccine top up.

There were two people that reported being diagnosed with Long Covid.

I've been very poorly. I got it [Covid] in the first wave and yes - I'm diagnosed with Long Covid with mobility impairment."

I've been diagnosed with Long Covid – it's bizarre and bloody horrible!"

Want to find out more?
Healthwatch Kingston published our 'Living with Long Covid in the Royal Borough of Kingston upon Thames' report in February 2022.

6. Conclusion

This 'Including Communities' report shares findings from our community engagement with Kingston residents. Vulnerable populations are at risk of disparate access to healthcare and other social and support services due to many complex factors which include economic, cultural, ethnic and/or health characteristics. They often experience health conditions exacerbated by inadequate access, yet we know that timely access is essential to providing good quality care, support and advice. The benefits of timely access are:

- Better health care
- Better health outcomes
- Improved quality of life
- Reductions in cost and waste
- Preventing disease progression
- Management of illness and other disorders.

Lack of access to primary care is something we are continuing to hear about. We are also hearing about long waits in A&E and for other secondary care services. For some people a lack of access in primary care leads to long waits in acute settings, but not always and it is not the situation for everyone. The British Medical Association has stated that the repercussions of the Covid-19 pandemic, the impact of Brexit, staff shortages and increased demand continues to detrimentally impact on population health, with restricted or lack of access and/or long waits now being seen as "normalised", and population physical and mental health declining.

Reported barriers to accessing local health and social care cited by the participants included:

- Administrative and legal barriers (especially for refugees, asylum seekers other migrant communities/people experiencing homelessness).
- Lack of knowledge and understanding of health care systems and people's rights.
- Language and cultural barriers.
- Stigma and discrimination.
- Limited appointment availability.
- Lack of access to regular work and financial problems.

This report recognises an obvious need for improved timely access to provision, along with improved communication between health, social care professionals, and our more vulnerable communities, so that the gaps identified by local people are rectified.

7. Thank you and next steps

Healthwatch Kingston upon Thames would like to thank all those who participated in our 'Including Communities' engagement. Your contributions have informed this report and recommendations.

Healthwatch Kingston will share this report with Healthwatch England and the Care Quality Commission and continue work with local health and social care influencers, commissioners and providers of services to ensure formal responses to our recommendations are made and, where feasible, that actions are taken to address the needs identified by the vulnerable and seldom heard from Kingston residents who participated.

Healthwatch Kingston commits to explore working with SWLICS providers to co-develop (with target groups) 'vulnerable communities awareness training' and 'accessible service satisfaction surveys' with a core set of standardised questions for vulnerable communities to complete after they receive primary and secondary care, to monitor timely access, improved communication, triage, follow up care and cooperation between health and social care services.

We will commit (funding permitting) to provide targeted health communication and engagement in relevant languages for refugees, asylum seekers, and other migrants, also in accessible formats for people with disabilities, the digitally excluded (see 'Thank you and next steps' in our 'Including Digitally Excluded Communities' report) and other vulnerable and seldom heard from communities.

Healthwatch Kingston will work with Kingston primary care leads to scope out the feasibility of and benefit from a 'Safe Surgeries' in Kingston service user experience community engagement during 2025-26.

If you have any questions about this report, please contact:

Stephen Bitti
Chief Executive Officer
Healthwatch Kingston upon Thames
stephen@healthwatchkingston.org.uk

8. Appendix:

Including Communities events and groups attended

1. Health and Wellbeing Day United Reformed Church (15.03.22)
2. Celebrate Chessington (01.06.22)
3. Health and Wellbeing Day Kingston United Reformed Church (29.06.22)
4. SPEAR Health and Wellbeing Day at Kingston Quaker Centre (20.07.22)
5. Access All Areas (SEND Transition Event) (21.09.22)
6. Kingston College Freshers Fair (28.09.22)
7. Refugee Action Kingston Health Day (19.10.22)
8. Community Library Service. (Posted and returned November 2022)
9. Surbiton Library – Rhymetime (01.11.22)
10. Hook and Chessington – Vaccination Hub (09.11.22)
11. Tolworth Library – Storytime (15.11.22)
12. Kingston Migrant Advocacy – Welcome Café (16.11.22)
13. New Malden Library – Vaccination Hub (24.11.22)
14. Tudor Drive Library – Knit and Natter (29.11.22)
15. Kingston Library – Vaccination Hub (09.12.22)
16. Kingston Migrant Advocacy – Lunch Club (12.02.23)
17. Old Malden Library – Knit and Natter (27.02.23)
18. Tolworth Library Chatty Café (28.02.23)
19. Square One Café – Chessington (03.03.23)
20. Square One Café – New Malden (04.03.23)
21. Refugee Action Kingston – Men's Health Day (28.4.23)
22. Kingston Eco-op (25.07.23 and 26.07.23)
23. Kingston Migrant Advocacy – Lunch Club (13.07.23)
24. Kingston Migrant Advocacy – Welcome Café (06.09.23)
25. Fastminds (ADHD Support Group) (22.09.23)
26. Kingston College Freshers Fair (20.09.23)
27. Kingsnympton Youth Group (02.10.23)
28. Chessington Youth Group (04.10.23).

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of care nationally.

Tell us what you think about your NHS and social care

Healthwatch Kingston upon Thames
Suite 3, 2nd Floor, Siddeley House
50, Canbury Park Road
Kingston upon Thames
KT2 6LX

www.healthwatchkingston.org.uk
t: 020 3326 1255
e: info@healthwatchkingston.org.uk
X: @HWKingston
Facebook: /HWKingston