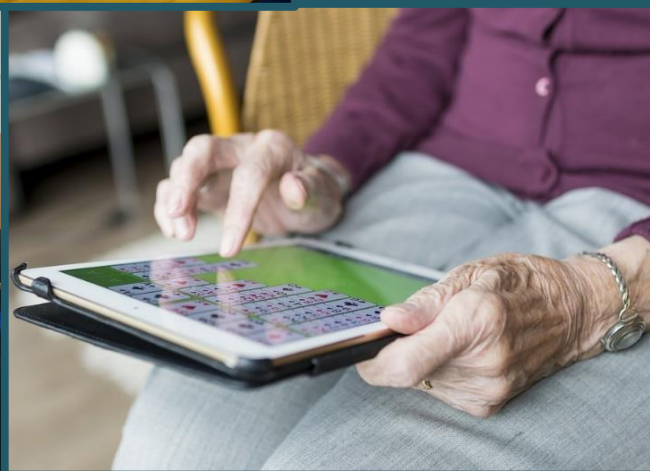
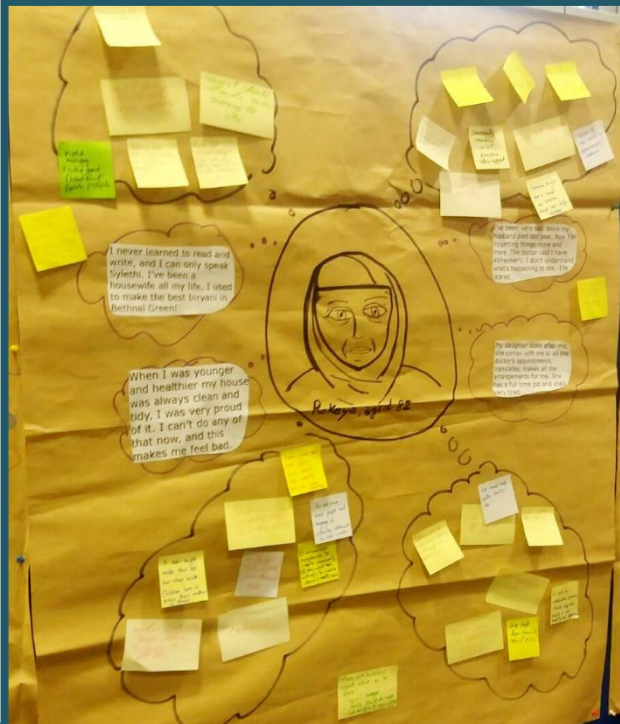




# Professional Development Centre Bethnal Green

North West Locality GP Network 1  
11 December 2017  
1 PM - 3 PM



Healthwatch Tower Hamlets would like to thank all of the Healthwatch volunteers who helped to promote, organise and manage this event and all of the local residents who gave up their valuable time to participate.

Allison Taylor

Cherry Jack-Prince

Emdad Islam

Rebeka Miah



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## Glossary

**Tower Hamlets Together (THT)** is a partnership of local health and social care service providers that aim to provide more joined up, person centred services. It includes Tower Hamlets GP Care Group, Barts Health Trust, East London Foundation Trust, the local authority and the voluntary sector.

**The Tower Hamlets Health and Wellbeing Board** is a partnership that aims to join up and improve and shape health and wellbeing services across Tower Hamlets. It includes the Local Authority (Councillors and Officers including the Director of Public Health), the Clinical Commissioning Group (CCG), Heathwatch, The Council for Voluntary Services, East London Foundation Trust, Barts Health and The Tower Hamlets Housing Forum. They produce the Health and Wellbeing Strategy.

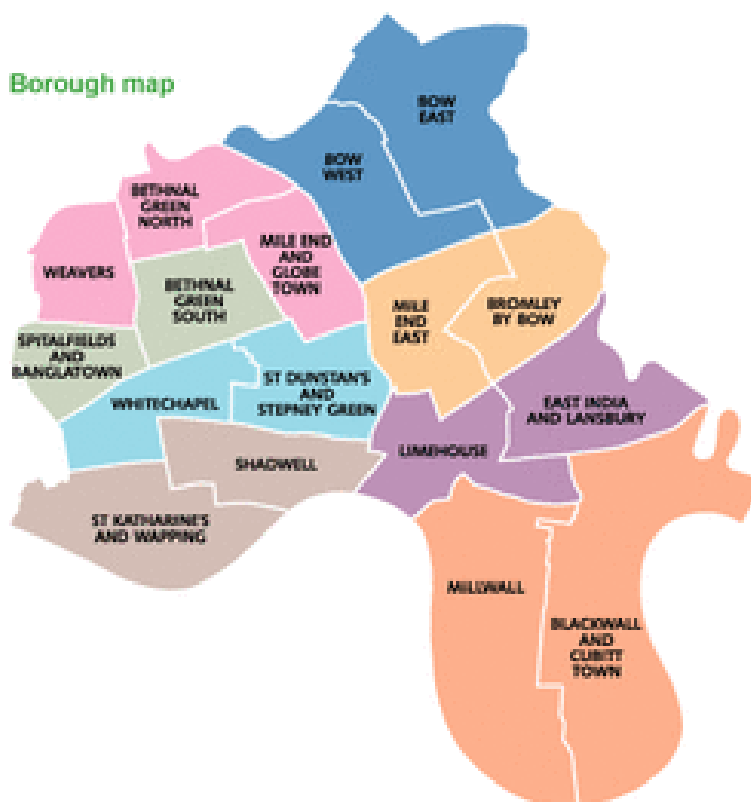
**NHS Tower Hamlets Clinical Commissioning Group (CCG)** plan and fund (commission) most local health services.

**The Ageing Well in Tower Hamlets Strategy** is intended to complement the Tower Hamlets Health and Wellbeing Strategy and to set out how local communities and organisations will work together to improve the wellbeing of residents aged 50 and over in the borough. Key priorities in the strategy include developing employment and volunteering opportunities for older residents, providing more housing choices and opportunities to stay active and healthy and supporting older people to use technology and access information. Others priorities include actions to reduce loneliness and to make Tower Hamlets a Dementia Friendly borough.

**Social care in England** is defined as the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty. Social care for the elderly may include care in a residential/nursing setting (e.g care home or nursing home), care in the resident own's home and other forms of support such as home adaptations, dedicated transport services or services offered by a day centre.

**GP Networks** The GP Surgeries in Tower Hamlets and many local services are grouped into eight geographical network that then come together in pairs to form four Localities. Healthwatch Tower Hamlets aim to hold a Your Voice Counts event in each locality over the course of the year.

*This event was held in Network 1, in Bethnal Green North.*



## About the event

### Aim

The aim was for Health and Wellbeing Board Partners to engage with older people to develop actions to take forward the Tower Hamlets Aging Well Strategy. The event was part of a regular series of Your Voice Counts events managed by Healthwatch Tower in partnership with Health and Wellbeing Board Partners.

Partners involved in the event at the Professional Development Centre included:

- Tower Hamlets Together
- Tower Hamlets Council
  - Adult Social Care Team
  - Public Health
  - Independent East Centre
  - Workpath
- Age UK -Older People's Reference Group

### Location

The event took place on 11 December 2017 from 11:00 am - 3:30 pm at the Professional Development Centre in Bethnal Green.

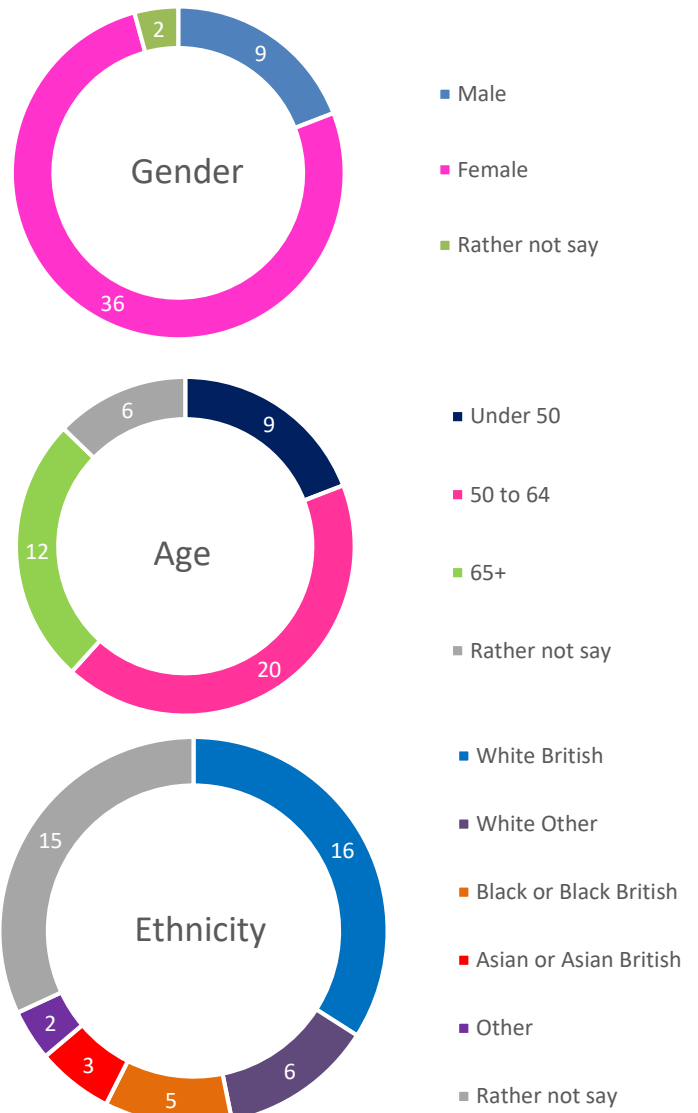
### Structure

The event layout was designed to take participants on a journey around the room providing residents with creative space to provide their thoughts and ideas in an as interactive manner as possible.

At each stall, people were given a small gift (such as a scented candle, a Christmas decoration or a chocolate lolly) as a reward for taking part. When they had collected all their gifts, they received a Christmas stocking

## Participants

A total of 47 people participated to our event.





## Public engagement activities

A series of activities were set with the aim of understanding more about how communities could drive change including more people:

- feeling in control of their health and informed to make positive changes.
- supporting each other around their health and wellbeing, in the context of aging.
- supporting themselves and each other around staying independent in old age.
- tackling loneliness and social isolation in older people.
- taking joint action on issues that affect their health, wellbeing and social care.
- getting involved in shaping local services around care for the elderly and older people's health.



## Activity 1- staying engaged and involved

Participants answered questions about hobbies, activities and volunteering using stickers and post-it notes on an interactive board. 29 people took part in this activity.

### What we have learned:

Respondents have a generally active social life- ten people mentioned various kinds of social and group activities as things that they enjoy doing in their free time.

Five people mentioned that they enjoy reading; only one person mentioned watching TV. This marks them as different from the average British person; according to the Statistical Release Taking Part 2014/15, Focus On: Free Time Activities, by the Department for Culture, Media and Sport, 94% of people aged over 65 and 92% of those aged 45-64 watch TV.

They also mentioned creative/ productive hobbies, such as various arts and crafts (four persons) and gardening (two persons).

Respondents were relatively physically active: four people mentioned walking as exercise (alone or in a group) as a thing they enjoyed doing, three mentioned walking their dogs and six mentioned other forms of physical activity and sport (including golf, dancing, swimming and exercising in a gym).

What do you enjoy doing in your free time?

### Social activities

Activities at community centre (2 mentions)  
Pampering group, singing, creative writing group, going out with friends, keeping in touch, visiting friends, spending time with grandchildren, going to community events

### Learning

Learning to use a computer (2 mentions)  
Health-related workshops, learning new skills

### Entertainment/ media

### Reading (5 mentions)

Watching TV, theatre, music, art, cinema

### Hobbies

Gardening (2 mentions)  
Sewing (2 mentions)  
Lace-making, needlepoint, cooking, baking, puzzles/sudoku, shopping, games on phone or tablet.

### Physical activity

Walking exercise- alone or in groups (4 mentions)

Walking my dogs (3 mentions)

Dancing, golf, acrobatics, swimming, playing sports, gym

### Spiritual/ religious

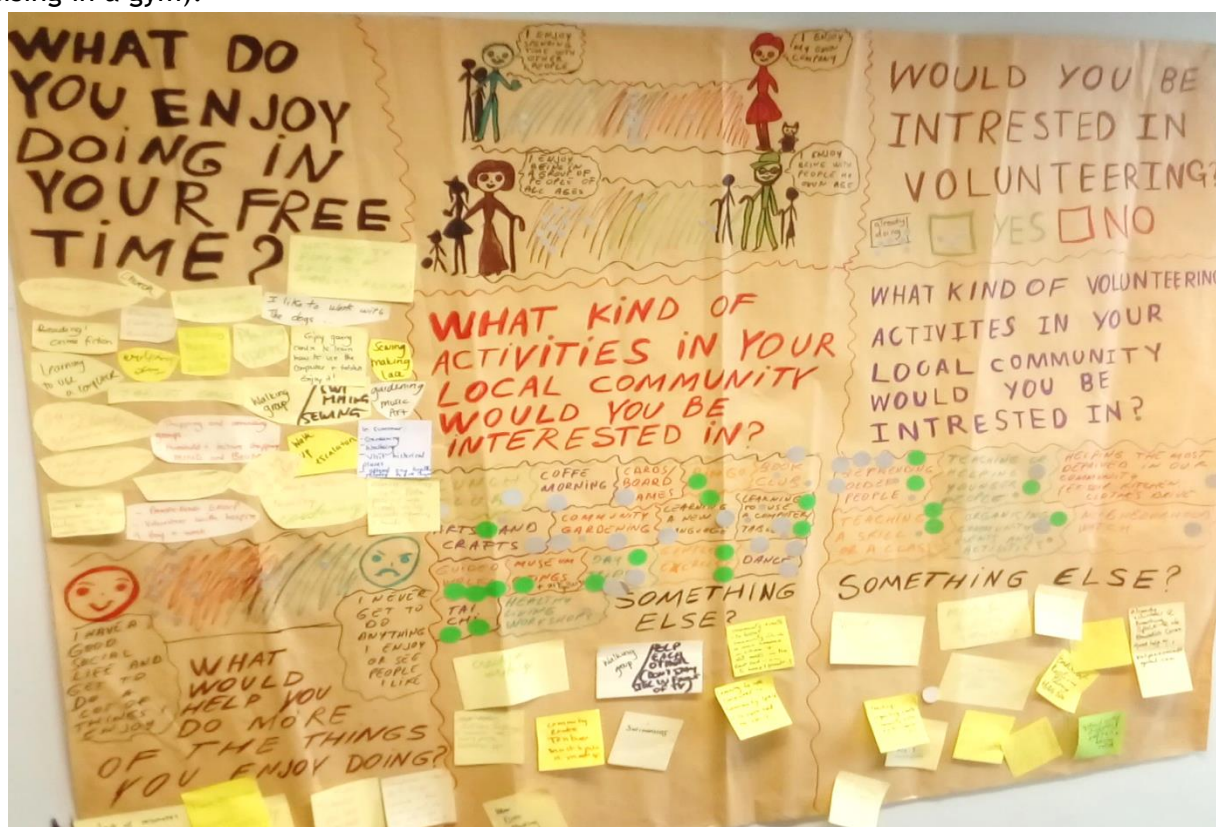
Church (3 mentions)

### Volunteering

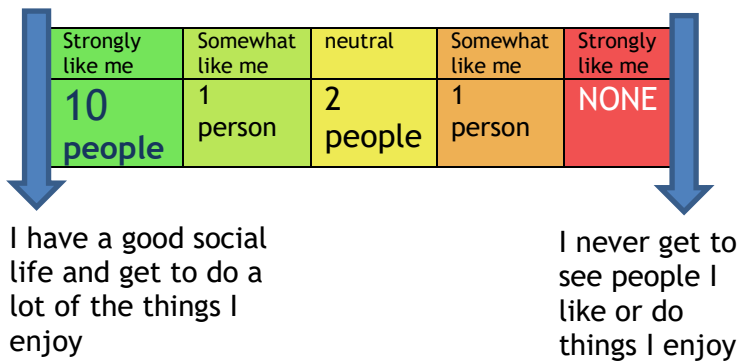
Age UK meetings, MIND, Beside, hospice

### Travel

Organised group outings, visiting historical places



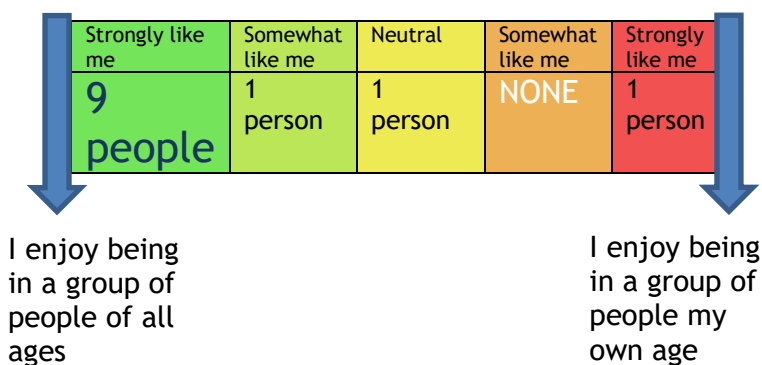
Most respondents were happy with the social lives that they had:



Most respondents found that while they enjoyed their own company, they also liked spending time with other people.



Most respondents preferred activities involving a mixed-age group, only a small minority preferred being with people their own age:



In terms of obstacles to doing more of the things that they enjoy, patients have identified:

- Health or mobility constraints (three people)
- Lack of money (two people)
- Lack of time (two people)
- Social constraints (two people)

*“Sometimes I don't go to things because I feel like I will be the only older person there”*

Affordable transport and mobility aids were identified by respondents as potentially useful for empowering them to do more of the things that they enjoyed.

Respondents were also asked to select from a list activities that they were either potentially interested in, or otherwise already doing. Based on this, **IT classes, tai chi and guided walks** were the most popular activities among respondents.

Activity	Doing it	Want to do
Learning computer/ tablet	2	4
Tai chi	5	0
Guided walks	3	2
Day trips	2	2
Book club	0	4
Gentle exercise	2	1
Arts & crafts	1	2
Learning a new language	1	2
Community gardening	0	3
Dance	0	3
Bingo	1	1
Lunch club	0	2
Healthy living workshops	0	2
Museum outings	1	0
Coffee morning	0	1
Card/ board games	0	1



Respondents also mentioned other activities they would like to take part in, including:

- Creative writing group
- Dress-making
- Community meetings and events
- Swimming

Respondents were also asked whether they were interested in volunteering. **Seven people** stated they were already volunteering, and **six** said that they wanted to. Only **one** person mentioned not being interested.

Among a list of possible volunteering causes, **befriending older people** has been, by far, the most popular.

Activity	Doing it	Want to do
Befriending older people	2	5
Teaching/ helping younger people	1	2
Teaching a skill or class	2	1
Organising community events	1	2
Helping the most deprived	0	1
Neighbourhood watch	0	1

Among other causes that they volunteer for or would be interested in volunteering for, respondents have mentioned:

- Community engagement and campaigning (three respondents)
- Local disability charity Ability Bow (two respondents)
- Housing association
- Carers' trust
- Visiting isolated older LGBT people in care homes
- Setting up a golf or tennis club.

## Activity 2- How can we support older people to live a good life?

Respondents were presented with 3 scenarios, through three exhibition-style boards, each featuring a character and their story, told through the character's thought bubbles.

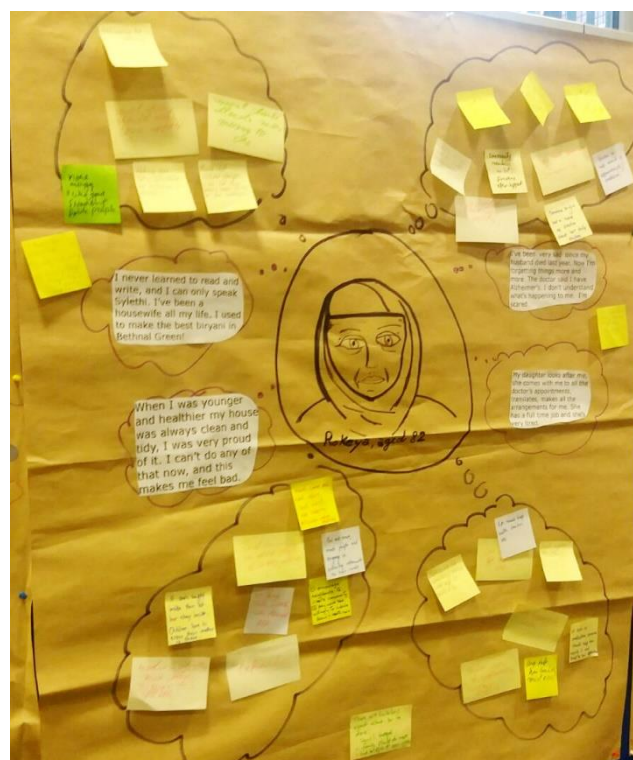
*"How can we, as a society, ensure that this person lives the best life that they possibly can, within their circumstances?"*

*What can we do for them?  
What advice would you give them?"*

They were then asked the question:

The three characters were:

- **Jim, aged 75:** A heart patient with minor care needs, at risk of social isolation.
- **Mary, aged 86:** A wheelchair-bound lesbian retired philosophy professor.
- **Rokeya, aged 82:** A Sylheti speaker recently diagnosed with Alzheimer's, cared for by her daughter.







I had heart surgery last year. I recovered well, but I had a bad experience with some really uncaring nurses in the hospital! I wish I could get involved in an initiative to improve NHS services!

My wife and I got divorced in the 70's, our children live in Canada now. I have no close family living nearby. Sometimes I feel lonely.

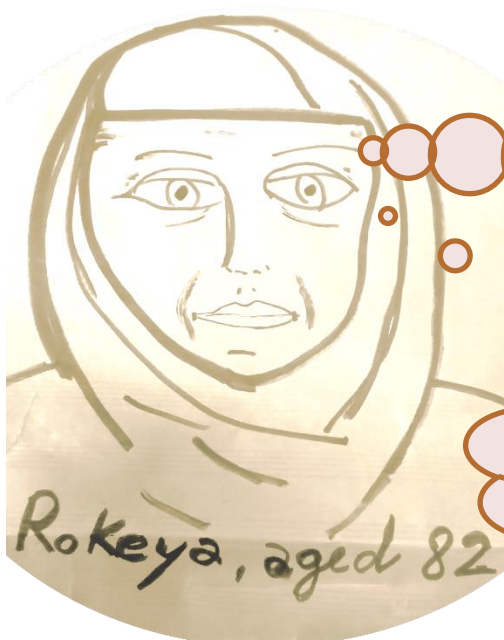
I'm feeling OK now, I can cook for myself, shop and drive, but cleaning or gardening are difficult for me. What will happen to me if in ten years I won't be able to look after myself anymore? I don't want to go to a care home!



I can't walk anymore, I need to use a wheelchair. Thank God mentally I'm still sharp! I'm a retired philosophy professor. I love classical music and the theatre, but it's really difficult for me to go nowadays, with the wheelchair.

My wife, Betty, looks after me, she's wonderful! I also have carers who help me with personal care. Yesterday my new carer made a homophobic remark about Betty and me. It made me feel very uncomfortable.

I tried going to the local lunch club for older people, but I feel like I have nothing in common with them. I don't like bingo or daytime TV, and I doubt they would enjoy talking about poetry!



I never learned to read and write, and I can only speak Sylheti. I've been a housewife all my life. I used to make the best biryani in Bethnal Green! When I was younger and healthier my house was always clean and tidy, I was very proud of it. I can't do any of that now, and this makes me very sad.

My daughter looks after me, she comes with me to all the doctor's appointments, translates, makes all the arrangements for me. She has a full-time job and she's very tired.

I'm forgetting things more and more. The doctor said I have Alzheimer's. I don't understand what's happening to me. I'm scared.

## What we have learned

### Cross-cutting themes

- Respondents expressed concerns about recent austerity cuts to social care services; they felt that local authorities were not doing enough to support older residents with care needs, and that underfunding was the most likely explanation for it.
- Volunteer befriender services were seen by respondents as potentially beneficial to everyone, as long as older people can be “matched” with befrienders from a similar culture and with similar interests. Intergenerational befrienders are particularly viewed very favourably.
- It was important for residents to involve older people in activities where they are not mere beneficiaries, but *active contributors to society*, through sharing knowledge, volunteering, mentoring or offering companionship to others; and that they are supported to overcome limitations and play these active roles to the maximum extent of their abilities.
- People had different views regarding carers: some have said that they are a great help and needed much more than envisaged, whereas one person thought they were useless and not worth the money.
- Volunteers offering help with simple tasks in the home or assisting older people with travelling have been suggested by respondents as a potential source of help, supplemental to receiving social care.
- Outdoor and group activities have been suggested in relation to all three scenarios as a way to combat loneliness and social isolation.
- One person pointed out that in all three scenarios, if the people involved are Housing Association tenants, they should check what kind of support is available through their landlord.



## Scenario 1: Jim

### Respondents identified barriers to accessing publicly-funded care and solutions to partly mitigate these:

- The Council should assess him and see what help he can get at home.
- There is very little support available if you don't currently need personal care- this needs to change.
- There are barriers to home help in light of recent changes in Tower Hamlets
- Age Concern handypersons can help with certain tasks around the house.
- Volunteers can give a hand with some tasks.
- GPs and nurses can help with signposting.
- Make a link with one [community/ advocacy] group and get signposted

### In terms of future care, respondents empathised with the character's desire to not relocate to a care home, but some also challenged it. They were overall critical of the available provision of care in the borough.

- Would do anything to stay out of care home. Adaptations and human contact.
- Would you feel different about a care home/ supported housing if they were better?
- Is there enough provision of care homes?
- Everyone's worried about it, don't think about it until it happens!
- [We should have] more education, understanding around what can happen and how to deal with it.

### Physical activity has been identified by respondents as something that could contribute positively to Jim's health and well-being:

- GP referral for exercise- get out/ more in community, with help from fitness trainer.
- Get yourself a pet - a dog - and get walking (but pets cost!)
- Gentle Exercise, meditate, swim.



Getting involved in social activities in an organised group has been suggested as a way of tackling loneliness. Some emphasised that community groups should make their activities easily accessible

- Needs to go out more (day centre should provide transport).
- Age UK Hackney got funding for isolated people- they set up all sorts.
- Join Neighbours in Poplar (or similar orgs) for lunch clubs and other activities (transport provided).
- Join a choir.
- Help him find out what's available.
- Volunteers should set up intergenerational tennis/ golf club- grandparents with grandchildren.

**Some respondents pointed out that it can be more difficult for men of Jim's age and generation to socialise than for women:**

- More difficult for men to socialise, join a men's group
- Look into Men's Sheds in the borough
- Others pointed out things that Jim could do himself in order to be less lonely:
- Get to know your neighbours
- Meet people of similar age and interests on the internet

**Four people have identified joining Healthwatch as a way of contributing to improving health and social care services in the borough. One person raised concerns about the extent to which patient initiatives are promoted, and one raised concerns about the organisation of Patient Involvement Panels.**

- Join Healthwatch
- How do you know about these initiatives or PALS?
- Improve patient involvement panel systems, too rigid



## Scenario 2- Mary

Service users mentioned the transport options available to wheelchair-bound people, or suggested new ways in which a person in a wheelchair could travel more easily. While most saw the onus on local and public transport authorities to provide appropriate support, some suggested assistance from friends or volunteers. One person suggested car adaptations to empower Mary or her wife to drive.

- Taxi card/ dial-a-ride
- Provide transport: Dial-a-ride, REAL care
- TFL has special transport services for wheelchair-bound people
- [There should be a] special service to assist [disabled people] with use of public transport.
- Local authority should offer transport.
- A befriender with similar interests could help with wheelchair.
- I used to volunteer for a charity that paid for theatre tickets. I would pick up a chair-bound person and take them to the theatre or a concert. I got a free show and the disabled person got out as well.
- Friends can help take her out- but need the right kind of car.
- Wheelchair-friendly adaptations including car- she should be involved in designing what she needs.

**The issue of wheelchair-accessible venues and appropriate information about them has also been raised:**

- Group visits to art galleries- are they wheelchair-accessible?
- [There needs to be] better info re: what is or isn't wheelchair-accessible.

**Some suggested that cultural activities should be available more locally:**

- Give activities in home
- Theatre and cinema more local (private)





Some respondents brought up that activities offered by community centres/ organisations should be more diverse and inclusive.

- Better day centres, not like what we have now.
- Alternate activities- not everyone likes bingo. (Ex: every 2 weeks- bingo this week, something else next week)
- Older LGBT group- most LGBT groups only target younger people.

Other felt that the onus should be on Mary to find like-minded people or adjust her expectations.

- She could start her own poetry group
- Look for book clubs/ poetry groups in local library
- Try enjoying the bingo; everyone is interesting, you'll make new friends.

Intergenerational befriending has been suggested as a way to not just address the loneliness and isolation of older people like Mary, but also to empower them to make a positive contribution to their society by mentoring younger people.

- Visits from QMUL students.
- Can she make contacts with local schools? Mentor young people, theatre groups.

On the subject of homophobic comments from a professional carer, most respondents felt that it should be addressed through training and awareness:

- Report the carer and complain- not to reprimand, but to signal a problem.
- Carers need to know what is or is not acceptable.
- Educate carer on same-sex relationship; I doubt training [about this] is done in Tower Hamlets. More stories.
- If there are gay people in the home, care programme needs to be personalised [training/ awareness]. Need to listen.

Some respondents also pointed out that older LGBT people are more at risk of isolation.

- Older generation can be homophobic- gay people who are out fare better, raise profile of older gay people who are isolated in Tower Hamlets.
- LGBT people "in hiding" can be isolated- they are not part of a [ traditional] family unit- disowned by children or friends.

### Scenario 3- Rokeya

Respondents believed that Rokeya should be entitled to adult social care provided by local authorities, but brought up the impact of funding cuts on people like her.

- Social services should offer some support.
- Council should allocate more money to care.
- There are limits to what can be done, council does not have money, she should fight for her own rights and family should do more.
- I'd pay more tax willingly to subsidise social care.
- Community members via GP practice could offer support.

Some people suggested that the help and support she needs should give her a sense of routine and structure.

- [She needs] Someone to give her a sense of direction about her daily routine.
- If she's on medication someone should help her with taking it, and with appointments.

Community centres have been identified as places where she could have culturally appropriate socialisation in her own language, as well as mental health support.

- Cultural groups (her own culture) - does she have links in her community?
- Welcoming her to a community centre

Volunteering initiatives, places of worship, GPs and therapists can also be involved:

- Befriending organisation- Sylheti speakers
- Mix with other people by attending day centre and eat healthy
- Walking clubs in parks- good for her mental health
- Women's Mental Health group- needs to be culturally sensitive
- Go to wellbeing centre [Compass Wellbeing, for counselling]
- Making sure GP knows how lonely she is, if possible
- Mosque or community culturally appropriate bereavement counselling

Assistive technology has been suggested by some respondents as useful for people with Alzheimer's:

- Devices to remind her of appointments and medicine
- Local Authority should help with devices etc.

Resources from the Alzheimer's society have been recommended:

- Alzheimer's society- games and tools for memory- useful for early stage
- Contact Alzheimer's society.

Respondents believed that it is important for people with Alzheimer's, particularly in the early stages of the disease, to be encouraged and supported to still take part in volunteering and social activities that they enjoy.

- Voluntary agency could offer weekly shared meals- she can assist with cooking
- Involve in activities- can she still cook with assistance/ teach cooking while she's still able?

They also emphasised the importance of respite care and resources for family carers, like Rokeya's daughter.

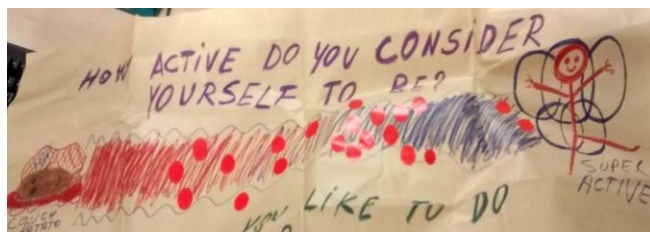
- Care assistant for respite care.
- More support for carers.
- Respite care from volunteers.
- Support for the daughter- take care of the carer.



### Activity 3- How active are you?

20 residents took part in a discussion about keeping active at any age.

On a scale from "couch potato/ not active at all" to "very active", seven respondents placed themselves towards the "less active" end of the scale, and twelve towards "more active", including two persons who considered themselves "super-active".



Strongly like me	Somewhat like me	neutral	Somewhat like me	Strongly like me
NONE	7 people	1 person	10 people	2 people

Couch potato Super-active

Comments about things people would like to do to stay more active centred around making physical activity more accessible to older people of diverse levels of fitness and ability:

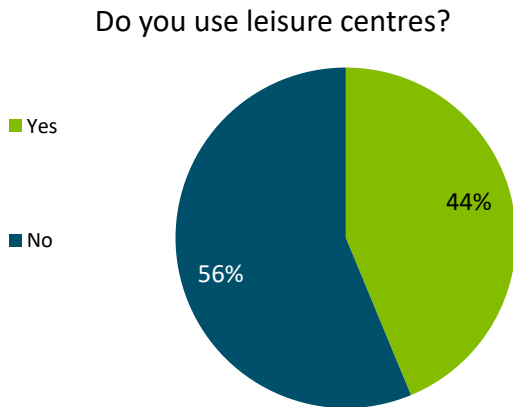
- Would like to join a walking group that suits an active person but not strenuous long walks, but also not a stroll in the park.
- Young at Heart programme - some instructors are really good at offering activities that mixed abilities can take part in, need to learn from this.
- I am 60 and teach partner acrobatics and am a personal trainer - I would like to work with more older people to help them stay active.
- Ability Bow - referrals via GPs seem to be taking a long time to come through (example of 12 months) - TH Council day care employee

## Activity 4- Leisure Centres in the Borough

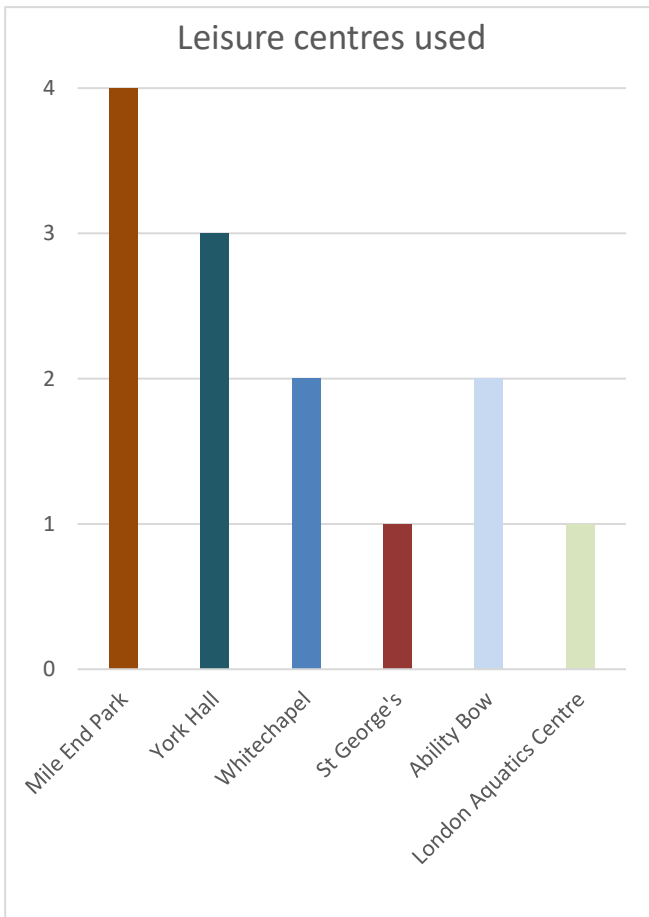
16 residents took part in an in-depth discussion about leisure centres in the borough, focusing on barriers to their use and how they can be addressed.

### What we have learned:

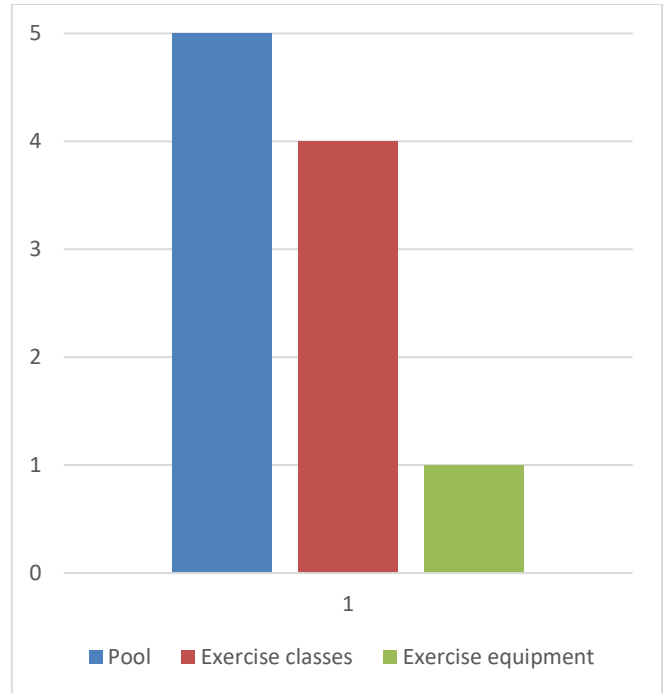
Seven people used leisure centres and nine did not.



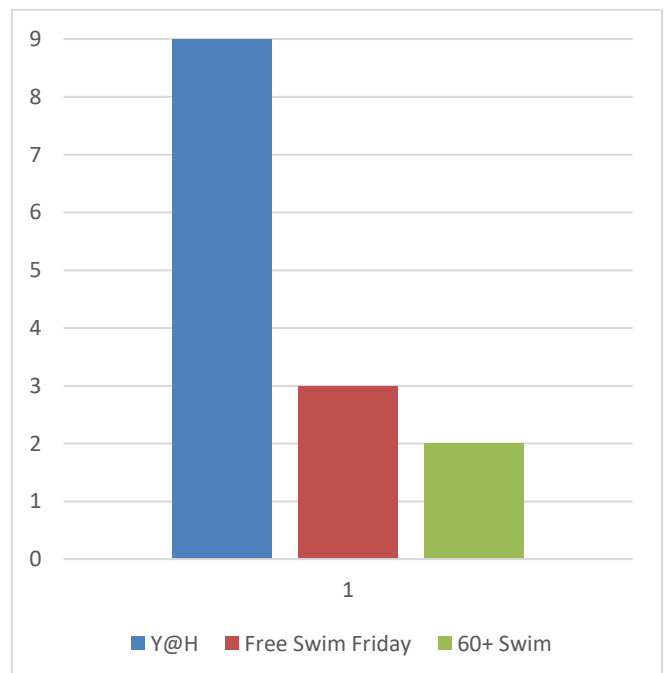
Mile End Park Leisure Centre was the most popular among respondents; respondents with disabilities used the facilities provided by Ability Bow.



Most respondents said they would use leisure centres for pool and classes (such as aerobics or dance)



Nine people were aware of the “Young@Heart” seniors’ exercising classes offered at leisure centres in the borough. On the other hand, only three people knew about the “Swim Free Fridays” for borough residents and only two about the discount offered to 60+ residents for swimming.





### Service users have identified the following barriers to using leisure centres more:

- Lack of specialist facilities or advice for people with disabilities, or even those who are concerned about a health condition and want advice / support - this is available at Ability Bow but should be possible for people to use less specialist equipment with the right advice and support. One person would need a spinal board and lift in case anything went wrong. This issue was mentioned several times.
- Issues regarding insurance for people with special needs using the facilities.
- No Santander docking stations very near any of the leisure centres.
- Some older people are still working, the sessions directed at them are mostly during the daytime
- Environment is not welcoming to older people, from the staff attitude (in some cases), to the images on the walls - really need a welcoming, inclusive environment for people to feel truly that this is a place for them
- Some people felt intimidated about using the gym, they see it when heading to the pool, but are not sure how to access it.
- Need a place to charge a mobility scooter (happy to pay).
- Some people can't swim, not aware of adult lessons.
- Information - this issue was mentioned several times. The Better website is not user friendly, hard to find information on what is happening at the centres, especially for older people/times, dates etc.
- Time - some people working, carers etc.
- Some people prefer other forms of exercise, walking, outdoor exercise etc.

### They have also made the following suggestions for increasing use of leisure centres:

- Specialist equipment / knowledge for people with disabilities.
- Greater knowledge of the offer, adult swimming lessons etc. - improve the website
- Clear information on how to access the gym, have an introductory session etc.
- Staff having a more proactive approach, welcoming, friendly, not just interested in the younger visitors - maybe training so they understand that some people lose confidence when they are older, even people who used to be swimming instructors or champion swimmers, like two of these respondents!

- Images in the centres to be more diverse, so people feel the place is for them, and younger people feel it is for older people also.
- Information on where to charge a mobility scooter displayed (if possible)
- Some sessions for older people in the evening, not all older people are retired / fully retired.
- Bring back the Young at Heart mini-Olympics.
- Santander docking stations at all centres.
- Heat the changing rooms more.

### Some emphasised making leisure centres friendlier to older people:

- Young at Heart is excellent, but too few classes for active 60-75-year olds. It is more targeted at 50-year olds (plus some younger who can join to make up numbers), or elderly needing chair bases exercise).
- More classes for mature people. Warmer and less crowded swimming pools would encourage me to attend leisure centres.

Three service users said they would be more likely to use leisure centres if they were offered an initial group visit, and a further two said that this might be a factor for them.

### In regards to the Young@Heart Classes, the following suggestions were made:

- Bringing back the Mini-Olympics (2 people)
- Offering evening classes for working seniors (3 people)
- More affordable classes (1 person)
- Intergenerational mini-golf (1 person)



## Activity 5- Keeping informed and using new technology

*'How do I find out more information about the health and social services available in the borough?'* This is a question frequently raised by local people (and indeed staff, the voluntary and community sector and other partners as well).

Tower Hamlets Together has therefore been developing a 'Public-Facing Portal' (PFP), a web-based solution designed to provide easily accessible information for all local residents.

Participants were invited to test out the new public-facing portal and give feedback on it in terms of accessibility.

### What we have learned

There is often an assumption that older residents don't like modern technology and don't know how to use the internet. Our discussions showed *that for some older people this is definitely not the case*, with the websites of the council and other local organisations well used to find out what is happening.

**However, there are limitations, even for people who use the internet regularly.**

- Internet is fine - but where do you start
- Internet in principle but asking people is often more informative, i.e. the way that systems really work

**For a lot more people the well tested channels are still the most helpful:**

- Idea Stores and libraries
- Family members acting as advocates
- Word of mouth - and then share with my friends and neighbours
- Local public and community sector organisations, including 'my GP', Age UK, Toynbee Hall, Sonali Gardens
- Leaflets have helped me a lot!
- Posters in day centres
- Fridge magnets with phone numbers and information

Arising from our discussions, the clear - and unsurprising - message is that meeting the needs of the local community demands different and flexible approaches.

## Activity 6- Older People's Reference Group-Age UK

Representatives of Age UK were present at the event; they promoted the Tower Hamlets Older People's Reference Group, a forum of older people which meets regularly and is open to anyone over 50 who lives or works in Tower Hamlets. It aims to promote the consultation of older people and their engagement in the design and delivery of services intended for them from the NHS and the local authority and to give older people a voice in all matters that concern their life in the London Borough of Tower Hamlets.

## Activity 7- Assistive Technologies

A stall from the Tower Hamlets Assistive Technology Strategy team showcased to residents a variety of assistive devices, such as programmable pill-boxes with timers and personal alarms.

The Independence East Centre in the PDC car park was also open, showcasing an adapted kitchen, stairlift, through floor lift, closomat, ceiling track hoists, a wet room and lots of daily living equipment.



## General feedback on Health and Social Care Services

Our volunteers have engaged with attendees on their experience with health and social care.

- **Royal London Hospital**

• Cavill House- had my dressing changed. Went at 9 am, they said they would see me between 9 and 12. They didn't have my name down, but they said they would see me after everyone. The nurse was lovely, but I waited for 2 hours. Would have been good to have a nurse at my GP surgery to do it instead.

• I got a text with the time of my surgery, and they informed me that I must not eat for a certain time. Would have been useful to be given a glove to cover it when I shower etc.

• Dermatologist- very good service. Going again next week.

• I had a finger broken and used plastic surgery department. They did plastic in my finger, but it came off. They did it on the 5th of December, I'm going back tomorrow. It is a very long wait and I needed someone to help me with doing my daily chores. So, if they do my treatment properly, it's easy for me to maintain myself. I need contact details of the service that I used so I can contact them in the future if needed. Would be nice to know all the places where they do plastic surgery/ treatment of fingers that I can rely on.

- **Tower Hamlets Adult Social Care team**

• Got a bill Friday. Tower Hamlets is having carers come in 4 days a week and they still charge, even if they don't come in. They asked in January what income we had, but not outgoings. Got a bill in October, said I will have to pay £350. Bill dropped to £56 a week, which is still quite a lot. My wife was using them to clean, give a bath. But we had to dispense with them. Now I'm doing it. Not a big deal. Not a big impact on me. Cleaning was a big help. Anyone with a little bit of savings has to pay.

- **Mile End Hospital**

Done cataract operation for left eye and going in January for the right one. Quite good service, staff did good approach and nice manner. They are ok.

Eye cataract operation. They tried their best. Staff are well-behaved. They're perfect!

Visited pain clinic due to back pain as and operation before. The lady wanted me to walk further but I couldn't move that much. This job needs to be decreasing my pain, not increasing it. No one answered the phone when I needed to change my appointment, I had to be there physically. I made a complaint, but not taken up correctly. I keep ringing the phone, and phone cuts off after a few minutes. Nothing improved.

The foot clinic is being dismissed. I have to go private, but can't afford it.

- **GP surgeries**

Checks for high blood pressure; received good service but seems busy. [Suggestions on how service should be improved: Wanted some doctor available when needed. (Merchant Street Practice)]

- **Community centres**

Very good, mostly yoga, watch movie and enjoy together. Everything is fine there. (Sonal Gardens)

Yoga, Tai Chi, exercise etc. Really good service, I also volunteer there [How could the service be improved?] They are going to move out soon and bigger space is better for us, as it is busy to accommodate.



## General Feedback on Event

Here is what members of the community have said about our event:

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- 🗨️ Excellent, thank you!
  - 🗨️ Enjoyed finding out what's happening.
  - 🗨️ Very useful and interesting. Provided food for thought in my work.
  - 🗨️ Engaging and informative, learned a great deal, will come back!
  - 🗨️ Informative and useful, great work!
  - 🗨️ Good to link up with so many services.
  - 🗨️ Brilliant!
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