

# MOTHER & CHILD WELFARE ORGANISATION BUILDING TRUST LISTENING EVENT REPORT

NOVEMBER 2023



Mother and Child  
Welfare Organisation  
CREATING A BRIGHTER TOMORROW

# ABOUT THE BUILDING TRUST PROJECT

Mother and Child Welfare Organisation (MACWO) was one of a select group of voluntary and community groups in Hammersmith and Fulham who participated in the Building Trust Project-- an effort that sought to amplify the concerns, thoughts and experiences of Black residents in the borough when it comes to health and care services provided by the NHS and the local authority.

Through discussions, these sessions highlighted the challenges, aspirations and call to action by the residents.

## **Our Target Group:**

Those 18 years of age and older, particularly focusing on those that engage with existing MACOW initiatives. Particular emphasis was placed on the Somali community-- but others of wider Black African and Afro-Caribbean backgrounds also participated.

## MACOW is passionate about championing equity and creating fairer health outcomes

This project was grounded upon three main objectives:

1. Initiate and guide the establishment of trust and confidence between Hammersmith and Fulham residents and the NHS.
2. Enable a transparent and candid dialogue among participants, the NHS, and council members.
3. Document the collective experiences of participants, incorporating actionable steps for engagement.

# THE PRINCIPLES

The Hammersmith & Fulham Council formulated **a set of 8 principles** to guide, shape, and support everyone engaged in the project. These principles encompass diversity, providing support and assistance, building relationships, recognizing the impact of words, embracing challenges, fostering collaboration, promoting sustainability, and implementing measurement.

## RESIDENTS

- Assess the Building Trust project experience by utilising the principles as a checklist.

## PROFESSIONALS

- Encourage self-reflection on their practices and professional development.
- Identify instances where the principles are applied within their organisation and recognise areas where these principles may not be practiced as effectively

## ALL

- Residents, Community organisations, Professionals, and Facilitators clearly understand the expectations of the Building Trust Project.
- Initiate discussions with all participating regarding the foundational values around behaviour, attitude, and approach essential for nurturing relationships that foster trust.
- Relate these principles to the individual's set of values.



## METHODOLOGY

We deliberately chose a combined World Cafe methodology as a foundational framework for our delivery of the "Building Trust" project.

The World Cafe's emphasis on fostering open and honest conversations in a relaxed, café-like setting resonated with the core values of our project and the ethos of our organisation. Given the sensitive nature of the topics related to health and care services, creating a welcoming space was crucial to us so that participants would share their perspectives openly. The cafe-style setup provided an informal and inclusive atmosphere, breaking down barriers that might inhibit honest dialogue.

The methodology's ability to facilitate small-group discussions was particularly valuable. By allowing participants to engage in intimate conversations, we aimed to capture the nuanced and diverse experiences of residents. The iterative process of rotating between tables enabled cross-pollination of ideas, ensuring that participants not only shared their personal insights but also benefited from the wealth of perspectives within the group.

# Key Findings

## **Broader determinants significantly influence people's daily experiences and, consequently, their health outcomes.**

Housing conditions, among other factors, play a substantial role. Improving health necessitates addressing individuals' day-to-day circumstances. There was a recognition that this is beyond the remit of NHS services, and a joined-up approach is essential if we want overall change.

## **It is services that are hard to reach, not people.**

Community members expressed a willingness to contribute actively to their own well-being and preventive health measures. However, they find it difficult, especially when they perceive a lack of attentive listening or have encountered instances of being overlooked. They tend to engage in spaces where they have received positive responses (such as A&E) or rely on community support to address challenges. This difficulty is often linked to a lack of awareness about available services, language barriers, and a lack of transparency regarding how services operate.

For change to happen, action by NHS and Local Authority services must continuously take a people-centred approach and be culturally sensitive and holistic.

## **Building Trust happens over the long term.**

To tackle health inequalities, it is imperative to establish trust between service providers and communities, especially marginalised groups. This requires a demonstration of accountability and transparency. Participants emphasised the importance of being heard and included, advocating for more opportunities to instigate local change.

## **Information must be made more accessible and transparent.**

Many found opportunities and resources through informal dialogue (e.g., the role of community pharmacists; 111; advocacy groups). Lack of information resulted in feelings of disempowerment and frustration.

**See Appendix 1 for “Inclusion, Collaboration, Equality: Report on the Building Trust Project.” an animated booklet that captures the narratives that emerged from the workshops and clear calls for action.**

# DIRECT RESPONSES FROM WORKSHOPS

## DATE:

JUNE 21 2023

## TIME:

13:00-16:30

## LOCATION

MACWO OFFICES, 202 UXBRIDGE ROAD,  
LONDON, W12 7JP

## FACILITATION LEAD:

HAWA MOHAMUD

## FACILITATORS:

NICK  
MOUSSA

## SENIOR MANAGERS:

JDEBORAH PARKIN NHS PCN  
ROSIE MURPHY – NHS CLCH  
GEMMA DUNCAN NHS – ICB  
LINZEY DEAN- COUNCIL

## DATE:

OCTOBER 20 2023

## TIME:

15:00-17:30

## LOCATION

WHITE CITY MOSQUE, 95 BLOEMFONTEIN ROAD  
LONDON W12 7DA

## FACILITATION LEAD:

HAWA MOHAMUD

## FACILITATORS:

MANDEKH  
NICK  
MOUSSA

## SENIOR MANAGERS:

JOHAN VAN WIJGERDEN- COUNCIL  
ROSS LAMBDON- SOUTH FULHAM PCN (NHS)  
SHARON TOMLIN- SOBUS  
RICHARD WAYOE

# QUESTION 1:

## TELL US ABOUT YOUR EXPERIENCES WITH HEALTH AND CARE SERVICES IN HAMMERSMITH AND FULHAM

(JUNE 21 2023)

1. *"Since the Conservatives took over, NHS care giving has changed. Before when we visit NHS we used to come back with success, myself and my children. Changes now – long time waiting for appointment. After you get the appointment you don't get the treatment you were waiting for, just told to go home and take paracetamol."*
2. *"I had an accident two years ago and I still have pain but I have received no help. I have been told to do physio instead of having a scan or x-ray. I have been told because I am over forty they cannot do anything. Continuing pain and high stress."*
3. *"No trust or confidence"*
4. *"Post covid – more telephone appointments = more stress for patients"*
5. *"Also more suicides and mental health issues among young people"*
6. *"Lack of access to GPs – receptionists not helpful, rude behaviour"*
7. *"Poor treatment for Black community / poor residents – poor outcomes, poor treatments, low levels of diagnosis of eg cancer"*
8. *"Residents unable to navigate health system – do not get outcomes they need, not just caused by the language barrier"*
9. *"Frequent change of GPs at practices"*
10. *"Lack of training for GPs and staff in communication"*
11. *"I can't communicate because there are no Somali speakers"*
12. *"No GP communication, sends me to A and E, waited for years to be sent to specialist"*
13. *"No communication of blood test results. No one contacted me, hospital said they sent them to GP, GP said they had not received them. Confusion and stress."*
14. *"Given medicine that is not suitable"*
15. *"Charing Cross hospital – there is fresh air and outside space for men, but not for women"*
16. *"Experience is not good. Access to GP is difficult. "*
17. *"A relative had a breakdown and was admitted to hospital, but he was discharged too soon without a care plan or medication, and he was at risk to himself. He was sectioned but taken to a hospital outside the area. I could not find the hospital, I did not know where it was. I got lost in the rain. I could not sleep for three days, terrible experience. Eventually found him. He was treated in two hospitals – one in Westminster, the other in Isleworth, both far from H and F."*

# QUESTION 1: TELL US ABOUT YOUR EXPERIENCES WITH HEALTH AND CARE SERVICES IN HAMMERSMITH AND FULHAM

(OCTOBER 20 2023)

1. "Certain practices have poor services."
2. "Long wait for appointments."
3. "Language barrier for Somali community"
4. "Barriers to getting appointments"
5. "Phone appointment only is difficult."
6. "Frustrating system"
7. "Having to go private for treatment."
8. "Similar experiences of poor services at Dentist"
9. "Poor maternity experiences"
10. "Housing repair is not taken seriously, meaning that health issues get worse."
11. "People in difficult situations have to self-refer without support on how to do this. I feel like people are bound to through the crack."
12. "I feel like I have less and less time with the GP when over the phone."
13. "I have to call at 8 am for an appointment, and even when I call exactly at 8 am, I am in a long queue."
14. "Receptionists are difficult."
15. "I have had to follow up for blood results, but reception has said "No issues, all OK. I want to speak to someone!"
16. "COVID is done- why aren't we back to face-to-face appointments with the Council and NHS?"
17. "No one comes on repair day- I have missed several days of work waiting."
18. "If I miss a call, I don't get a call back"
19. "GP retention seems poor- like a revolving door"
20. "Negative attitudes of staff in GPs puts us off."
21. "Council and NHS seem closed off- I can't just come in when I need help as there are so many barriers"
22. "Priority is screening/testing- not everyday problems when it comes to appointments."
23. "Overall good experience with health services" - Younger cohort who have not been to GP in over 6 months
24. "Young people don't seem to go as often and only go in emergency situation to NHS services- even when they might need to for mental health issues etc"

## QUESTION 2

# HAVE YOUR EXPERIENCES OR LEVELS OF TRUST AND CONFIDENCE IN HEALTH CARE SERVICES INCREASE OR DECREASE?

(JUNE 21 2023)

1. *"Trust is going down, I went for tests and there were no follow ups."*
2. *"I felt I was not important and not cared for"*
3. *"Long waiting time and breaches of confidentiality for minors"*
4. *"When I call the GP they say they will call back, but mostly they do not help"*
5. *"GP telephone call is less helpful than face to face, this reduces confidence"*
6. *"Unmet needs, a constant cycle. Makes me want to deal with my sickness and pain myself. The NHS won't help me. Zero confidence"*
7. *"Lack of empathy"*
8. *"Communication barriers"*
9. *"Ambulance doesn't come for you at the right time"*
10. *"Patient knowledge or insights are not utilised"*
11. *"No listening to the community, even though we have many insights into how NHS could improve"*
12. *"Lack of funding for community projects, eg mental health projects"*
13. *"Yes, it has changed because there is no face to face contact, mainly it is over the phone"*
14. *"Patients can express more about their problem when face to face. With telephone consultations the patient's concerns can be dismissed more easily."*
15. *"It is more difficult to express over the phone"*
16. *"There is lack of immediate appointments with doctors, there is a barrier of face to face triage or reviews, this can delay treatments and signposting"*
17. *"Longer waitlists now for blood tests, GPs used to employ their own health care assistant/phlebotomist"*
18. *"10 minutes is not enough with a GP"*
19. *"You cannot always book interpreters. GPs use medical language which is not understandable"*
20. *"It should be more easy to explain, but that requires time, that is not given to you"*
21. *"Complaints should be used to inform better services and care, but are they?"*
22. *"I do not trust any doctors, especially since the pandemic"*
23. *"I do not get help or medication from GP service"*
24. *"Lack of training in communication for professionals, bad communication reduces trust and damages therapeutic relationships"*
25. *"GP appointments should change and be up to 15 minutes long, in other countries consultations are routinely longer than in UK by comparison"*
26. *"NHS or GPs do not have discussion about side effects of medication and can administer medications that are damaging without fully informing the patient or providing information to them"*

## QUESTION 2

# HAVE YOUR EXPERIENCES OR LEVELS OF TRUST AND CONFIDENCE IN HEALTH CARE SERVICES INCREASE OR DECREASE?

(OCTOBER 20 2023)

1. *"Would score it 5/10"*
2. *"Frustrating as the process seems endless, and always feel I am back at square one."*
3. *"No accountability means that poor treatment continues."*
4. *"Discrimination from staff"*
5. *"Even when there is a Somali GP, and the language barrier is known, not being offered an appointment with this GP."*
6. *"Once you have a specialist, it seems to get better."*
7. *"We have to fight for face-to-face appointments– shouldn't this be a logical option, especially when there are language barriers?"*
8. *"My trust and confidence have changed because of appointment style"*
9. *"I had blind faith before in Council and NHS services"*
10. *"Increased sense of resistance and barrier from receptionists over the last few years."*
11. *"There has been a change in the behaviour of clinicians– short, aggressive tones, phrasing is not kind. This reduced my trust"*
12. *"Appointment cancellation from hospitals is common– like I should expect it"*
13. *"I have to advocate for myself more and more. It is tiring."*
14. *"Booking system for appointments or self-referral is difficult, especially when done online."*



## QUESTION 3a:

# DO YOU HAVE ANY THOUGHTS OR IDEAS ON HOW YOUR LOCAL HEALTH AND CARE SERVICES CAN BE BETTER?

(JUNE 21 2023)

1. *"Must be community representatives"*
2. *"Must hear everybody's need"*
3. *"GP access must improve, people must not be shunted to online, practice services are difficult to access, there must be equal access"*
4. *"There must be more choices"*
5. *"Primary care representative from the ICB should look into GP practices that are doing well and look into why this is and share feedback about it"*
6. *"Consult the community before making decisions. Make direct contact with Somali organisations as they are not represented in patient forum groups. Better cascade of communication."*
7. *"ICB and NHS services to employ local staff and prioritise local staff in training, apprenticeship and leadership."*
8. *"GPs to allocate more time to explain treatment to the patient."*
9. *"GP to feed back on blood test results, not all patients will call and sometimes it is restricted between set hours eg 1pm to 2pm. "*
10. *"There is a lack of partnerships between different health and care services. Records must be shared between services in a timely fashion to avoid harm."*
11. *"NHS primary care service is inaccessible, it needs to be face to face."*
12. *"Council care services – there is a lack of physical access, too much online"*
13. *"More GPs less locum GPs"*
14. *"More NHS staff"*
15. *"Get access to a GP while waiting for a procedure to answer any questions. It is very scary waiting for a procedure when your confidence is already low from poor experiences and unmet care needs"*

## QUESTION 3a:

# DO YOU HAVE ANY THOUGHTS OR IDEAS ON HOW YOUR LOCAL HEALTH AND CARE SERVICES CAN BE BETTER?

(OCTOBER 20 2023)

1. *“Culturally appropriate training for staff or meaningful support provided.”*
2. *“More accountability in the system to not allow cover-ups”*
3. *“Improve communication links between services. Especially when reducing complexity between council and NHS services.”*
4. *“Make services more accountable to people. Where do my complaints go?”*
5. *“Improved communication”*
6. *“Cultural Awareness Training for anyone in public facing roles”*
7. *“Training of receptionist staff in customer service”*
8. *“More GPs!! There clearly isn’t enough clinical staff”*



## QUESTION 3b:

# WOULD YOU LIKE TO BE INVOLVED IN OUR BUILDING TRUST PROJECT TO HELP IMPROVE OUR LOCAL HEALTH AND CARE SERVICES? AND HOW WOULD YOU LIKE TO INVOLVE YOURSELF?

(JUNE 21 2023)

1. *"Yes, if training was given"*
2. *"Yes, if it will improve bad experiences, but to build trust you have to have empathy present."*
3. *"Yes, I would love to. The Trust project must be funded however."*
4. *"Would like to become advocate representing communities and involved in GPs Patient Participation group, which every GP should have. ICB representative for primary care can get involved in GP practices that do not have patient participation group. Somali organisations in H and F to be part of an umbrella with the ICB, councils and NHS services and social care."*

(OCTOBER 20 2023)

1. *"Get involved."*
2. *"Get engaged."*
3. *"Get organised."*
4. *" Yes, through community groups that advocate for people– we require training. We know the ins and outs and trusted more than council and NHS services to do what's best for us."*
5. *"Yes, in an advocacy champion role"*

Q.1.

Please tell us about your Experiences with Health & Care Services in H & F?

- 1 Neglect and not being listened to. Cost issue regarding treatment
- 2 delayed diagnosis + Long waiting lists
- 3 Being discharged from mental health hospital still unwell + high risk and no plan
- 4 Language barrier + length of appointment.
- 5 Feedback is that the NHS haven't helped with multiple health problems.

Q.2.

HAVE YOUR EXPERIENCES OR LEVEL OF TRUST AND CONFIDENCE IN LOCAL HEALTH & CARE SERVICES CHANGED? IF SO, FROM YOUR PERSPECTIVE, WHY IS THAT?

- 1 Terms such as "hard to reach" referring to communities have to change.
- 2 ~~Professionals~~ <sup>Staff</sup> have a lack of training in communication. This leads to a lack of trust.

Cycle of unmet needs which erodes trust

3a Do You HAVE SOME THOUGHTS & IDEAS ON HOW YOUR LOCAL HEALTH & CARE SERVICE COULD BE BETTER?

NHS - GP Access - issue around the way its managed at a practice level. Lots of varizim across practices.

~~#~~ - Face to face appointments with the GP.

Council - Lack of human interaction + physical appointments

Better access to primary care so people don't have to go to A&E

Better representation of the Somali community across the system

Q.

3b. WOULD YOU LIKE TO BE INVOLVED IN OUR BUILDING TRUST PROJECT TO HELP IMPROVE YOUR LOCAL HEALTH AND CARE SERVICES?

Empathy and more reaching out and giving from the organisations not just asking from the community.

\* Representation from the Somali community on the boards will be taken forward

- Having healthchecks at community spaces | regular service representation + training of Somali ~~more~~ people so they can be part of the decision making.

\* Commitment to Listen and to work together and to build what is said into the planning.

- making it easier to raise complaints with the GP.

- making the complaints process more transparent and allow for other Languages