

Joint Strategic Needs Assessment: Community Consultation Report



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Funded by: **NHS Hammersmith & Fulham and the
London Borough of Hammersmith & Fulham**

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Executive Summary

CaVSA was jointly commissioned by NHS Hammersmith & Fulham and the London Borough of Hammersmith & Fulham to carry out a community consultation as part of their annual Joint Strategic Needs Assessment (JSNA) process.

The findings and recommendations from this consultation are reported here and will feed into the annual JSNA report. Through the Third Sector Health and Wellbeing Network, CaVSA will be leading on turning these recommendations into tangible goals that can practically inform the future commissioning of health and social care services in the Borough.

The consultation included **face to face interviews with organisations**, a number of less formal **vox pops** **video interviews** and a consultation **workshop**, which aimed to:

- explore the issues and opportunities around access to health and social care services in the borough from the perspective of CaVSA members and the people they work with locally
- chart the strengths and assets of the CVS in relation to addressing health inequalities
- start to sketch out what CaVSA members' involvement in the future of local health and social care could look like

A key finding of the consultation was the breadth and depth of **community assets** that already exist in the Community and Voluntary Sector and the potential to build on these as a means of tackling health inequalities across the Borough.

The findings from the consultation reflect and are strengthened by similar responses from previous consultations carried out by NHS H&F Community Engagement team and referenced here.

The specific recommendations from this consultation are as follows:

- recommendations on **health needs**
 - Poll residents at the upcoming Your Health 2010 event on which health needs are the most important
- recommendations on **service needs**
 - Maintain support for the generic role of the community and voluntary sector in preventative health service provision
 - Continue to develop outreach health services in partnership with CVS activities
 - Provide structured and funded support as part of the new poly-system implementation
 - Requirements for complementary therapies should be properly determined
 - Provision of health information continues to be ongoing, monitored and controlled
 - Key barriers to access and engagement need to be specifically addressed
 - Involve the CVS as an expert sector in mapping the wider determinants of health across the borough
- recommendations on **organisational needs**
 - Invest in health workforce development to ensure accountability and improve quality standards, particularly in the CVS
 - Commission network and adoption analyses as part of the ongoing JSNA process to better understand information flows through communities, key hubs or individuals and how these might be enhanced and used to increase access to health services
 - Maintain an up to date map of community health assets to complement the current PCT medical services map and reflect joined up thinking
 - Involve the CVS in not only health service provision but also system planning and design, e.g. the implementation of the poly-system and poly-clinics.

1 Introduction

There is a statutory responsibility for local authorities jointly with local NHS body to carry out an annual Needs Assessment of the health and wellbeing of the population in their respective areas. The Joint Strategic Needs Assessment (JSNA) aim is to identify priorities and needs from which both NHS Hammersmith & Fulham and the London Borough of Hammersmith and Fulham can develop joint commissioning of services.

The JSNA is 'a systematic method for reviewing the current and future health and wellbeing needs of a local population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities'.

Information about the expressed needs of the local community and service users is important in this process which is part of the ongoing organisational machinery that influences the further development and reviews of the Hammersmith & Fulham Local Area Agreement, Community Strategy and NHS H&F's Commissioning Strategy Plan.

The purpose of this report is to describe the outputs and outcomes of the recent community consultation workshop organised by Community and Voluntary Sector Association Hammersmith & Fulham (CaVSA) to gather key data on the inequalities in health and wellbeing being experienced across the borough by the community and voluntary sector (CVS) and its service users.

The ultimate outcome is to enable an informed discussion about how resources should be allocated and what approaches should be implemented to effectively improve health and wellbeing in the borough.

2 Community and Voluntary Sector in Hammersmith and Fulham

The CVS operates across the borough through about 900 groups. It is a wide and diverse sector reflecting the wide variety of communities in Hammersmith and Fulham. Based on a survey of 154, the majority of these organisations (76%) are small with less than 5 paid workers, with a third having no paid workers at all. There is a high level of resilience in the sector with 50% being established over 20 years and 87% over 5 years. Many of the organisations are complex in nature offering multiple services reflecting community rather than product focus.

CaVSA is the main independent infrastructure support for these frontline Third Sector organisations in Hammersmith and Fulham. Its aim is to be the main point of contact for all the relevant news and resources for the Third Sector in Hammersmith and Fulham

CaVSA organised the Joint Strategic Needs Assessment (JSNA) community consultation with the aim of gaining a better understanding of health barriers and also exploring ways in which community and voluntary services can help with overcoming them.

3 Aims and objectives

The aims of the community consultation workshop were to:

- explore the issues and opportunities around access to health and social care services in the borough from the perspective of CaVSA members and the people they work with locally
- chart the strengths and assets of the CVS in relations to addressing health inequalities
- start to sketch out what CaVSA members' involvement in the future of local health and social care could look like

4 Workshop methodology

4.1 Pre-workshop methodology

Before the workshop took place a number of face to face interviews were undertaken to focus on achievements in the sector and the complex issues encountered while dealing with health services. At the same time a number of less formal vox pops video interviews were also recorded.

The purpose of the pre-workshop engagement was to determine answers to a series of baseline questions:

The interviews concentrated on:

- information on health and health services
- consultation and user feedback
- access to health professionals in the community
- health support and prevention services

The vox pops concentrated on:

- barriers to accessing health and social care services in Hammersmith and Fulham
- consequences of not being able to access health services
- how the CVS helps to reduce the barriers to accessing health services
- what more could be done

4.2 On the day workshop methodology

The CaVSA JSNA community consultation took place on 21st April 2010 at Bishop Creighton House between 10am and 4 pm. 63 participants from 33 organisations attended the consultation including staff members and clients¹.

In the morning, activities were specifically designed to build on the insights coming out of the pre-workshop elements by asking attendees to describe the specific barriers and aids to accessing health services. The most important of these were then identified and voted on.

The next stage was to determine where community assets were located physically in the borough and to try to determine if geography could prove to be a disadvantage. Both of these processes involved representatives from the CVS organisations and service users working together.

After a networking lunch, representatives from the CVS organisations remained behind to move onto reviewing insights gather during the morning and developing some specific approaches for responses to health inequalities.

4.3 Post-workshop analysis and reporting methodology

During the face to face interviews it became clear that some agencies had taken part in a number of earlier consultations Carried out by NHS H&F Community Engagement Team for other reasons but which covered similar ground.

Where appropriate, the conclusions from these earlier consultations are referenced in this report and incorporated into the conclusions and recommendations from the consultation.

¹ The full list of attendees is included in section 9 at the end of the report
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5 Summary of findings

5.1 Summary of pre-workshop interviews

For completeness the headlines from the pre-workshop activities are reproduced here to provide context and background when drawing conclusions and making recommendations.

The **14 face to face interviews** highlighted a number of key findings²:

Area of investigation	Finding
Information on health and health services	<p>Training sessions, guest speakers and advocacy services are provided through strong partnerships between organisations</p> <p>Mainstream health and social services need to be demystified</p> <p>Providing health information is characterised as a ‘spasmodic’ process, not ongoing, monitored and controlled</p> <p>A more holistic approach is required</p>
Consultation and user feedback	<p>Cultural and language issues are described as a common barrier</p> <p>Frustration with waiting and appointment systems is compound by communications difficulties</p> <p>Low health literacy such as understanding how the “system” works contributes to inequalities</p> <p>Staff not adequately trained</p> <p>Proper diagnosis can be delayed or missed as people are rushed through the clinical process</p>
Access to health professionals in the community	<p>Specialist services are highly valued but insufficiently funded to meet demand</p> <p>CVS acts as referral route for health agencies</p> <p>Programmes such as the ‘Expert Patient Programme’ and ‘Health Trainers’ have a high success rate and help empower people</p> <p>More co-ordinated approach required</p> <p>Although compulsory, visits from health professionals do not take place on a regular basis due to budgetary constraints</p>
Health support and prevention services	<p>Most organisations do not provide health services themselves but access them on behalf of client groups</p>

² See CaVSA Concluding Remarks document for further information
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The **vox pops videos**³ highlighted a number of key findings:

Area of investigation	Finding
<p>What are the barriers to accessing health and social care services in Hammersmith and Fulham?</p> <p>“they don’t have the language to ask for”</p>	<p>Different styles of health care systems</p> <p>Lack of awareness of health services in the UK</p> <p>Services not being joined up</p> <p>Understanding ones rights</p> <p>Basic access to medical services for poorest</p>
<p>What are the consequences of not being able to access health services?</p> <p>“to use the facilities that are available within the NHS is a big issue”</p>	<p>People wait until health gets really bad</p> <p>Have to navigate health services yourself</p> <p>Health emergencies can occur on site</p>
<p>How does the CVS help to reduce the barriers to accessing health services?</p> <p>“Every few months we have the NHS TB mobile unit here and every person who wants to have dinner has to go through the unit.”</p>	<p>Run local health workshops</p> <p>Join up with other community groups</p> <p>Visit people in hospital</p> <p>Host NHS clinics on site</p> <p>Connect people directly back into health services</p>
<p>What more could be done?</p> <p>“There’s a lot more potential for using voluntary organisations. A lot more”</p>	<p>Understanding the impact of language and culture</p> <p>Offering alternative therapies</p> <p>Making services available in the community</p> <p>Poly-clinics may be the answer</p> <p>Working more closely with the voluntary sector</p>

³ See Community thoughts on accessing health and social care services in Hammersmith and Fulham at <http://www.cavsa.org.uk/>
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5.2 On the day workshop findings

5.2.1 Barriers and aids to accessing health services

Area of investigation	Barrier	Votes cast
Top six barriers to accessing health services	Communication / language / cultural barriers, eg doctors are always in a hurry, do not know what to ask for, no one to help translation	20%
	Attitudes and lack of understanding, eg stereo-typing, social stigma attached to some conditions (HIV and rape)	13%
	Physical access to services and treatments, eg difficulty in booking, long waiting times, inconvenient appointments, no dental services at weekend	12%
	Attitudes to and services for mental health, eg language used to promote mental health services needs to be appropriate and sensitive, access to counselling	12%
	Preventative health care, eg lack of creative thinking, reactive rather than preventative care is prioritised, system treat symptoms and not the causes of an illness	10%
	Problems with GPs, eg GP business model not answering to people's needs, GP only writes prescriptions, not enough staff on wards	10%
		(147 votes)

Similar barriers were also highlighted in the Our Community: Our Say report⁴

Area of investigation	Aid	Votes cast
Top five aids for accessing health services	Practicalities, eg language services available, quick access to GPs, slow and appropriate explanation of medical terms	28%
	Joined up thinking across the sector and beyond, eg involving parent in school activities on health and wellbeing, or all services under one roof	22%
	Connecting with the community, eg diversity of staff, empathy for different cultures	18%
	Available services, eg alternative therapies, support groups, advice and information in surgeries	17%
	Expertise, eg specialist doctors in surgery, understanding that they are saying or doing, knowledgeable and informed referral	6%
		(154 votes)

⁴ See Our Community: Our Say, Action by Community Report, Findings Result section
 Joint Strategic Needs Assessment CaVSA Community Consultation
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5.2.2 Community assets

A striking revelation at the workshop was the breadth and depth of the community assets already in place around the borough to help tackle health inequalities. There is a separate piece of work to pull together a new map of these community assets to complement the current PCT map that describes the statutory services available borough wide.

Community advantages	Observations
Co-location of services and need	Surprise that assets were available in areas previously seen as having negative perceptions
Range of services available	Wide list of services available but how best to get the knowledge of what is available out to as many people as possible
One stop shop	Physical barriers such as main road ways meant that travel to access certain services was very difficult

As well as assets, sometimes the geography of the borough yielded some disadvantages which could be seen as acting as wider determinants of health inequality.

Community disadvantages	Observations
North / South divide	Ethnic minorities seen to be pushed to the North (White City) areas of the borough with poor housing and health while the South is seen as affluent.
Pockets of isolation	Some pockets were where they would be least expected given the surrounding environment making it harder for example for poorer areas in the South of the borough
Stigma of location	Certain areas were described as having high levels of anti-social behaviour
Room for wider social improvement in housing	Levels of deprivation were seen to be linked to housing types, styles and availability

Other general findings on the day of the workshop have been segmented into three categories:

- health needs
- service needs
- organisational needs

5.2.3 Identified health needs

Health needs were identified during the workshop as “specific health and wellbeing issues” that were important to the community. A very similar list was described at the recent Commissioning Strategy Plan (CSP) consultation feedback meeting.⁵

Health need	Observations
Dentistry	Need better information on improving brushing technique and oral hygiene, including family level education sessions
Healthy eating	Not to necessarily replace a traditional with a Western diet, better to maintain a combination of a healthy and culturally acceptable diet
Cancer screening	Health services in countries of origin may not be set up in such a way that patients realise that this is even an option
Mental health	Where patients have come from a stressful environment such as a war zone, mental health services are particularly required
Heart disease	Making people aware of the impact of stress, smoking, diet and exercise on CVD
Sexual health	Help was needed to set up culturally sensitive environments with appropriate health care professionals in attendance
Tuberculosis screening	Making TB screening a normal part of access to community services works for some communities. Can this model be utilised elsewhere?

However, while health needs were highlighted in this way as part of the general discussion, they were not prioritised as part of the latter workshop processes. Prioritisation could be carried out as supplementary process at a later date.

⁵ See Commissioning Strategy Plan Consultation Feedback document, Health Improvement section
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5.2.4 Identified service needs

Service needs were identified during the workshop as the “type of health services that should be delivered” in the future. GP services, preventative health care and cultural sensitivity were very clearly priority service needs identified during the day. Some of these service improvements were also identified in the CSP consultation feedback and White City VOICE consultations.⁶

GP services drew a number of comments during the workshops, many of which were echoed in the recent meeting of the Community Relations Group⁷. These ranged from suggesting that GPs should be more involved in the day to day affairs of patients to considering the patient to be the experts about their own bodies and health. This holistic approach to health care was cited as a way of helping patients feel more satisfied with the level of care that they received. It was thought that there was a tendency for GPs to address the symptoms of a condition as opposed to looking at the wider implications of these symptoms for the patient. These gaps in “listening” were often seen as falling to the voluntary sector to address.

Focus on preventative health care rather than just reactive care or managing crisis was seen as important. The CVS is ideally placed with its close links into the community for providing a preventative access point. A key observation was how services such as dentists and opticians were viewed. These should be seen as an important component of preventative healthcare service provision. Ideally this should be communicated to the public in a simple and culturally/language neutral way.

Health services for older persons seemed to falling between the cracks. Examples of problems highlighted were getting GPs to undertake home visits and social care and personal service provision with gender acceptable carers.

Health services combined with other existing community services were also greatly welcomed, such are cervical screening combined with play group provision. This imaginative use of partnership outreach was demonstrated as a key asset of the community and voluntary sector which is able to continuously add value and create impact.

With many comments coming during the workshop on cultural sensitivities, language was highlighted as a major concern for many attendees. It was clearly articulated that better and more funding for translation services would be helpful in reducing a key barrier in many communities accessing health services. This is especially important as some members of the community felt that they were unable to express often complex medical problems in an accurate and complete way in the short consultation time available with their doctors.

5.2.5 Identified organisational needs

Organisational needs were identified during the workshop as the “way the health services should be delivered” in the future. Training, joined up thinking and health literacy were very clearly priority organisational needs identified during the day. Some of these organisational improvements were also identified in the CSP consultation feedback and White City VOICE consultations.⁸

Training for health care professionals was highlighted in order to cater for patients’ cultural and social needs and to develop better sensitivity to the diverse range of people within the community. Specific listening skills were repeatedly requested as important for professional health care staff. As a balance to training for professionals, it was felt that support for health champions drawn from members of the local community was also a worthwhile investment.

Joined up thinking was seen as missing sometimes between the statutory and voluntary sectors. It was described as needing to start with understanding what the role was of each sector and then moving on to what services were available in each sector and finishing with how to use both sectors effectively as a consumer of health services.

⁶ See Commissioning Strategy Plan Consultation Feedback document, Service Improvement section

⁷ See Community Relations Group meeting notes 31st March 2010

⁸ See Commissioning Strategy Plan Consultation Feedback document, Effects of CSP on CVS section

This summarised a common expression of a problem with health literacy, which was again a highlight of the meeting of the Community Relations Group⁹. It was thought that those who have already been exposed to the health system for a number of years were in a better position to navigate their way around and through the services while those who were recent arrivals or who could not access literacy information, for example due to language reasons, were at a distinct disadvantage.

In terms of the mutual understanding between the sectors, there was much comment on the expertise and local knowledge available in the voluntary sector that was not being used to its full capacity by the statutory health care providers. This knowledge could not only be used in delivering services but also ultimately in system planning and design.

While the availability of a wide range of health care services was greatly appreciated, a single point or as fewer points of access as possible for services was requested such that resources did not get lost in translation between one organisation and another. Community hubs, such as faith based organisations, were discussed as examples of where this was already being done successfully without a huge use of resources enabling targeting of specific hard to reach demographics.

Finally, it was often suggested that many of the highlighted organisational needs could be met with a better supply of funding for key infrastructure development projects.

6 Recommendations

To mirror the findings on the day of the workshop, the recommendations have been segmented into three categories:

- recommendations on health needs
- recommendations on service needs
- recommendations on organisational needs

6.1 Recommendations on health needs

The pre and workshop programmes identified many health needs but what was missing was a clear process to formally prioritise these.

Recommendation	Poll residents at the upcoming Your Health 2010 event on which health needs are the most important
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6.2 Recommendations on service needs

The CVS provides a huge number of services which are complementary with the statutory provision:

- focused on preventative education
- directly accessing services on behalf of client groups
- raising awareness of available health services amongst client groups
- providing access points widely across the borough in a holistic manner adding value and broadening impact

Recommendation	Maintain support for the generic role of the community and voluntary sector in preventative health service provision
	Continue to develop outreach health services in partnership with CVS activities, eg lunch clubs and play groups

⁹ Community Relations Group meeting notes 31st March 2010
 Joint Strategic Needs Assessment CaVSA Community Consultation
 © CaVSA 2010

Many CVS services are provided on a best endeavours and voluntary good will basis. As a result the voluntary sector has demonstrated many proof of concept prototypes on how health services could be provided in the future. What is required now is funding for the best models of delivery.

Recommendation	<p>Provide structured and funded support as part of the new poly-system implementation reflecting the normalisation of programmes that have already been proven to be efficient and effective</p> <p>Requirements for complementary therapies should be properly determined as these are seen as valuable in many cultures</p>
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While communication and information provision is seen as a key role of the voluntary sector there are still some issues of health literacy to be addressed.

Recommendation	<p>Ensure that the provision of health information continues to be ongoing, monitored and controlled particularly in the field of demystifying how the health systems works for all sections of the community</p> <p>Key barriers to access and engagement, including language, cultural diversity, gender and traditions, need to be specifically addressed</p>
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The CVS functions in many areas of society beyond health, eg support to victims of crime and domestic violence, asylum and immigration support, crèche services, holiday schemes, parenting support, supported and sheltered housing, adult learning and employment support

Recommendation	Involve the CVS as an expert sector in mapping the wider determinants of health across the borough
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6.3 Recommendations on organisational needs

Training in both statutory and voluntary sectors is key to reducing health inequalities.

Recommendation	Invest in health workforce development to ensure accountability and improve quality standards, particularly in the CVS
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The CVS provides the ability to naturally cross link a number of statutory and private health and social care services by being able to reach widely into both the supply and demand side of health. However, the flows of influence and information are not well enough understood to make this an efficient and effective process.

Recommendation	<p>Commission network and adoption analyses as part of the ongoing JSNA process to better understand information flows through communities, key hubs or individuals and how these might be enhanced and used to increase access to health services by hard to reach groups</p> <p>Maintain an up to date map of community health assets to complement the current PCT medical services map and reflect joined up thinking</p>
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Working day to day with the statutory services, the CVS has a deep understanding of the local knowledge available in the community.

Recommendation	Involve the CVS in not only health service provision but also system planning and design, eg the implementation of the poly-system and poly-clinics
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7 Conclusions

A number of key observations come through on final consideration of the consultation outcomes.

While it was understood that joint commissioning needs to take into account not only health but also social care services, the main focus of this CaVSA community consultation was on access to health and particularly how to overcome barriers to access. In a number of cases however, many participants did link health provision to social care activities in their observations. For example befriending services were identified as a beneficial route to gathering health information and providing support particularly for those living in isolation and as mentioned previously the undertaking of screening activities within social care environments such as Children's Centres and Schools.

Not only was co-delivery with social services highlighted but also opportunities for relationships with the private sector such as men's health screening at football clubs or diabetes testing in shopping centres. The first key conclusion from these two areas is the need for more innovative and creative collaboration. The CVS by its very nature is a partnership based sector and seeking out the best examples of these partnerships and adequately funding their inventive and creative approaches is a must.

The networked nature of the voluntary sector and the breadth and depth that it affords in reaching out to the communities of Hammersmith and Fulham means that the need for better communication is the second key conclusion. Starting with the current involvement of these organisations in influencing commissioning of services, there needs to be ongoing engagement and strengthening of the voice of the sector network.

This active voice should not only be seen as potential providers of services but also as key partners in co-designing the services throughout the commissioning cycle. Briefings and mailshots, websites and newsletters all play their part in keeping the network energised and informed but crucially it is participative events such as the CaVSA JSNA community consultation and the upcoming Your Health 2010 health festival that make the real difference in ensuring that the consultation and co-design process continues to work at a strategic and operational level.

The final observation was that representatives for young people were not fully involved in the current community consultation event. As a result a second workshop is to be carried out to provide a springboard for future work to engage them especially those who are excluded around health issues. Participants will include community and voluntary sector organisations targeting representatives that provide services to those most at risk including not in employment, education or training (NEETs) as well as young people themselves exploring opportunities such as peer-to-peer engagement. This workshop will feed into the 2010 JSNA process but particularly inform planning for 2011. It is hoped that outcomes from this workshop will form part of a wider youth engagement strategy building on similar activities run by other key stakeholders such as the borough's Youth Forum.

As a final conclusion, it is felt that the contents of this report should be circulated as widely as possible to inform many other stakeholders, for example the Primary Care Trust and the London Borough of Hammersmith and Fulham commissioners and newly elected Councillors. It is a testament to the continued value and service demonstrated by the CVS sector in Hammersmith and Fulham that the outcomes of the CaVSA community consultation have this valuable opportunity to feed into the JSNA process.

8 Appendices

8.1 Appendix I - Images and closing comments from the day

“Events like this should be held once a quarter, to have proper rational discussion, build information and trust and oblige the council to listen”



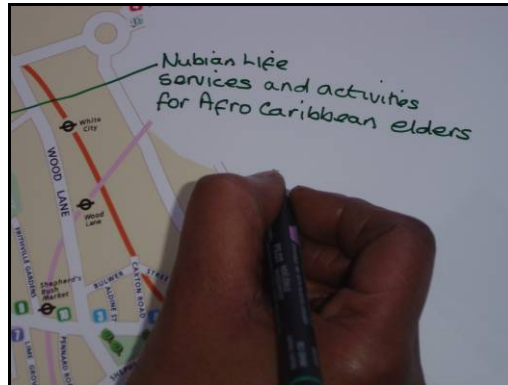
“Thanks, community starts in a room like this. All our experience. We should use CaVSA to network and forward our views about what we feel is important”

“Really lovely process. Health is complex and it was a gentle process where people could say how and what they needed and come to some conclusions”



“An intellectually solid group since 11am. The work is reflected on the board. People have used their experience and pinpointed the negatives very well. The authorities should base their work on this research”

“Thanks for today, well organised. Learnt a lot and met lots of interesting people. All points to communication and services talking to each other”



“Successful and informative day. Enjoyed learning about other organisations”

“Good opportunity for us to meet and exchange ideas. Let’s get what we’ve done today to the other organisations so they can see what we’ve done!”



“Really good today. Inspired to go off again on my work. Would like to see the recommendations really moving forward. To feel that next time positive steps will be fed back. Making sure it happens”

Community advantages 2

YOUR GUIDE

TO LOCAL HEALTH SERVICES 2009

NHS
Hammersmith and Fulham

General Practitioners	General Practitioners	General Practitioners	General Practitioners
1 200 (Sutton St, Hammersmith) 020 8746 1111	6 206 (Lodge Road W12 7LQ) 020 8746 1111	11 206 (Lodge Road W12 7LQ) 020 8746 1111	16 206 (Lodge Road W12 7LQ) 020 8746 1111
2 206 (Lodge Road W12 7LQ) 020 8746 1111	7 206 (Lodge Road W12 7LQ) 020 8746 1111	12 206 (Lodge Road W12 7LQ) 020 8746 1111	17 206 (Lodge Road W12 7LQ) 020 8746 1111
3 206 (Lodge Road W12 7LQ) 020 8746 1111	8 206 (Lodge Road W12 7LQ) 020 8746 1111	13 206 (Lodge Road W12 7LQ) 020 8746 1111	18 206 (Lodge Road W12 7LQ) 020 8746 1111
4 206 (Lodge Road W12 7LQ) 020 8746 1111	9 206 (Lodge Road W12 7LQ) 020 8746 1111	14 206 (Lodge Road W12 7LQ) 020 8746 1111	19 206 (Lodge Road W12 7LQ) 020 8746 1111
5 206 (Lodge Road W12 7LQ) 020 8746 1111	10 206 (Lodge Road W12 7LQ) 020 8746 1111	15 206 (Lodge Road W12 7LQ) 020 8746 1111	20 206 (Lodge Road W12 7LQ) 020 8746 1111

Opticians	Dentists	Pharmacies
1 206 (Lodge Road W12 7LQ) 020 8746 1111	1 206 (Lodge Road W12 7LQ) 020 8746 1111	1 206 (Lodge Road W12 7LQ) 020 8746 1111
2 206 (Lodge Road W12 7LQ) 020 8746 1111	2 206 (Lodge Road W12 7LQ) 020 8746 1111	2 206 (Lodge Road W12 7LQ) 020 8746 1111
3 206 (Lodge Road W12 7LQ) 020 8746 1111	3 206 (Lodge Road W12 7LQ) 020 8746 1111	3 206 (Lodge Road W12 7LQ) 020 8746 1111
4 206 (Lodge Road W12 7LQ) 020 8746 1111	4 206 (Lodge Road W12 7LQ) 020 8746 1111	4 206 (Lodge Road W12 7LQ) 020 8746 1111
5 206 (Lodge Road W12 7LQ) 020 8746 1111	5 206 (Lodge Road W12 7LQ) 020 8746 1111	5 206 (Lodge Road W12 7LQ) 020 8746 1111

Hospitals

- 1 Charing Cross Hospital
- 2 Westminster Hospital
- 3 Queen Charlotte & Chelsea Hospital
- 4 Chelsea and Westminster Hospital
- 5 St Mary's Hospital

Health Centres

- 1 White City Health Centre
- 2 Sunberry Day Centre
- 3 Pailingswicke House
- 4 Rivercourt Methodist Church
- 5 Lyric Theatre
- 6 Irish Centre
- 7 Age Concern
- 8 Grove Neighbourhood Centre
- 9 Masbro Centre
- 10 Westside Support Services

Drop-in Services

- 1 Hammersmith Hospital
- 2 Charing Cross Hospital
- 3 Chelsea and Westminster Hospital
- 4 St Mary's Hospital
- 5 Sunberry Day Centre
- 6 Pailingswicke House
- 7 Rivercourt Methodist Church
- 8 Lyric Theatre
- 9 Irish Centre
- 10 Age Concern
- 11 Grove Neighbourhood Centre
- 12 Masbro Centre
- 13 Westside Support Services

To find out more about the services listed on this map visit www.hf.nhs.uk

Community advantages 3

YOUR GUIDE

TO LOCAL HEALTH SERVICES 2009

NHS
Hammersmith and Fulham

General Practitioners

1. [Practice Name], [Address], [Phone]
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Handwritten Notes on Map:

- SWIMMING Adult Pool Education
- BEIN RESOURCES CENTRE FOR OVER 55s
- OR 4 YOB UPPER ROOM
- CENTRAL EAST EUROPEAN FORUM
- CHISA WOODSING Forum
- RIVERSIDE STUDIOS
- CHINA SOCIETY
- ROMANIAN SOCIETY
- FOOTBALL CLUB DYNAMO HAMMERSMITH FOR DISABLED PEOPLE
- Chemist
- PT's EXERCISE PROGRAMME
- Information Centre
- CAREER'S CENTRE
- UNIVERSITY MATHS
- ELDERLY CITIZEN MOVE - community
- 16 22 street
- YALTA Association helps people with poor vision from Roma community
- Somali Community
- Somali Restaurant
- South Thames College

Legend:

- Open air/covered sports
- Disabled access
- Heating/cooling
- Open air/covered sports
- Disabled access
- Heating/cooling

To find out more about the services shown on this map visit www.hf.nhs.uk

Community disadvantages 3



Community disadvantages 4

YOUR GUIDE TO LOCAL HEALTH SERVICES 2009

Hammersmith and Fulham

General Practitioners

Opticians

Dentists

Pharmacies

Hospitals

Health Centres

Drop-in Services

Local NHS Offices

Barriem 4

1+2+3+4+5+6+7

8+9+10+11+12+13+14+15+16+17+18+19+20+21+22+23+24+25+26+27+28+29+30+31+32+33+34+35+36+37+38+39+40+41+42+43+44+45+46+47+48+49+50+51+52+53+54+55+56+57+58+59+60+61+62+63+64+65+66+67+68+69+70+71+72+73+74+75+76+77+78+79+80+81+82+83+84+85+86+87+88+89+90+91+92+93+94+95+96+97+98+99+100

Easier to get to Centre

But difficult to travel around

FEEL LESS SAFE IN SOME AREAS

CA 4+5+6+7

about the services listed on this map visit www.hf.nhs.uk

8.3 Appendix III – Table of NHS H&F community consultations and reports

Footnote and page	Document	Author
4, page 8	Our Community: Our Say, Action by Community Report, Findings Result section	Action By Community & Development Focus Trust, 2007
5, page 10 6 & 8, page 11	Commissioning Strategy Plan Consultation Feedback document, Health Improvement section	Community Engagement Team, NHS Hammersmith & Fulham, 2008
7 & 9, page 11	Community Relations Group meeting notes 31st March 2010	Community Engagement Team, NHS Hammersmith & Fulham, 2010

8.4 Appendix IV - Full list of attendees at workshop

NO	ORGANISATION	NAME
1	Active Planet (pre-workshop interviewee)	Susie Charrington
2	Age Concern (pre-workshop interviewee)	Bernice Semple
3	Age Concern	Client
4	Age Concern	Client
5	Al-Muntada Al-Islami Trust	Abdul Majeed
6	Al-Muntada Al-Islami Trust	Adnan Mohammad
7	Al-Muntada Al-Islami Trust	M. Abdelghafour
8	Bishop Creighton House	Client (Wendy)
9	Bishop Creighton House	Client (Myrtle)
10	CaVSA	Peter Okali
11	CaVSA	Shani Lee
12	CaVSA	Barbara Shelton
13	CaVSA	Rachel O'Brien
14	CaVSA	Olivia Leu
15	CITAS (pre-workshop interviewee)	Malika Hamidou
16	CITAS (pre-workshop interviewee)	Olivera Markovic
17	ECRC	Gloria Ewans
18	Elgin Close Resource Centre (pre-workshop and vox pops interviewee)	Ionela Flood
19	Elgin Close Resource Centre	Mabu Mustafaei
20	Elgin Close Resource Centre	Hanah Mahdy
21	Fulham Good Neighbour Service	Ruth George
22	Fulham Good Neighbour Service	Arthur Wicks
23	Fulham Good Neighbour Service	Clive Domm
24	Fulham Primary School	Layla Naji
25	HAFAD (pre-workshop interviewee)	Richard Day
26	HESTIA	Claudeth Livingstone
27	H&F MIND	John Dove
28	H&F PCT Equality and Human Rights Manager	Jonathan McInerny
29	H&F Refugee Forum	Emad Al-Hamadani
30	Iranian Association (pre-workshop and vox pops interviewee)	Kaveh Kalantari
31	JSNA Project Manager	Mahroof Kazi
32	KANGA: Kurdish Association for New Generation Abroad Supplementary School	Adnan Shaswar
33	LEC	Tina Heynessy
34	Life Education for West London	Mita Gordon
35	Lyric - Young People and Emerging Artists	Jennifer Fordham

36	Mental Health Matters	Mark Johnson
37	Mongolian Culture Centre	Otgonbayar Zineemider
38	Mongolian Culture Centre	B. Enkhzaya
39	Mongolian Culture Centre	Mart Bira
40	NHS H&F	Charles Oduka
41	Nubian Life Resource Centre (pre-workshop interviewee)	Jazz Lewis-Browne
42	Older People's Consultative Forum (H&F)	Bryan Naylor
43	Pre-school Learning Alliance (pre-workshop interviewee)	Jose Tsuchihashi
44	Pre-school Learning Alliance	Client
45	Romanca Society (vox pops interviewee)	Alexandru Gaina
46	Shepherds Bush Families Project (pre-workshop interviewee)	Tina Mayers
47	Shepherds Bush Housing Group	Nadia Rush
48	Shepherds Bush Housing Group	Don Reid
49	Shepherds Bush Housing Group	Tanya Ibrahim
50	Standing Together Against Domestic Violence (pre-workshop interviewee)	Cath Kane
51	The Minaret Community Centre	Hani Dahri
52	The Minaret Community Centre	Choca Yusuf
53	The Minaret Community Centre	Habiba Abukr
54	The Minaret Community Centre	Hawo Ahmed
55	The Minaret Community Centre	Hodan
56	The Minaret Community Centre (vox pops interviewee)	Faduma Farah
57	The Minaret Community Centre	Mahad Ali
58	The Minaret Community Centre	Client (Mahad)
59	The Minaret Community Centre	Client (Nasro)
60	The Upper Room (vox pops interviewee)	Bruce Marquart
61	West London Health Unlimited (pre-workshop interviewee)	Ifrah Ali
62	YALTA Russian Speaking Charity Association	Tatiana Rumjanceva
63	YALTA Russian Speaking Charity Association	Anna Gribacova
64		Nasro Hashi
65		Hodei Abdalhali
66		Tabiboyu SYF

9 Special thanks

Special thanks to the team at CaVSA particularly Peter Okali, Barbara Shelton, Shani Lee, Olivia Leu and Rachel O'Brien for hosting the consultation event at Bishop Creighton House and also Tony Josephs and Jacqueline Culleton from Forster and Roma Iskander and Sheila Marsh from Health Directions for facilitating the workshop on the day, carrying out the vox pops and co-producing the report.