

SWL ICB

Spring grants 2025 insight report - Kingston Place

Healthy communities and hypertension

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1. Executive summary

The Spring Grants 2025 engagement programme aimed to capture qualitative feedback from underserved and marginalised communities, targeting Core20 populations. Local VCSE organisations were awarded grants to run community activities, engaging participants from diverse ethnic, socio-economic and health backgrounds.

Engagement focused on experiences of NHS services and healthy living behaviours, with a specific local focus on hypertension (high blood pressure) - as a significant health risk affecting over 23,000 residents.

Key cross-borough themes

Although we found some variation in feedback between boroughs, the majority of concerns raised remained consistent on the following topics:

- **Access to NHS services:** Persistent issues with long waits particularly for GPs, A&E, referrals, and mental health support; and dissatisfaction with GP appointments.
- **Mental Health:** Long waits for support and short treatment durations deter help-seeking.
- **Language and digital literacy barriers:** Information is often inaccessible to those with limited English or digital skills, particularly older residents. Reliance on family for translation raises confidentiality concerns.
- **Cost of Living:** Rising costs hinder healthy eating, exercise, and stress management, with calls for affordable, local community-based activities.
- **Support for carers:** Carers struggle to maintain their own health due to time, cost and stress constraints.

Hypertension-specific insights

- **Low public awareness** that hypertension is often symptomless.
- **Lack of access to free blood pressure checks** in some areas.
- **Many lack confidence interpreting readings or knowing next steps** if abnormal.
- **Lifestyle challenges hinder blood pressure management** - particularly cost, time and caring responsibilities.

Next steps

Overall, the report highlights barriers in Kingston to healthcare access and the interplay between socio-economic pressures and health behaviours.

We will take detailed findings for Kingston, including on hypertension, to the Health Information Group in September 2025 to agree next steps. Analysis will be presented by PCN to ensure a neighbourhood approach

2. Introduction

This report details the feedback we received in Kingston during our SWL 2025 spring engagement programme. Through this we worked with community leaders from our Core20 populations and deprived areas, providing a voice to the most marginalised and underserved. We offered grants of up to £550 to small VCSE organisations to hold activities with these populations to help us understand their access to and experience of local NHS services, as well as their behaviours in maintaining healthy lifestyles.

Our approach during this phase changed to have more of a focus on gathering qualitative feedback, rather than sharing communication messages - as we did in the Winter phase. Funding was targeted based on health inequalities.

In each borough we had a particular topic of focus. In Kingston it was hypertension (high blood pressure). However, we also tried to keep the conversations quite broad - to really understand what was important to local people. We chose hypertension (high blood pressure) due to it being a major risk factor for heart attack and stroke and a significant issue in Kingston with over 23,000 people diagnosed. However, as hypertension often has no symptoms, it is estimated that the true number of people affected is much higher.

To support the move to more neighbourhood level work, we have broken the data down to enable it to be used more widely. We did this by mapping the reach of the activities carried out to particular geographies. This doesn't mean that these organisations only work in these areas - however, it helped us to interrogate the data at a different level.

3. Methodology

To support programme delivery and coordination, we worked with Kingston CVS who held trusted relationships with local groups and were able to provide knowledge and expertise to successfully deliver the work.

Grants were awarded based on who the organisation could reach and how closely it matched our target audiences, as well as their engagement approach.

Across south west London, we worked with 87 organisations reaching 6,019 local people. In Kingston, we awarded grants to 13 organisations, conducted 39 number of activities and events and spoke to people from across 33 ethnicities. Activities ranged from wellbeing flower arranging, art and crafts and cooking sessions to English literature for adults and children from Korea or with Korean ethnicity.

Successful organisations were invited to attend an online training session to support them to collect insight in inclusive and accessible ways. Each group was asked to explore the following topics using prompts to encourage conversation: experiences of NHS services; how people stay healthy; knowing when to seek help and

understanding other factors that shape people's health and wellbeing. In addition, in Kingston we also asked questions about people's understanding of hypertension (high blood pressure) and experience of having their blood pressure tested.

Following their event, organisations were asked to submit a summary of what they heard, together with quotes and photos. Where additional support was needed, Kingston CVS followed up with 121 conversations to help capture the key feedback from the activities.

4. Healthy communities' insight – challenges and barriers

Findings by Neighbourhood

An action from our winter engagement work was to start connecting our VCSE organisations with the emerging neighbourhoods so we have reviewed the healthy communities' insights by neighbourhoods to inform developing neighbourhood health working. VCSE organisations taking part in the spring grants programme have been mapped to the neighbourhood where they are based; we are aware that local people may have attended activities from across the borough.

Across Kingston, we heard from 217 people identifying as living in the following five neighbourhoods: Canbury, Churchill, Orchard and Berrylands; Kingston (including members of HomeStart Richmond who are residents of Kingston); New Malden and Worcester Park; Chessington and Surbiton and Surbiton Health Centre.

4.1 Canbury, Churchill, Orchard and Berrylands PCN

Canbury, Churchill, Orchard and Berrylands PCN		
Organisation	Activity	Who they spoke to
KBKares - supports families on low incomes, refugees, and those dealing with substance abuse via regular wellbeing events on the Cambridge Road Estate.	Held a wellbeing day.	A range of ethnicities were represented, with people aged between 30 and 44. This included people with disabilities, including learning disabilities and long-term conditions, with people who are carers also attending.
Moving on Together - supports people struggling with alcohol and drug addiction at weekly drop ins offering a hot meal, clothes and community.	Hosted drop-in sessions at a local community Hall.	The ages of attendees ranged from 30 to 74, with many experiencing a significant medical condition from blindness or partial loss of sight to mental health concerns. A range of ethnicities were represented.

Key findings from these organisations:

Barriers to care

Long waiting times for GP and hospital appointments were the chief concern raised. One person said it often takes three weeks before he receives a GP appointment. Inconsistent GP contact was also said to impact on continuity of care.

The majority of people expressed difficulty accessing NHS services across Canbury, Churchill, Orchard and Berrylands. Common frustrations raised were on appointment availability, waiting times and communication barriers “I have had amazing experiences with the NHS but I can feel the impact of the pressure they are under in Kingston and something needs to change to improve our quality of lives here.” (RB Kares)

Some residents praised the NHS care they had received, expressing gratitude to staff who were often observed as being busy.

People shared challenging experiences with administration such as "unhelpful" receptionists and poor follow up. Difficulty was also shared arising from inaccessibility to some pharmacies, GPs and hospitals.

A perceived lack of dental services was raised by both local organisations, with one person expressing difficulty in securing a dentist taking on NHS patients despite searching across all of Kingston.

A suggestion of a local walk-in centre was supported, put forward by someone following a 13-hour wait in A&E to have stitches removed.

Cost of living impact

Long waiting times are a further barrier for vulnerable communities, who were said to already be affected by housing challenges, low job security and the rising cost of living “Those experiencing job loss felt trapped in cycles of financial difficulty, which worsened stress and alcohol use.” (RB Kares)

Some acknowledged the challenge of maintaining healthy lifestyles when working full-time (diet, exercise, and stress management; essential for controlling high blood pressure). Confusion arose regarding blood pressure-related questions, with some feeling it was a niche topic. It was felt strongly that better education is needed on managing blood pressure.

The cost of living was often raised as contributing to difficulty living a healthy lifestyle, with low incomes increasing stress and impacting on the ability to afford a healthy diet “There is a critical need for mental health services, as many people struggle with addiction and financial difficulties” (Moving on Together)

Mental Health and financial challenges were said to be contributing to people struggling to leave home for social opportunities and exercise, with some impacted by challenges in obtaining a walking stick or blue badge. Suggestions included supporting people with alternative exercise options for those with limited mobility or improved access to facilities “Mobility can be challenging for individuals with disabilities, due to delays in obtaining a blue badge or a walking stick.” (Moving on Together)

The negative impact of a poor home environment on mental health was also raised, in particular for those unable to leave home.

Language barriers

Frustrations arising from language barriers was said to reduce access to health appointments, with some people said to turn instead to friends or questionable online resources for help instead of healthcare professionals "because of language barrier, it makes me hesitant to contact a doctor. I'm more likely to google or ask friend." (RB Kares)

Different languages were also said to make integration challenging, with migrants said to require more time and support from NHS workers to better understand the NHS and build trust.

4.2 Kingston PCN

Kingston PCN		
Organisation	Activity	Who they spoke to
Hestia - runs a club for adults experiencing mental health issues, low wellbeing or social isolation.	A range of activities were held including art and crafts and yoga.	People attending represented a range of ethnicities and ages, from 21 to 84 years. Many were experiencing a significant medical condition or had a long-term condition, and some were carers.
KCIL - supports people with a disability to live independent and empowered lives.	KCIL held a combination of an in-person event and surveys.	A wide range of ethnicities were represented, and many people were experiencing a significant medical condition, ranging from partial loss of hearing to learning disability and mobility impairments. All spoken to were aged between 30 and 44.
Migrant Advocacy Service - supports migrants living, working, or studying in Kingston.	Three sessions were held about nutritious recipes, focusing on health and wealth.	A wide range of ethnicities were represented including Yemeni, with ages from 25 to 89. Two were carers, and some had long-term conditions including Diabetes and IBS.

Voice of Hope - supports low-income families, women who have experienced domestic violence and people with poor mental health.	Four sessions of a community cooking course.	Ages ranged from 25-74 with a wide range of ethnicities represented. People were experiencing a significant medical condition or long-term condition, and some were carers.
HomeStart - supports families with children under the age of 5. *Despite participation being organised with HomeStart Richmond, some comments are recorded as Kingston due to four attendees living there.	Family group discussions.	<p>People were of Pakistani, White Italian and Arab ethnicities.</p> <p>Some had long-term conditions, one a learning disability and another experienced Mental Health conditions.</p> <p>One person identified as a carer of their child.</p> <p>All were aged between 30-44.</p>

Key findings from these organisations:

Barriers to care

People across Kingston neighbourhood expressed a number of challenges in assessing NHS care.

Long waits were a key concern spanning A&E, GPs, referrals as well as Mental Health services, being described as slow or inconsistent with repeat rescheduling of appointments. One person described a 'distressing' A&E wait of over 12 hours without food or access to a toilet.

"There's long waiting lists and when you get to the top of the queue what they can offer sometimes isn't that much/that long, so I've ended up having to pay"

"If I know my GP won't be able to see me for two weeks anyway, I may as well wait till it gets worse and be seen by the hospital"
(KCIL)

People shared experience of waiting weeks or even months for a GP appointment, said to cause anxiety and leave people feeling neglected. A sense of stretched services mean some pay privately or go out of borough for their care.

Concern was also expressed about telephone appointments (vs face-to-face), described as being 'often inadequate'.

Care was described as unequal for people with an existing health condition or who are overweight, with it felt that other potential causes for health concerns are not investigated or taken seriously "I feel like I don't get taken seriously as doctors

are so quick to write off a concern as part of my existing issues and not investigate properly" (KCIL)

Other contributors to challenges in accessing care were said to be lack of transportation or journeys that require people to take multiple buses including for people with chronic health issues, and some information being inaccessible to people whose first language isn't English or people with poor literacy and digital skills "Experience of staff being dismissive but unsure if it is due to asking receptionist to speak slower due to language barrier or discrimination based on looks" (Migrant Advocacy Service)

Healthy lifestyles

People called for more education to increase awareness and confidence in managing one's own health, including tailored information for people with pre-existing health conditions.

Frustrations arose from knowing how to live healthily but finding it hard due to existing health conditions, with a key cause being that most guidance is felt written for an able-bodied, mentally healthy, neurotypical audience, making much of the advice impractical or impossible for those with existing conditions or disabilities "Every leaflet feels written for someone who is already healthy" "Being told to take up couch-to-5k doesn't help me when I have my cane" (KCIL)

Many participants lacked knowledge about how to monitor or interpret blood pressure readings and not all felt confident using free monitors in pharmacies. It was felt that better education and availability of monitors is needed.

We also heard a desire to use accessible health information tools and make better use of facilities such as NHS111 and non-urgent NHS services.

Challenges for maintaining healthy lifestyles were said to arise from family responsibilities and putting others first such as being a carer or parent-carer, as well as from being unemployed and the cost of living "We know what we should eat, we just can't afford it" (Voice of Hope) "Mum herself is not so good with healthy eating, but child eats very healthy" (Homestart)

Appreciation was expressed for enablers of healthy lifestyles, such as free/subsidised inclusive groups/activities that reduce social isolation and to services that support financial difficulties and mental health concerns including dial-a-ride, community fridges, community cafes and lunch clubs.

Public green parks were also celebrated but ensuring accessibility is key. Parks with amenities such as free fitness areas are appreciated, but challenges were expressed in not all being accessible to people with disabilities/mobility issues with a call for more accessible public spaces to be made available "What good is it to have all these nice parks if I can't get to them, or worse, get in them" (KCIL)

The importance of surroundings on wellbeing is felt significant, with people expressing a desire for more social interaction such as increased community-based physical activity options to improve wellbeing. However, barriers exist in making people feel welcome and able to participate, with one individual saying they only felt confident in social settings when drinking alcohol, which they no longer do, leaving them isolated.

4.3 New Malden and Worcester Park PCN

New Malden and Worcester Park PCN		
Organisation	Activity	Who they spoke to
Nanoom - supports women from Korean backgrounds who are isolated and at risk of mental health challenges.	Six sessions, most with 'Art and Crafts'.	All attending were from a Malay or Korean background, ranging from 45-59 years of age. Some had recent experience of a significant mental health condition.
The Centre for Community Development - supports the older Tamil community to reduce isolation and enhance community connections.	<i>No information provided on events held.</i>	All attendees were of Sri Lankan Tamil ethnicity and were between 75-84 years of age. Deafness or partial loss of hearing was the only significant health concern spoken of.
The New Malden Korean School - runs a Saturday school for primary school-aged children and English tutoring for adults.	At a school literature and art day, people were given the option of interviews or to complete a survey.	All were aged between 30-44, with a range of ethnicities represented, from Mixed Asian and White, Filipino, Korean to British Isles and Eastern European. One person was a carer.

Key findings from these organisations:

Barriers to care

We heard concerns getting a GP appointment due to language barriers and long waits, with long waits at A&E also felt to be a problem (frequent waits of almost six hours).

People called for longer GP appointment times to support those affected by language barriers and to allow discussion about multiple health issues "Difficult to

get appointment and if we get an appointment they listen only to one complaint" (The Centre for Community Development)

We also heard concerns arising from virtual GP appointments, with some voicing frustration about being asked to send a photo rather than having a problem assessed in person by a GP.

One person said they wait until there is a major/serious health issue before they approach the NHS "My impression is that NHS is often too slow and time-consuming. I only wait until there is a major/serious health issue." (The New Malden Korean School)

Language as a barrier

A need for information to be provided in multiple languages was expressed by members of the New Malden and Worcester Park community.

Communicating with receptionists in English was said to be challenging for people whose first language isn't English; while interpreting pre-recorded GP voicemails and waiting to get through to speak to someone on the phone was also referred to as a 'struggle'

"Sometimes I can't understand it (the answer machine / reception staff). I am hold on call."

"I use the NHS App as it is hard to contact them (GP). My English is not good." (The New Malden Korean School)

People often rely on younger family members to communicate with health professionals on their behalf, raising concern for their confidentiality "I don't speak much English, so I wait until my children to help me book online" (Nanoom)

NHS use of technology

A risk to confidentiality from reliance on younger family members was also raised on the topic of technology. Said to be 'an additional barrier to accessing care' for older people, while some were happy to seek family support others voiced wanting support to learn how to use technology.

Overall, NHS use of technology split opinion in the community. Google Translate was seen by some as helpful, although caution was also raised that it can cause errors and confusion. While online appointments were said to only be available in English, the NHS app was described as convenient for those who don't speak English "I use the NHS App as it is hard to contact them (GP). My English is not good" (Nanoom)

Healthy lifestyles

Lack of access to free or low-cost activities was highlighted as a big gap in the area. Many expressed challenges maintaining a healthy lifestyle - wanting support such as stress relief, exercise and cooking recipes designed for the time-poor (such

as carers) and people with limited funds “I want to eat healthier, but fruit and vegetables are expensive.” (Nanoom)

One carer described how stress, tiredness, and money worries make it hard to live a healthy lifestyle. Support for carers was described as ‘moral support to carry on’, noting it is sometimes hard to carry on by themselves “sometimes life is just too overwhelming to deal with it by myself” (Nanoom activity)

Not all pharmacies were said to have blood pressure machines, commented on by one person “all our pharmacies don't have the facilities to measure the blood pressure and diabetes” (The Centre for Community Development)

GPs not having time to advise on diet or vitamins was raised as an additional concern.

4.4 Chessington and Surbiton PCN

Chessington and Surbiton PCN		
Organisation	Activity	Who they spoke to
Kingston Carers Network - supports unpaid carers in the borough.	A range of activities including breathwork, nutrition, Mental Health peer support and colour therapy.	All attendees were aged between 65 and 74, with a wide range of ethnicities represented. Some people in attendance were experiencing Mental Health conditions, and some were carers.
Kingston SEND Parent Carer Forum - works in co-production with decision makers to ensure experiences of families are considered in decision making.	A ‘Have Your Say and Play’ session, with some interviews conducted afterwards.	Attendees were aged between 30-44 and of Arab, Sri Lankan (other), Jewish, White British and White European ethnicities. All were carers of children who had autism and learning disabilities, and some parents were experiencing Mental Health conditions and autism.

Key findings from these organisations:

Barriers to care

People told us that it's not easy to get a GP appointment, with long delays experienced not only at GPs but across many NHS services and it taking 'even longer' to receive a referral.

Online GP services and not being able to call the GP practice (using online booking instead) was seen as 'a drop in service' - with concern also voiced for those unable to use technology.

Delays in access to children's therapies were a particular concern, with mixed messages making it feel it depended on who you saw as to whether you received information needed, and some believing that a referral "won't get you anything anyway".

The delays were felt particularly damaging due to research equating early treatment with longer-term benefit "all the research says that earlier you can get support in, the longer term effects it has" (SEND PCF)

Mental Health is also a particular worry - with experience of waiting eighteen months to get access to sessions and talking therapy limited to just three sessions.

Challenges for parent-carers/carers

People who care for others struggle to live a healthy lifestyle due to lack of time, carer stress and the rising cost of living. It was also noted people who care for others don't necessarily have time to look after themselves "hard to take any breaks" (SEND PCF)

Parents are sacrificing the size and nutrition of their own meals to prioritise their children's "Everything is such an extortionate price - cost of living is out of control" (SEND PCF)

Concessions for carers – for example gym memberships – were suggested as a way to help carers achieve regular exercise. However, with it expressed that carers often lack the time to exercise or take breaks from carer responsibilities, and that allocating time to attend appointments is often 'an additional challenge'. It was felt that short break services should be made widely available with support provided for their loved one.

Support/parent groups was also suggested as a way to offer peer support, with many carers/parent-carers often feeling isolated
"It's good to meet others in same boat"
"this is the only activity I can get to and look forward to as it's for solely for me"
(Kingston Carers Network).

4.5 Surbiton Health Centre PCN

Surbiton Health Centre PCN		
Organisation	Activity	Who they spoke to

Surrey Community Action - provides advice and support to the local Romany-Gypsy and Traveller community, supporting around 18 families.	A wellbeing and flower-arranging event.	All attendees were of Gypsy, Roma and Traveler ethnicity. Ages ranged from 18-84, with some saying they were carers. Some were experiencing Mental Health and long-term conditions.
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Key findings from these organisations:

Barriers to care

Long waits for hospital procedures were voiced as a particular concern and felt to be 'damaging' due to the community typically waiting to seek help until symptoms are severe.

Mental Health was expressed as a top priority, with it felt essential there be 'constant reminders of support available' to encourage people – particularly men – to reach out rather than waiting to seek support given that long waits are likely “The NHS does a great job, but it's not always easy to find the right support – especially for mental health.”

Seeing a different GP each time was said to diminish trust, seen as especially important for sensitive health checks.

Literacy and technology as barriers

Many said they ask family for help with technology and literacy. Being able to book by phone is appreciated (at Central Surgery) due to low levels of literacy and digital literacy.

People were said to need support and guidance to feel confident using technology, with half of the thirteen attendees saying they didn't have the app but would like to. While the NHS website was said to be used as a trusted source of information, online forms and apps are still a barrier for some with half of the attendees not having the app yet expressing a desire to.

Limited literacy was said to affect understanding of medical terminology, reducing confidence to ask questions at appointments. It was voiced that people are more likely to act sooner on worrying symptoms if presented with clear information using visual aids.

People prefer highly visual/video format of communication: with word of mouth, GP waiting rooms, billboards, Facebook and TV adverts all seen as important health resources, as well as WhatsApp groups.

Not knowing what symptoms to watch out for was described as a barrier to healthy living, with better awareness-raising provided in a way the community could understand thought to be helpful to preventing long-term illness.

Challenges to healthy lifestyles

The rising cost of living, stress and being time poor as parents or carers was expressed as additional challenges in achieving a healthy lifestyle “It’s hard to sleep when your mind is busy. We carry a lot.” (Surrey Community Action)

Suggestions that could help were put forward: affordable community-based local exercise options and mental health support.

5. Borough wide themes

The following themes were **common** across neighbourhoods:

- **Barrier to access:** Long waits across NHS services was a recurring theme, particularly for GPs and A&E.
- **GP practices:** We repeatedly heard dissatisfaction with appointments held over the phone, as well as frustration from having to make 8am calls where people could wait a long time to speak to a receptionist only to be told they need to wait weeks or longer for an appointment.
- **Mental Health:** As well as long waiting times, dissatisfaction was also raised about short treatment periods. People also voiced concern about long waits being particularly harmful due to people often only seeking support for mental health issues once they're in crisis.
- **Languages/digital literacy:** A common concern was around accessibility of information for people who don't speak or read/write in English or use technology. This was often described as affecting older people, with caution raised around relying on younger family members to translate due to the sharing of confidential information. Suggestions included providing information in visual format or in different languages.
- **Cost of living:** We heard much on the negative impact of the rising cost of living and job insecurity, with people calling for local affordable community exercise and discussion/support groups.
- **Carers/parent carers:** There is a clear need for carers, including parent-carers, to be better supported in order to look after their own health and therefore continue looking after loved ones. Funded/affordable short breaks, from exercise sessions to holidays, were suggested with cover for loved ones.
- **Continuity of GP:** Seeing a different GP each time was said to affect trust, felt important particularly for sensitive health checks. Continuity was expressed as beneficial for people who don't speak English as their first language, who often require more time and patience to express themselves.

These themes **differed** across neighbourhoods:

- **RB Kares, Canbury, Churchill, Orchard and Berrylands PCN**, reported that some people had praised the NHS care they received, particularly pharmacists, GPs, and hospitals. However, the majority of people expressed difficulty accessing services alike to the majority of people across Kingston.
- **Kingston Centre for Independent Living, Kingston PCN**, described that a sense of stretched NHS services means some people pay privately or go out of borough for their care.
- **Surrey Community Action**, Surbiton Health centre PCN, praised the Central GP Surgery for accommodating those preferring to phone over using the app.
- At **Migrant Advocacy Services, Kingston PCN**, care was described as unequal for people with an existing health condition or who are overweight, with it felt that other potential causes are not investigated or taken seriously.

6. Hypertension - awareness, attitudes and behaviour

Hypertension (high blood pressure) was chosen as an area of focus due to it being a significant issue in Kingston and a major risk factor for heart disease and stroke.

A common condition, especially in older adults, over 23,000 people have been diagnosed with the condition in Kingston. However, as there are usually no symptoms, it is estimated that nearly a third of people are undiagnosed making the true number even higher.

Key findings:

- **Widespread lack of awareness** that hypertension is often symptomless, with people calling for more public information on managing blood pressure for free and for it to be made available in multiple languages.
- **Lack of free blood pressure monitors** – In New Malden and Worcester we heard that “All our pharmacies don't have the facilities to measure the blood pressure” (The Centre for Community Development)
- **People require advice to interpret readings**, even if they generally feel confident using blood pressure machines
- **People also need advice on who to approach** if the reading is high or too low, with disagreement as to whether they should go to their GP, a Pharmacy or A&E.
- **Further advice is needed** - At Hestia (Kingston PCN) it was noted that many participants lacked knowledge about how to monitor or interpret blood pressure readings, and not all felt confident using free monitors in pharmacies.
- **However, there was good awareness by those with personal knowledge** of the condition, and some had bought their own home-monitoring devices. Others had regular blood pressure checks due to existing health conditions or medication or while at the GP for another purpose. "I only get it checked when I'm at the doctors for something else" (Nanoom, New Malden and Worcester Park)
- **Most people correctly attributed maintaining good blood pressure with a healthy lifestyle**, but challenges exist when working full-time or for carers, and the cost of living affects exercise and healthy eating.
- **Tailored self-help programmes** about healthy lifestyles would benefit people at risk of and living with certain long-term health conditions.

7. Next steps

We will take detailed findings for Kingston, including on hypertension, to the Health Information Group in September 2025 to agree next steps. Analysis will be presented by PCN/INT to ensure a neighbourhood approach.

8. Appendices

Appendix 1: Hypertension – review of existing insights

Limited insight exists from people and communities with a focus on hypertension. However, [Insight from local people and communities in South West London updated in 2024 - Summary Report - South West London ICS](#) provides insights on healthy lifestyles and health conditions which are also relevant for hypertension.

Reports from [Community Action Derby](#) and [Healthwatch Islington](#) also provide additional insights.

The main themes are:

- **Access to services:** Challenges in accessing screening and health management services due to location, availability and appointment times. Those with an existing diagnosis value healthy living advice & support from their GP, however access issues can make this support less effective.
- **Cultural awareness:** The value of and need for health care providers to be more culturally sensitive and adapt their services to support diverse and at-risk communities.
- **Support networks:** The value of support networks, including family, friends, and community groups in encouraging individuals to adopt healthy behaviours. The role of community groups/connectors in providing healthy living support and information which can be vital for managing conditions like hypertension for those not engaging with health services.
- **Health inequalities:** addressing health inequalities through engaging with diverse communities using channels such as community groups/connectors to understand specific health needs and challenges; raise awareness and provide health checks to improve health outcomes.
- **Digital tools:** Some people were positive about using digital tools to manage long term conditions such as apps for monitoring blood pressure but there is a need to address digital literacy and access to technology so all people can benefit from digital health tools.
- **Awareness and education:** Many people are unaware of the risks of high blood pressure. This highlighted the importance of providing clear and accessible information about health services and conditions like hypertension and the need for increased awareness and education initiatives.

Appendix 2: Mapping funded organisations by Neighbourhood



