ACCESS AND EXPERIENCE OF GP PRACTICES IN HACKNEY BY THE CHAREDI JEWISH COMMUNITY

August 2026

healthwatch Hackney

Contents

Why was this report needed?

Healthwatch Hackney's job is to listen to patients' concerns and make recommendations to health and care services where possible. This is to support the improvement of access to care, the quality of care, as well as improving patient satisfaction.

We gather patient feedback from different sources including outreach and Enter and View visits to different health and care service providers, when we talk to people while they are waiting at the service for their medical appointment, online reviews such as Google reviews, and feedback through our website and phone calls.

We wanted to understand the experience of the Charedi Jewish community in Hackney of receiving care from General Practice. We were interested in finding out whether this community chooses to access a GP through NHS services or through private healthcare, and what factors influence decisions about where to access care.

By understanding this data we hope to inform local GP surgeries around best practice to ensure members of the Charedi Jewish Community feel comfortable choosing to access care through NHS services, and to support a positive experience when they do so.

Methodology

We used a combination of one to one conversations and paper based survey forms to gather experiences and feedback from members of the Charedi Jewish Community. We spoke to a total of 35 local residents. We analysed the findings and drew conclusions which will be shared with the North East London NHS Integrated Care Board, as commissioners of primary care services in Hackney, as well as sharing with local GP surgeries.

Healthwatch Hackney believes the number of residents spoken to gives a picture of the experience of the Charedi Community which will be helpful for practices and the ICB in thinking about how services are delivered. We have chosen not to draw recommendations from this data, given the smaller number of people spoken to. We share our findings with an offer of support to any GP practice that wishes to build on these findings in collaboration with their patients. We hope these findings will help decision-makers and service providers improve access

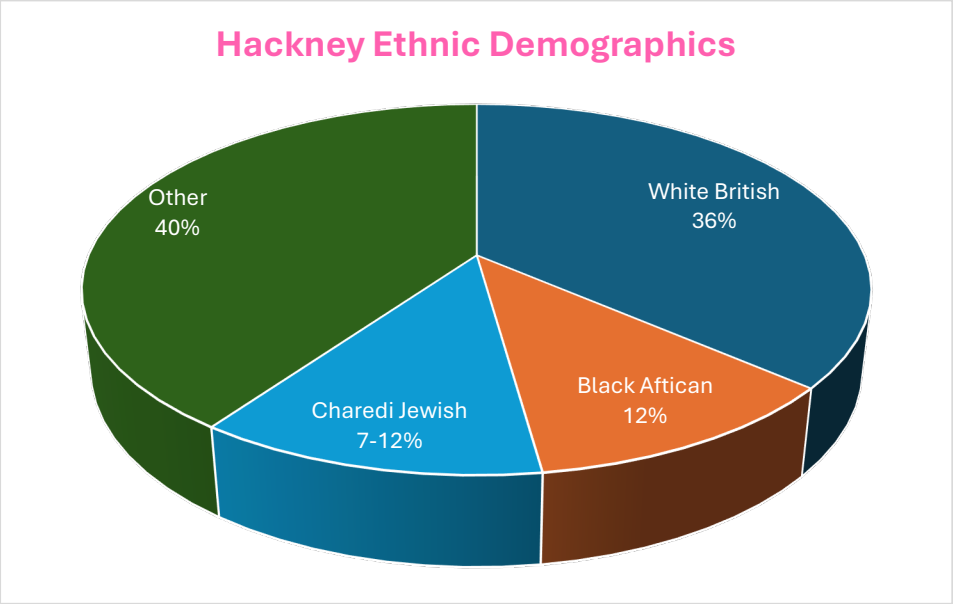
and support for Hackney's Charedi Jewish community, as well as for the many other communities experiencing similar access issues.

Background

Hackney is a hyper diverse borough, with sizeable White British (36.2%) and Black African communities (11.4%) but also a large and increasing group of residents from mixed ethnic backgrounds (LB Hackney Policy and Insight Team, 2020).

According to the 2011 census, Hackney is home to the largest group of Charedi Jewish people in Europe, with approximately 30,000 people, representing about 7% of the borough's population (*Local Government Association*, 2020; LB Hackney Policy and Insight Team, 2020). In Hackney, the Charedi Jewish community is heavily concentrated in the Northeast area of the borough, specifically in Stamford Hill (*Local Government Association*, 2020). Sometimes also referred to as "Charedi, or "Orthodox," the Charedi Jewish population is often captured as "White British" or "Other White" in the census.

The Interlink Foundation, an organization that brings together Charedi Jewish communities in Hackney, estimates the community is in factcloser to 12% of the population (*Hackney Council*, 2024). This population is one of the fastest growing in the UK (*Hackney Council*, 2024).



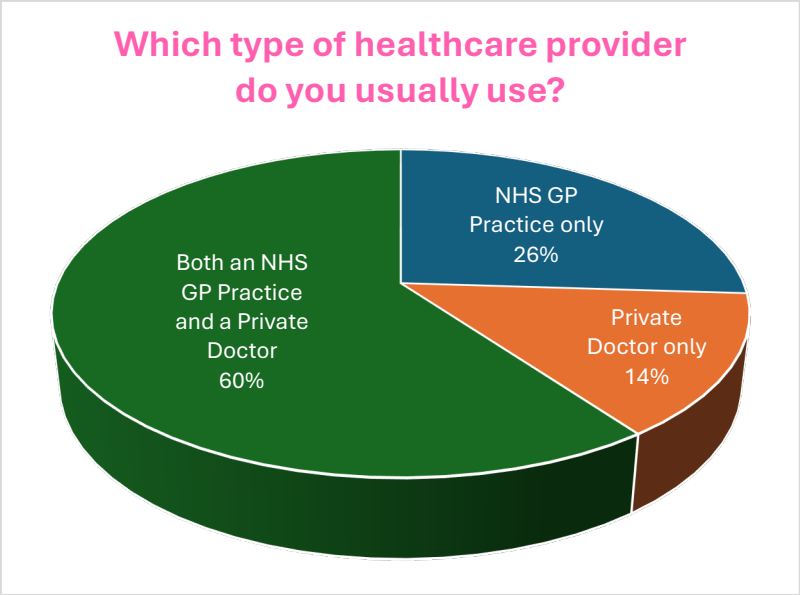
Sometimes the Charedi Jewish community is referred to as "silent" or "hard to reach" and may face multiple barriers to accessing services. This population follows a highly observant and communal religious life with no access to television, radio, or mainstream media and little digital access (with some exceptions for religious leaders for business-critical purposes). The community also tends to hold deep-rooted distrust in secular institutions, including local government and modern healthcare (*Local Government Association*, 2020).

These factors, combined with the community's insular nature which restricts non-essential and physical contact between unrelated men and women, presents barriers when interacting with those outside of their community. Further, the varying availability of translation and interpreting services, as many Charedi Jewish people speak Yiddish as a first language, as well as the lack of cultural understanding from professionals and administration staff in the health and care services create challenges for many community members (*Hackney Council*, 2024). We hope that this report will give a voice to the needs of the Charedi Jewish community.

This preliminary research stems from the recognition that investigating the health and social care experiences of Charedi Jewish people in London is essential to ensuring equitable access, culturally appropriate provisions and improved health outcomes for a community that often remains underrepresented in mainstream media. The Charedi Jewish population has distinct cultural, religious and social norms that shape how individuals engage with healthcare. For example, Rabbinic guidance, which is spiritual and legal advice from Rabbis drawn from Jewish texts like the Torah and Talmud, outlines expectations around modesty and segregation. Without understanding the cultural dynamics of the Charedi Jewish community, health and social care services risk being inaccessible, misunderstood or misused, potentially leading to unmet needs and preventable disparities. Exploring the healthcare experiences of Charedi Jewish people provides vital insight for commissioners and providers to design services that respect community values while meeting statutory obligations for inclusion and equality.

Data analysis

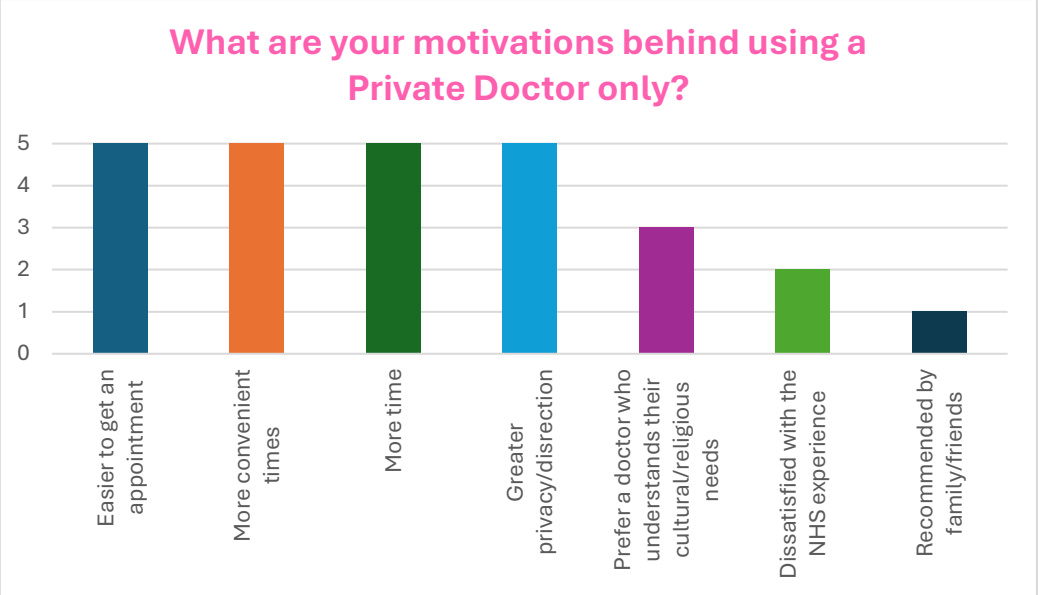
1) Out of 35 respondents who answered "Which type of healthcare provider do you usually use?" 5 people (14%) said they use a Private Doctor only, 9 (36%) said they use a NHS GP Practice only, and 21 (60%) said they use both a NHS GP Practice and a Private Doctor.



Private Doctor only insights

Of the 5 people who said they use a Private Doctor only, when asked about their motivations behind this choice:

- 5 (100%) said it is easier to get an appointment
- 5 (100%) said there are more convenient times (i.e., evenings and weekend times)
- 5 (100%) said there is more time with the private doctor
- 5 (100%) said there is greater privacy or discretion, 3 (60%) said they prefer a doctor who understands their cultural and religious needs
- 2 (40%) said they are dissatisfied with the NHS experience
- 1 (20%) said it was recommended by family and friends.



We asked respondents to tell us more about why they choose to use a private doctor only. Their responses broadly fell into either cultural or structural factors.

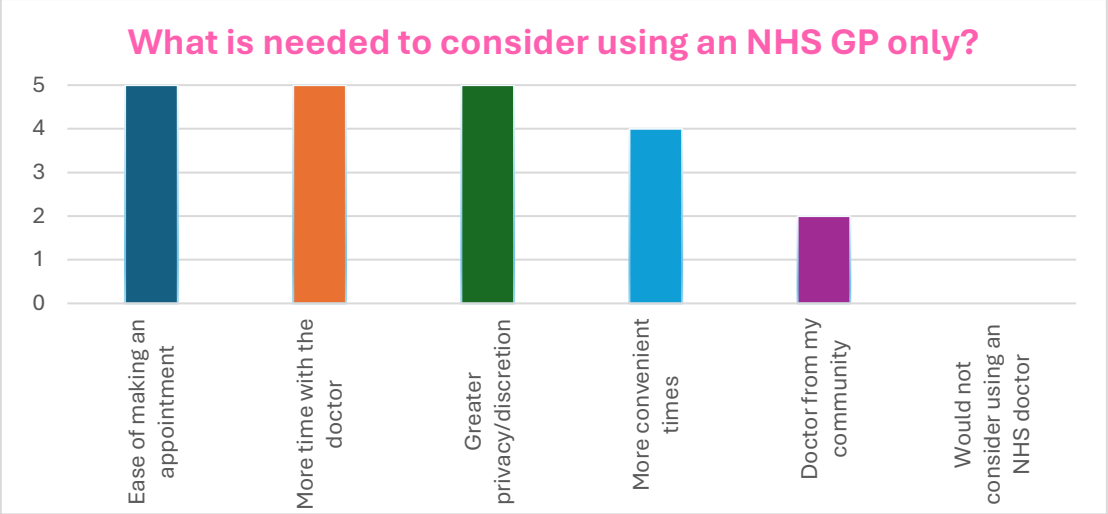
- **Cultural:**
  - Private doctor offers more convenient times which is accommodating for familial, community, and work obligations.
    - "My doctor offers evening appointments, which fits better around family and community obligations."
    - "My husband can only help with the children outside working hours, so flexible appointments make a big difference."
  - Greater privacy or discretion is important in the community
    - "In a small community, privacy is very important. With private care, I feel things are handled more quietly."
    - "I feel more comfortable speaking about personal issues privately, especially women's health."
  - Cultural/religious understanding
    - "My doctor is familiar with our way of life and is careful about modesty and halachic sensitivities. I've had experiences where I felt NHS doctors didn't understand our community or were dismissive about religious considerations."
    - "My doctor understands modesty, family size, and what's appropriate to discuss. That helps me feel at ease."

        - "I don't need a doctor from my community, but I like when they're respectful and don't make assumptions. I think the NHS does its best, but the system feels overloaded."
    - Recommended by family/friend
        - "Everyone in my circle uses the same private clinic; it's become the trusted option."
        - "Most of the mothers I know go to the same private GP and said she's understanding and gentle."

- **Structural**
    - Dissatisfied with NHS wait times
        - "With my private doctor, I can usually get seen the same day. NHS waits are far too long, especially when a child is unwell."
        - "It's hard to get through on the phone, and when you finally do, they often tell you to call back tomorrow. I lost confidence."
        - "I don't have time to sit on hold for 45 minutes just to be told there are no appointments left. With my private doctor, I can message and get seen quickly."
    - Dissatisfied with NHS appointment lengths
        - "The [private] doctor takes time to listen and explain things properly. I never feel rushed."
        - "More time with the doctor – When you have several children, you often need to discuss more than one issue. The NHS says 'one problem per appointment,' which isn't realistic."

What would you need to consider using an NHS GP practice only?

- 5 (100%) said ease of making an appointment
- 5 (100%) said more time with the doctor
- 5 (100%) said greater privacy/discretion
- 4 (80%) said more convenient times
- 2 (40%) said a doctor from their community
- 0 (0%) said they would not consider using an NHS doctor.



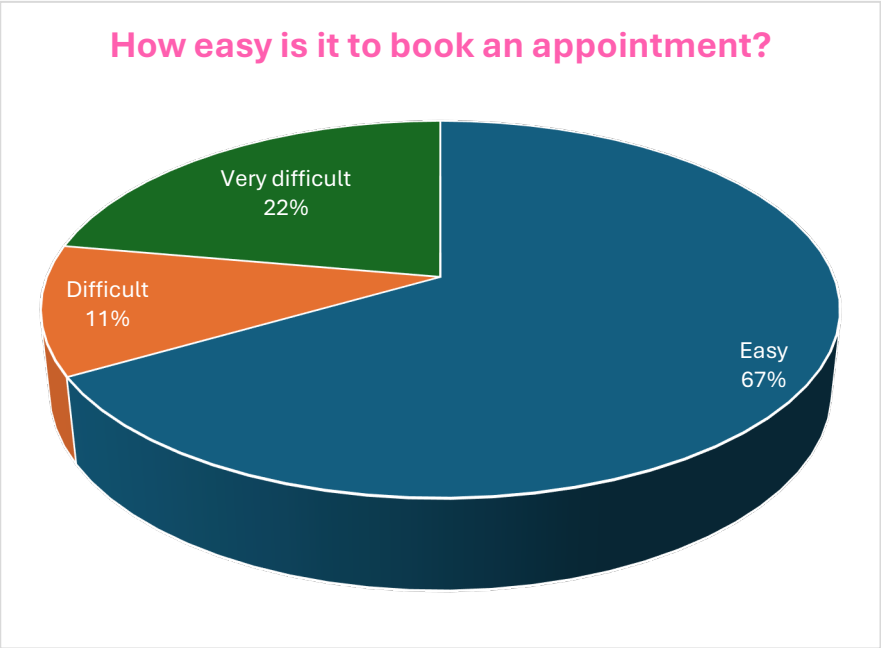
NHS GP Practice only insights

Out of the 9 people who said they use an NHS GP Practice only, when asked how easy it is to book an appointment (on a scale of very easy, easy, neither easy nor difficult, difficult, or very difficult):

- 6 (67%) said easy
- 1 (11%) said difficult
- 2 (22%) said very difficult.

- Those who reported a positive (easy) experience booking an appointment noted they use the online system (2) and calling system (2). One respondent said, ***"the recent call back changes have been helpful."*** Another described appointments as ***"easy to book but they take a long time to get".***

- Those who reported a negative said it was difficult or very difficult to book an appointment described it as ***"difficult,"*** and ***"hard."***



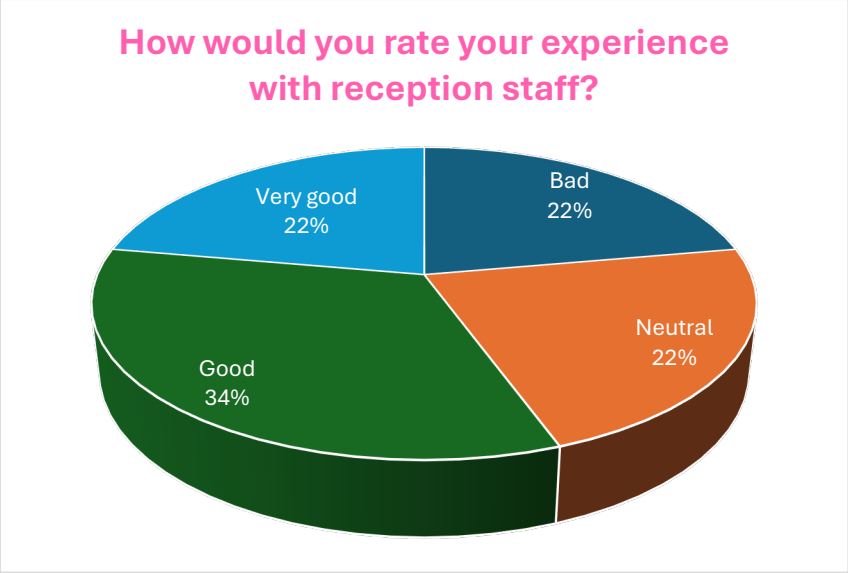
How would you rate your overall experience with reception staff? (on a scale of very good, good, neutral, bad, or very bad):

- 2 (22%) said very good
- 3 (33%) said good

2 (22%) said neutral

- 2 (22%) said bad.

- Those who reported a positive (very good or good) experience with reception staff said staff were ***"kind,"*** and "***helpful***" and that they were ***"greeted nicely."***
- Those who reported a negative (bad) experience with reception staff noted poor communication, for example, one respondent explained that the set up and signs directing you where to go do not match verbal instructions from reception. Another respondent said, ***"They don't give you what you want, usually they are no help."***



How would you rate your overall experience with clinical staff? (on a scale of very good, good, not too good, not too bad, bad, or very bad):

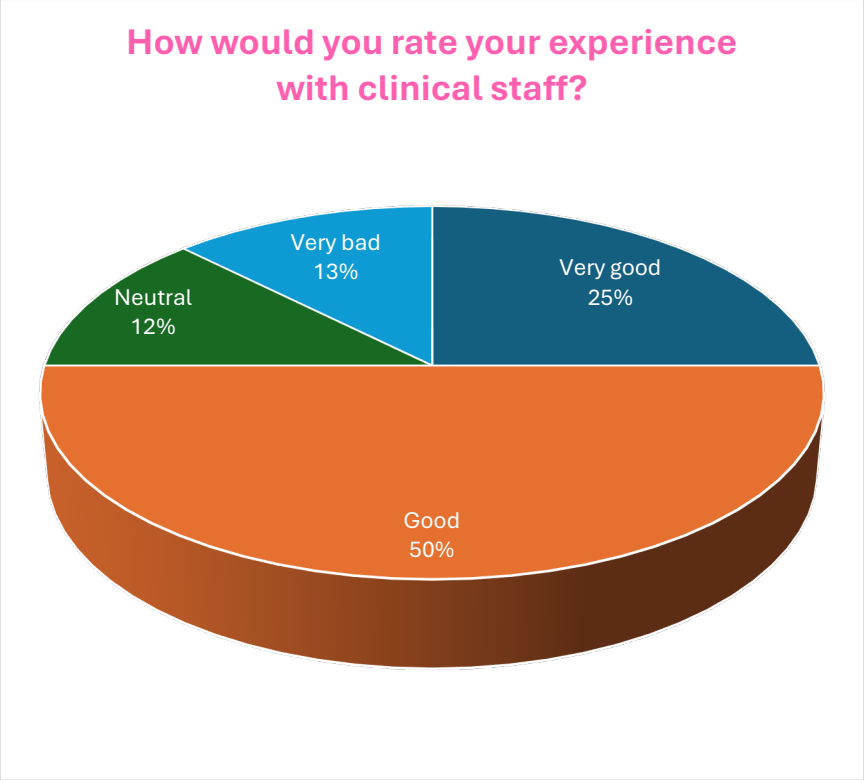
- 2 (25%) said very good

4 (50%) said good

- 1 (12.5%) said neutral

1 (12.5%) said very bad.

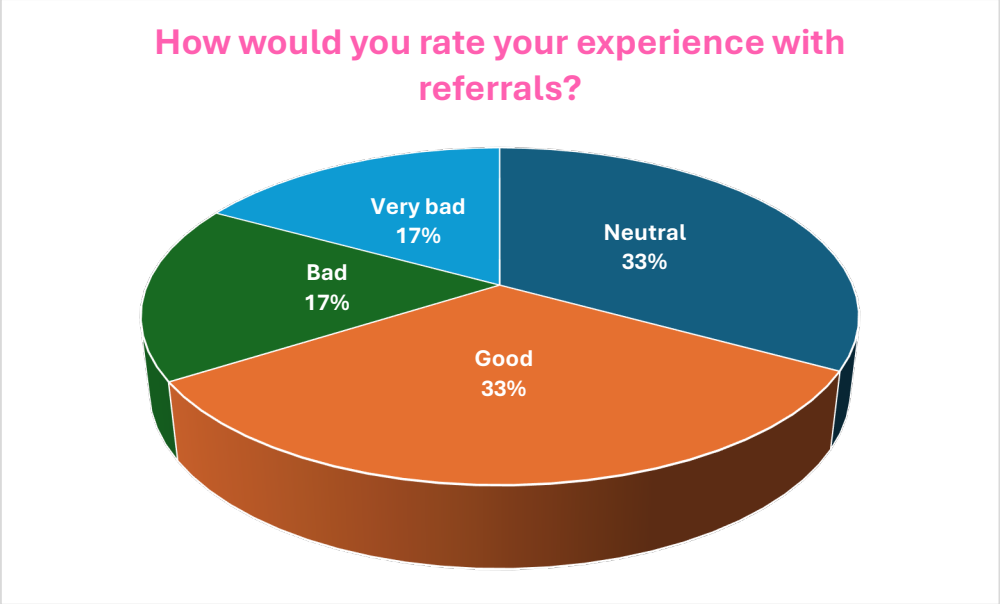
- Those who reported a positive (very good, good) experience described staff as ***"helpful," "patient," "kind,"*** and ***"knowledgeable."*** One respondent said ***"they listen and try their best."***
- The respondent who reported a neutral (not too good, not too bad) experience explained they do not see the same doctor regularly and that it ***"varies from place to place."***
- The respondent who reported a negative experience (very bad) said they are ***"not good enough,"*** and that it has been ***"bad since Covid."***



How would you rate your overall experience with referrals?

- 2 (33%) said good
- 2 (33%) said neutral
- 1 (17%) said bad
- 1 (17%) said very bad, and 2 said they had never been referred.

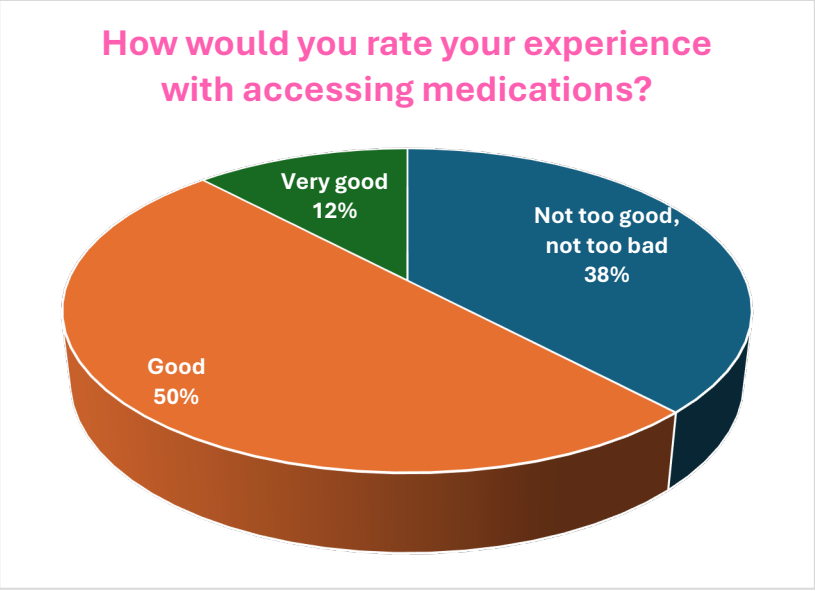
- One respondent who reported a positive (good) experience explained they have never had any bad experiences with referrals.
- One respondent who reported a neutral experience noted the long wait times.
- Both respondents who reported a negative experience expressed frustration with the long wait times saying you "***have to wait too long,"*** and that it is ***"much too long a wait."***



How would you rate your overall experience with accessing medications?

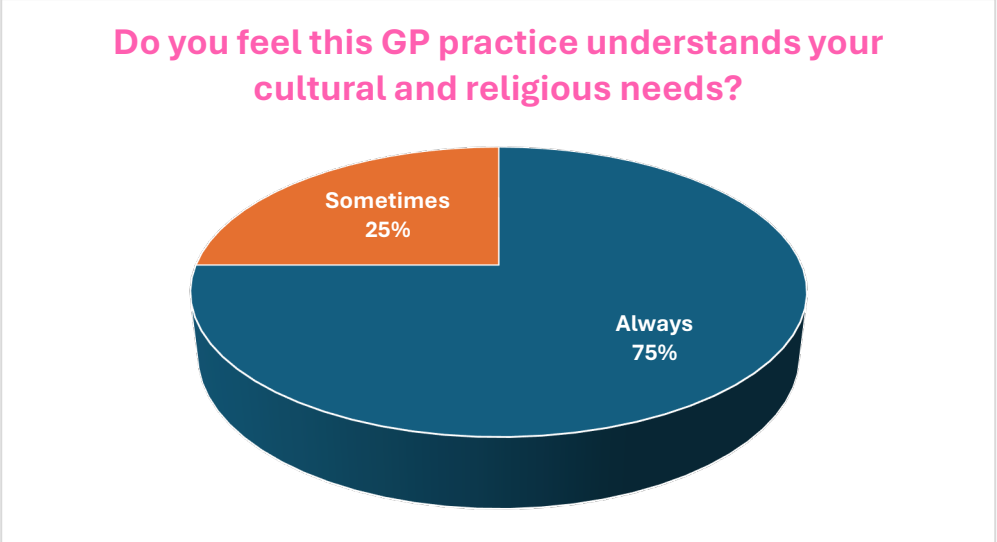
- 3 (38%) said neutral
- 4 said good (50%)
- 1 (12%) said very good.

- Those who reported a positive (good, very good) experience noted having ***"no issues,"*** and that they ***"get it very easy."***
- Those who reported a neutral said they ***"can get them, that's what matters,"*** and that it is ***"not a problem, the chemists are good."***



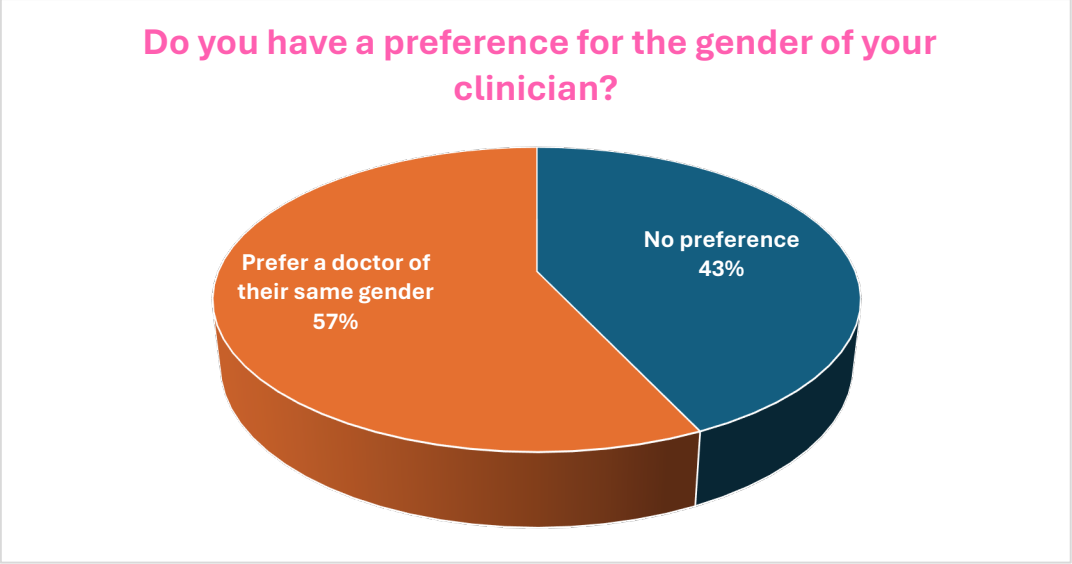
Do you feel your GP practice understands your cultural and religious needs? (on a scale of always, sometimes, rarely, never), 6 (75%) said always, 2 (25%) said sometimes.

- Respondents mostly reported they feel the GP practice is understanding and tries their best. One person said it is a ***"slight barrier, but can see they try."*** Another said, ***"I've never really thought about it."***



Do you have a preference regarding the gender of your clinician (doctor, nurse, or other healthcare staff)?

- 3 (43%) said I have no preference
- 4 (57%) said they prefer a doctor of their same gender.



Is there anything else you would like healthcare providers to understand about your healthcare needs?

Two respondents answered this question. One told us:

"When a patient says there's something wrong, listen. Patient knows their body the best."

Another described a desire to see the doctor when they want to without having long wait times and needing to speak to too many people beforehand.

What would make it easier to access healthcare when you need it?

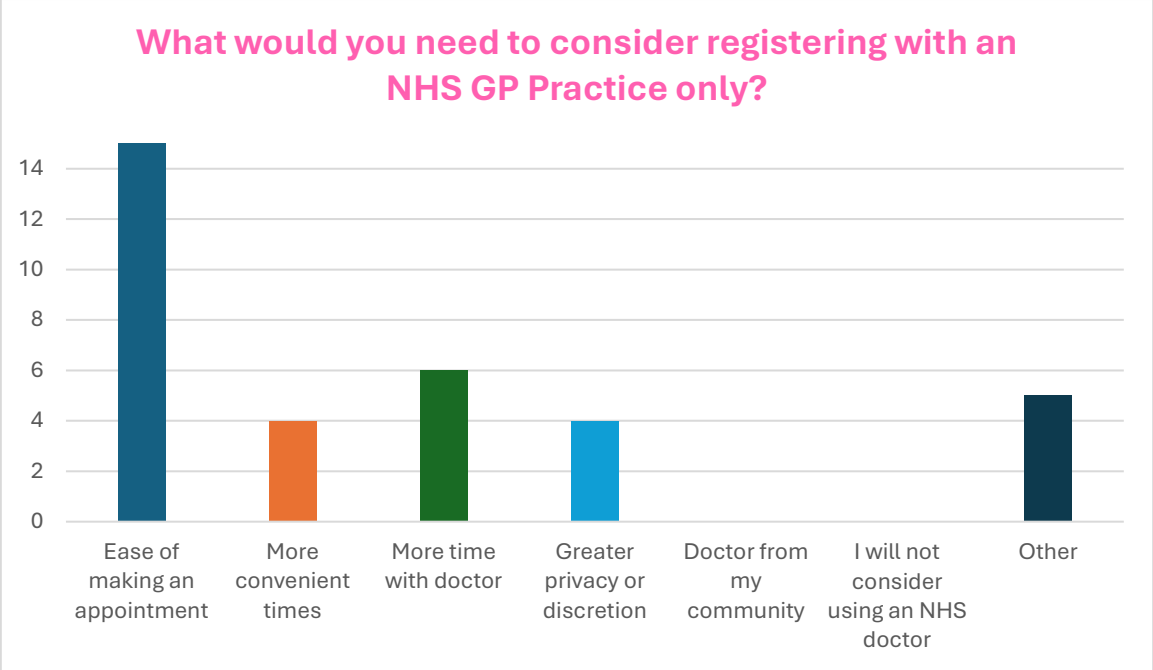
- Three people spoke about making it easier to book an appointment.
- One shared they feel the process of calling at 8am is a problem and ***"puts pressure on the patient."***
- Two expressed frustration with being required to speak to a clinician or pharmacist before booking an appointment.
- One person said they would like to be able to ***"book an appointment when I want an appointment, don't wish to speak to clinician or pharmacist before hand."***
- One respondent noted the need for more accessibility services like language translation.

Combined users of NHS GP Practice and Private Doctor insights

Insights from 21 people who said they use both an NHS GP Practice and a Private Doctor:

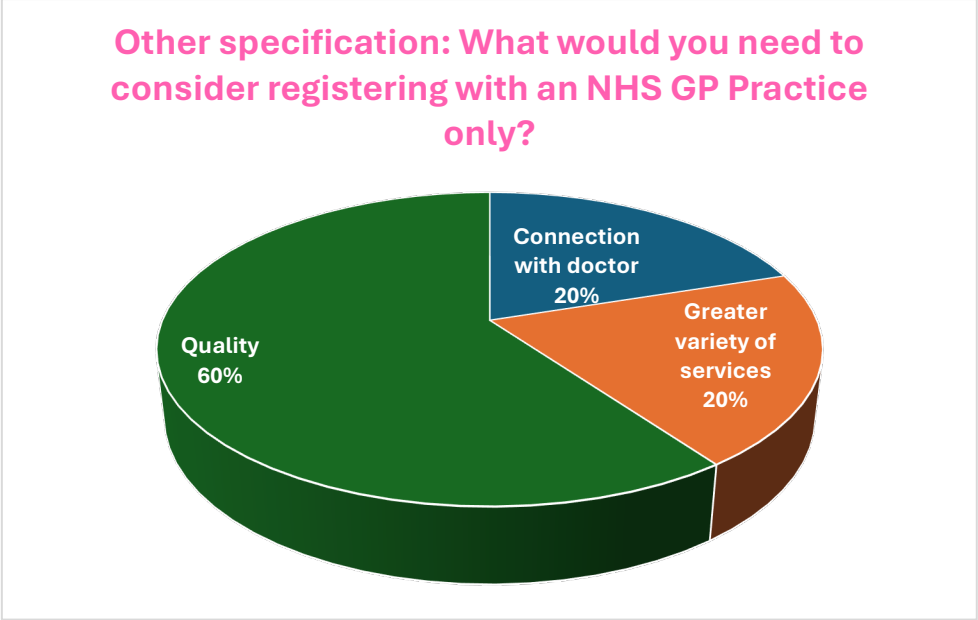
What would you need to consider registering with an NHS GP Practice only? (select all that apply prompt)

- 15 said ease of making an appointment
- 4 said more convenient times
- 6 said more time with the doctor
- 4 said greater privacy or discretion
- 0 said a doctor from my community
- 0 said I will not consider using an NHS doctor
- 5 said other (1 specified connection with doctor, 1 specified greater variety of services, 3 specified quality)



Of the 5 people who said other

- 1 (20%) specified connection with doctor
- 1 (20%) specified greater variety of services
- 3 (60%) specified quality.



Can you tell us more about why they choose to use both a private doctor and an NHS GP Practice?

- 15 people explained wanting to maximize the odds of getting an appointment quickly (i.e., convenience and best chances of being seen) was a major factor.
  - ***"Time is of the essence."***
  - ***"I go wherever I can get an appointment quickest."***
  - ***"You 'need' both to be seen in a reasonable amount of time."***
- 4 respondents noted using their private doctor for specific/specialized needs, with two specifically noting using private for dental care.
  - ***"[Private doctors have] better provisions when it comes to dental care."***
  - ***"NHS is convenient for minor things, private better for bigger things."***
- One respondent said they use both to get a second opinion.

What would you need to consider registering with an NHS GP Practice only?

- 6 respondents noted the value of feeling like they are being heard and that doctors are genuinely listening.

    - For example, one said they find ***"value in a doctor who listens, understands and most importantly trusts a mother's instincts."***
    - Another said they value ***"feeling heard,"*** and ***"gets frustrated when all symptoms are not taken into account."***
- 3 respondents noted the value of trust-building.
    - ***"I want to go to someone who I trust"***
    - ***Another respondent said they like "to see the same doctor to build trust."***
- 5 respondents noted their desire to have a doctor who is ***"knowledgeable," "competent,"*** and who shows ***"professionalism."***
- 8 respondents highlighted the need for appointment accessibility (i.e., efficiency during appointments, emergency appointment availability, short wait times)
    - ***"I want someone who can address all my issues at once, I don't want multiple appointments."***
    - ***"I need them to be attainable in an emergency which is often not the case."***
    - One respondent shared that because they care for their old mother, they ***"need to guarantee she can get care when needed."***
- Other considerations were the desire for practices to be ***"local"*** (2), ***"caring"*** (2), ***"free"*** (1), and ***"clean"*** (1).

What do these findings indicate?

Early findings indicate that major barriers to the Charedi Jewish community accessing NHS GP Practice services in Hackney are:

- **Structural barriers**
    - Difficulty booking appointments (long waits, long referral waiting periods, difficulty booking emergency or same-day appointments through 8am calling system (especially for elderly and children), having to speak to a clinician or pharmacist first).
    - Limited appointment availability and inconvenient hours (lack of evening/weekend appointments). Convenience is a necessity not a luxury.
    - Short appointment lengths that feel rushed and do not allow multiple concerns to be addressed.

    - Inconsistent experiences with reception staff (communication issues).
    - Perceived lower quality and efficiency of NHS services compared to private doctors.
    - Limited availability of same-gender clinicians
    - Lack of language translation services
- **Cultural barriers**
    - Concerns about privacy and discretion within a close-knit community where confidentiality feels especially important.
    - Feeling that some NHS clinicians lack cultural or religious understanding, including modesty requirements, large family needs, or halachic considerations (consideration of Jewish religious law or guidance).
    - Desire for trust-building and continuity with the same doctor, which the NHS system does not always provide.
    - Community norms and word-of-mouth influence, with many following trusted recommendations of private doctors.

Next steps

Healthwatch Hackney will share these findings with the North East London ICB and with the GP Practices in Hackney. This will allow services to consider the data and use it to improve delivery of service to this demographic. We hope that the ICB will explore this data further and will consider engagement or co-design work with members of the Charedi Jewish Community to build on these findings, designing practical solutions to the barriers identified.