

Assessing NHS Patient Experiences in Hackney, London







DEPARTMENT OF POPULATION AND **QUANTITATIVE HEALTH SCIENCES**

Background

- I worked at Healthwatch Hackney (HWH) Location: St Leonard's Hospital, Nuttall Street, London
- The mission of HWH is to improve health and social care services in Hackney, ensuring that treatment is being provided with equity and respect. This mission is completed by being the healthcare champion of the Hackney residents. HWH seeks patient feedback, collects data in order to influence local decision makers, and educates providers and patients about patient rights.
- Additional functions include but are not limited to: promoting involvement of residents in provision and scrutiny of healthcare services; obtaining feedback of residents regarding their needs for and experiences of services; writing reports and recommendations about health and care services offered in Hackney for the care providers, local commissioners, and Healthwatch England.
- HWH is independent from the National Health Service (NHS) but retains statutory functions from the NHS and directly advises the Care Quality Commission of the NHS.

Population

- There are 259,200 people living in Hackney as of 2021.
- The population includes a significantly higher percentage of black residents, from both African and Caribbean descent, compared to London and England.
- · The greatest percentage of people (36.2%) are of white race, from English/Welsh/Scottish/Northern Irish/British descent
- · A majority of residents speak English (75.9%) but the second largest spoken language (4.5%) is Turkish.
- Hackney is the third most income-deprived borough out of the 32 boroughs in London.

Learning Objectives

- 1. Comprehension of the NHS model of healthcare and specific patient experiences.
- 2. Analysis of qualitative patient interview data and quantitative survey responses regarding patient NHS experiences in Hackney.
- 3. Synthesis of recommendations for service providers based on feedback data and personal observations.

Activities

- · Collecting feedback from NHS service users
- · Analyzing patient feedback and drafting reports based on findings
- · Designing HWH leaflets
- · Calling care home managers in Hackney to characterize their experience with the Designated Enhanced Services program, commissioned by the local CCG
- · Calling pharmacies in order to send recommendations on ways to improve accessibility to the facilities
- · Collecting signposting information from the local dental practices on their availability to see new and existing
- · Editing and writing reports based on patient feedback and practice observations
- Attending HWH team meetings

Deliverables

- · Educational flyers about the systems influencer program and HWH
- The Lea Surgery enter and view report and data synthesis for the lyv Centre enter and view report
- Data analysis and results for a community report on how the Chinese and Vietnamese community in Hackney experiences health and care services (Fig. 1; 2; 3; 4)
- · The Hackney dental new patient database
- · Hackney pharmacy and care home call logs

Lessons Learned

- · I gained insight into the perceptions, both positive and negative, NHS patients have regarding their healthcare coverage
- · There are a greater amount of local health initiatives and programming through the NHS compared to the CMS.
- · Free healthcare does not equate to healthcare for all: access to healthcare is not guaranteed by making it
- · The quality of the patient-physician interaction is less emphasized for those who are healthier and have no accessibility needs.
- · The NHS system is still recovering from COVID-19, experiencing backlogs of patients resulting in long wait times and single-issue per visit consultations.

Speak good English & don't need interpreting suppor Speak little English but need interpreting support for healthcare services ■ Don't speak English & rely or family and friends for help Don't speak English & rely on

local community organisatio

for help

Figure 1: Language support needs for the Chinese and Vietnamese community. Based on the pie chart on the left, over 70% of the respondents require language support in order to access health and care services in the form of friends/family, the local community organization, or interpreting services.

DON'T NEED THE SERVICE NO HOME VISITS 6.7 NOT ABLE TO SEE A FEMALE PROFESSIONAL 6.7 WORRY ABOUT ELIGIBILITY FOR FREE NHS CARE NOT ABLE TO SEE A PROFESSIONAL WITH MY 13.3 CULTURAL BACKGROUND LACK OF TRUST FOR THE PROFESSIONAL 13.3 NO INTERPRETERS AVAILABLE/OFFERED DON'T KNOW ENOUGH ABOUT CERTAIN SERVICES LACK OF ACCESSIBLE INFORMATION THAT I CAN NOT SUITABLE APPT TIME 30 40 50

Figure 2: Reasons for members of the Chinese and Vietnamese community to not access health

Practices that do not provide interpreting services:	Unreliable access to interpreting services:
Dalston	Athena
Landan Fields	Fladata

interpreting services:	services:
Dalstor London Fields Theydor Well S Lea Surgery	Elsdale

Figure 3: Respondents' GP practices and whether or not they offer interpreting services

	Frequency	Percent (%)
Very easy	2	6.7
Easy	8	26.7
Not easy	10	33.3
Not possible	4	13.3
Not sure because omeone else did it	2	6.7
Not applicable	4	13.3

Figure 4: Responses to the following survey question: how easy was it to understand the information received and be able to express yourself while accessing GP services:

Public Health Implications

- · Collecting and synthesizing patient feedback in terms of accessibility and satisfaction provides GPs and other service providers with valuable recommendations in order to make quality improvements.
- · Having an independent watchdog organization with statutory functions, such as HWH, holds service providers accountable for the services and care they deliver.
- · HWH also informs both providers and patients of important patient rights, such as the patient right to translating
- · HWH also organizes community programming and information dissemination in order to bring the residents closer to healthcare decision making, which will increase quality, accessibility, and efficacy of care delivery.

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References

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