



Havering

L O N D O N B O R O U G H

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

Tuesday
23 February 2021

Virtual Meeting

Members 6: Quorum 3

COUNCILLORS:

**Conservative Group
(3)**

Nisha Patel (Chairman)
Ciaran White (Vice-Chair)
Philippa Crowder

**Residents' Group
(1)**

Nic Dodin

**Independents Residents'
Group
(1)**

David Durant

**North Havering
Residents' Group (1)**

Darren Wise

**For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@oneSource.co.uk**

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

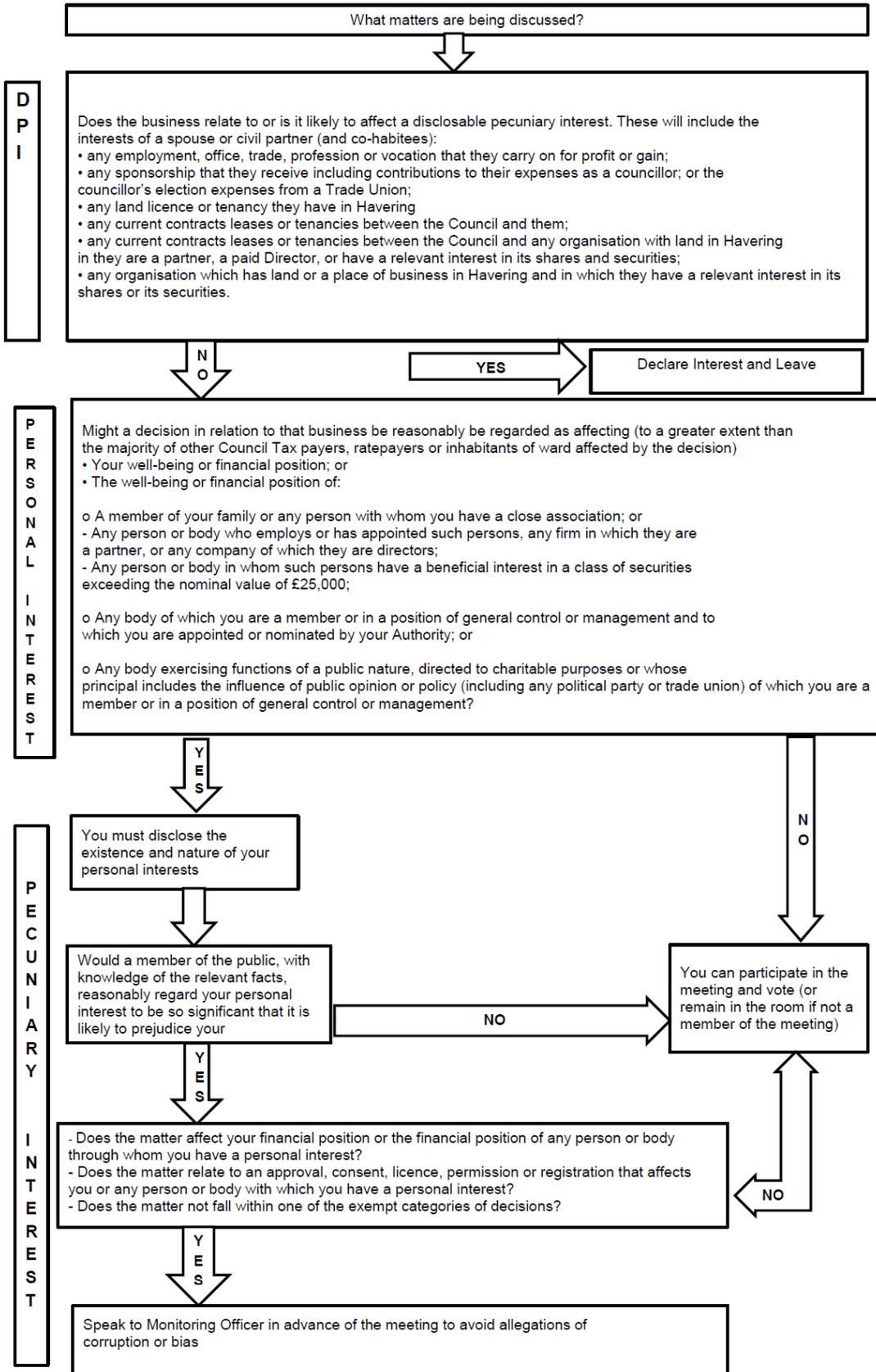
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

2 DISCLOSURES OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

3 MINUTES (Pages 1 - 6)

To agree as a correct record the minutes of the meeting of the Sub-Committee held on 10 December 2020 (attached).

4 MEETING PROTOCOL (Pages 7 - 10)

Protocol for meetings held during the pandemic attached for noting by the Sub-Committee.

5 NORTH EAST LONDON NHS UPDATE (Pages 11 - 12)

Summary report attached.

6 HEALTHWATCH HAVERING - REVIEW OF HAVERING GP PRACTICE WEBSITES
(Pages 13 - 32)

Report by Healthwatch Havering attached for scrutiny by the Sub-Committee.

Andrew Beesley
Head of Democratic Services

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
10 December 2020 (7.00 - 9.05 pm)**

Present:

Councillors Nic Dodin, Nisha Patel (Chairman), Ciaran White (Vice-Chair), Philippa Crowder and David Durant

Officers present.

Richard Pennington, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

John Mealey, BHRUT

Hazel Melnick, BHRUT

Pippa Ward, North East London NHS Foundation Trust (NELFT)

Carol White, NELFT

Ian Buckmaster, Healthwatch Havering

Mark Ansell, Director of Public Health

Claire Alp, Senior Public Health Specialist

Thomas Goldrick, Policy and Performance Management

Anthony Clements, Principal Democratic Services Officer

34 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Darren Wise.

35 DISCLOSURES OF INTEREST

There were no disclosures of interest.

36 MINUTES

The minutes of the meeting of the Sub-Committee held on 24 September 2020 were agreed as a correct record.

37 MEETINGS PROTOCOL

The protocol on the conduct of meetings during the pandemic period was noted by the Sub-Committee.

38 BHRUT PERFORMANCE INFORMATION

The Deputy Chief Operating Officer of BHRUT confirmed that cases of Covid-19 were rising in the local community and it was important for Trust staff to build resilience and have sufficient rest periods.

Performance at A & E had dropped slightly over the last two months but was still better than the equivalent period in the previous year. Priorities in this area, in conjunction with primary care, included increasing bed capacity with NELFT and managing infection prevention and control.

The time from referral to treatment for elective patients had improved in recent months and there had been a fall in the number of patients waiting in excess of 18 months for treatment. Diagnostics and the proportion of tests undertaken within six weeks of referral were also improving.

As regards cancer services, the target of 93% of patients seeing a clinician within 14 days of referral was being exceeded by the Trust. The proportion of patients starting cancer treatment within 62 days of referral was currently at 72% which was an improvement but was still below the Trust's target. The number of patients waiting more than 52 weeks to start treatment was now starting to reduce.

It was accepted that there had been some delays in diagnostics due to the impact of Covid-19 but capacity had now been increased. The recent optimal week at the Trust had seen a focus on clearance of the cancer diagnosis backlog and 50% more patients had been seen during that week compared to previously. A similar effect had been seen during the perfect orthopaedic week where 135 joint replacements had been undertaken.

There had been a rise in the numbers of BHRUT staff absent due to Covid-19. A Member asked if there were figures on the proportion of people testing positive who were actually ill. The BHRUT officer confirmed that the Trust was having more Covid positive admissions and that it had to be assumed that any Covid positive patients did have symptoms of Covid. The Director of Public Health added that the PCR test was the most specific Covid test but did take longer to produce results. The lateral flow test could be undertaken in 30 minutes but gave less specific results. Lateral flow tests would be used for asymptomatic testing. Asymptomatic patients were not unwell but could still pass the virus to vulnerable people. PCR tests were 99.8% accurate and false positive results were not an issue.

BHRUT were currently operating at close to full bed capacity but this was normal for the time of year.

The Sub-Committee noted the update from BHRUT.

39 **NELFT PERFORMANCE INFORMATION**

NELFT officers explained that the Trust was currently looking at how Covid-19 vaccinations would be rolled out. There had also been a rise in the acuity and number of referrals to the Child and Adolescent Mental Health Service (CAMHS) due to mental health difficulties arising from the pandemic. Children with lower level anxiety and disturbed sleep were treated by STAR workers in order to allow free up CAMHS capacity to deal with higher acuity cases.

Virtual workshops had been arranged for parents on how to help children deal with anxiety and sleep problems etc. Hub services had been reopened and then shut again due to the changing Covid-19 situation. It was clarified that each school had a named primary mental health worker and a bespoke package of support was available for each school. Feedback on young people's mental health services had been very positive, including from schools.

Health visitors had instigated virtual ante-natal contacts and joint visits with midwives were undertaken if there were high risk or safeguarding issues. NELFT support workers offered brief intervention and support to children. The support available was very hands on and practically focussed.

Referrals were received from both primary and secondary schools. Some children preferred to receive counselling etc virtually whilst others needed more face to face contact. More face to face appointments had now been made available and would continue to operate using PPE.

The Director of Public Health confirmed that mobile Covid-19 testing units would be located close to schools and colleges in order to undertake asymptomatic testing. Positivity rates amongst children tested were now highest at secondary schools whilst rates in pre-schools were still relatively low. Officers added that there was no evidence of children developing the condition hypoxia due to wearing a mask. The wearing of masks was a Government directive rather than a Council decision.

Data on the impact of domestic violence on children's mental health could be brought to the next meeting. NELFT did work with social care and the police on domestic violence cases.

The Sub-Committee noted the update from NELFT.

40 **HOUSING STRATEGY**

The Head of Housing Strategy and Service Development explained that a new overarching housing strategy was in the process of being developed and that this linked to the health and wellbeing agenda. The strategy sought to address how sustainable communities would be built and cover links with healthcare etc. Consultation would take place with residents and the wider

community. Officers were keen to link the strategy with public health projects etc.

Work would be undertaken with health partners to support the aims of the strategy. Public consultation on the strategy was due to commence in the next two weeks with focus groups to be held in early 2021. The Council's on-line and local hubs would be used to assist with the consultation. Support would be available to take part in the consultation by phone as well as on-line. It was planned for the strategy to be signed off in April/May 2021 and launched in June 2021.

Officers agreed that it was important to build relationships with joint venture partners in order to ensure sufficient healthcare facilities for new developments. It was important to ensure that there were sufficient green spaces, balconies etc in new developments as these would have a positive impact on residents' health. The Council's Local Plan meant that all developments over a certain size would require a health impact assessment. The section of the local plan dealing with health impact assessments could be shared with the Sub-Committee and it was suggested that the health impact of local planning policies could be added to the Sub-Committee's work programme.

Consultation on the strategy would also take place with political groups after the conclusion of the public consultation period.

The Sub-Committee noted the position with the housing strategy.

41 **HEALTHWATCH HAVERING REPORT - COVID-19 AND CARE HOMES**

A director of Healthwatch Havering explained that the number of Covid-19 deaths in care homes was much lower than in hospital. The level of protection offered by care homes did however mean visits by relatives had been stopped.

The report from Healthwatch had found good feedback about care homes during the pandemic period. Government guidance had previously been to prevent visits to care homes but this was now to be allowed subject to visitors being pre-tested. Visitors would still be required to wear PPE.

Members congratulated care homes on the job they had done during the pandemic period.

42 **HEALTHWATCH HAVERING - DENTAL SERVICES IN HAVERING**

A report from Healthwatch Havering considered access to NHS dentists as this had recently been raised as a concern by local residents. Feedback had been that it had been very difficult to access NHS dental treatment during the pandemic period. All 45 dental practices in Havering had been contacted although feedback had only been received from 27 practices. Of these, only 4 were currently accepting new NHS patients.

It was clarified that dentistry was not covered by the Clinical Commissioning Group and local dental practices were managed by NHS England. A national report on NHS Dentistry undertaken by Healthwatch England had reached similar conclusions to the Healthwatch Havering report.

Only certain benefits allowed lower cost NHS treatment with a bridge or crown normally costing around £280 on the NHS. It was agreed that dentists were required to wear a lot of high specification PPE.

The Sub-Committee noted the reports by Healthwatch Havering.

Chairman

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LONDON BOROUGH OF HAVERING

PROTOCOL ON THE OPERATION OF OVERVIEW & SCRUTINY SUB- COMMITTEE MEETINGS DURING THE COVID-19 PANDEMIC RESTRICTIONS

1. Introduction

In accordance with the Local Authority and Police Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panels Meetings (England and Wales) Regulations 2020, all meetings of Overview & Scrutiny Sub- Committee held during the Covid-19 restrictions will take place in a 'virtual' format. This document aims to give details on how the meetings will take place and establish some rules of procedure to ensure that all parties find the meetings productive.

2. Notification of Meeting

Once the date for a meeting has been set, an electronic appointment will be sent to all relevant parties. This will include a link to access the virtual meeting as well as guidance on the use of the technology involved.

3. Format

For the duration of the Covid-19 restrictions period, Overview & Scrutiny Sub- Committee meetings will be delivered through video conference call, using Zoom software. Instructions sent with meeting appointments will cover how to use the software. Additional IT support will also be provided to any Member requesting this in advance of the meeting.

4. Structure of the Meeting

Although held in a virtual format, Overview & Scrutiny Sub-Committee Meeting will follow, as far as is possible, the standard procedure for these meetings, with the following principal stages:

- Chairman's announcements
- Apologies for absence
- Disclosures of interest
- Minutes of the previous meeting
- Presentation and consideration of reports

5. Technology Issues

Agendas setting out the items for the meeting will be issued in advance in the normal way, to all parties, in accordance with statutory timetables. The agenda will also be published on the Council's website – www.havering.gov.uk in the normal way. The guidance below explains how the meeting is to be conducted, including advice on what to do if participants cannot hear the speaker and etiquette of participants during the meeting.

Remote access for members of the public together with access for the Press will be provided via a webcast of the meeting at www.havering.gov.uk.

If the Chairman is made aware that the meeting is not accessible to the public through remote means, due to any technological or other failure of provision, then the Chairman shall temporarily adjourn the meeting immediately. If the provision of access through remote means cannot be restored within a reasonable period as determined by the Chairman in consultation with the Clerk, then the remaining business will be considered at a time and date fixed by the Chairman. If he or she does not fix a date, the remaining business will be considered at the next scheduled ordinary meeting of the Overview & Scrutiny Sub-Committee.

6. Management of Remote Meetings for Members

The attendance of Members at the meeting will be recorded by the Democratic Services Officer clerking the meeting. The normal quorum requirements for meetings as set out in the Council's Constitution will also apply to a virtual meeting of Audit Committee.

Democratic Services Officers will monitor participant involvement during the virtual call to ensure that there are no drop outs. Members will be informed at the beginning of the meeting to use the chat function if they have missed part of the debate, and to request for the clerk or Chairman to recap briefly over what was said.

In the event that a Member's video feed has failed but he/she is able to hear what is being said then the Member should confirm as such using the chat function to the clerk.

In the event that a Member's audio and video feed has failed then the Chairman will invite the Committee to determine whether to proceed or adjourn the meeting to a later date.

7. Etiquette at the meeting

For some participants, this will be their first virtual meeting. In order to make the hearing productive for everyone, the following rules must be adhered to and etiquette observed:

- The meeting will be presided over by the Chairman who will invite participants to speak individually at appropriate points. All other participants must remain silent or muted until invited to speak by the Chairman;
- If invited to contribute, participants should make their statement, then wait until invited to speak again if required;
- If it is possible, participants should find a quiet location to participate in the Zoom meeting where they will not be disturbed as background noise can affect participants.
- If there are intermittent technological faults during the meeting then the Chairman will ask the speaker to repeat from the point where the disruption started. Whilst intermittent disruption is frustrating, it is important that all participants remain professional and courteous.
- The Committee Procedure Rules as shown in the Council's Constitution will apply to the meeting in the normal way, as far as is practicable.

8. Meeting Procedures

Democratic Services Officers will facilitate the meeting. Their role will be to control

conferencing technology employed for remote access and attendance and to administer Member interaction, engagement and connections on the instruction of the Chairman.

The Council has put in place a technological solution that will enable Members participating in meetings remotely to indicate their wish to speak via this solution. This will be via the 'raise hand' function in the Participants field of the Zoom software used for the meeting.

The Chairman will follow the rules set out in the Council's Constitution when determining who may speak, as well as the order and priority of speakers and the content and length of speeches in the normal way.

The Chairman, at the beginning of the meeting, will make reference to the protocol for the meeting.

Members are asked to adhere to the following etiquette during remote attendance at the meeting:

- All Councillors and participating officers are asked to join the meeting no later than twenty minutes before the start to allow themselves and Democratic Services Officers the opportunity to test the equipment.
- Any camera (video-feed) should show a non-descript background or, where possible, a virtual background relating to Havering and Members should be careful to not allow any exempt or confidential papers to be seen in the video-feed.
- During general discussion, rather than raising one's hand or rising to be recognised or to speak, Members attending remotely should avail themselves of the remote process for requesting to be heard and use the 'raise hand' function in the participants field of the Zoom software.
- Members may only speak when invited to by the Chairman of the meeting.
- Only one person may speak at any one time.
- All speakers and attendees, both Councillors and members of the public, are welcome to remain on the Zoom call until the conclusion of the meeting. The meeting will also be webcast so that it can be viewed by non-participants.
- When referring to a specific report, agenda page, or slide, participants should mention the report, page number, or slide so that all Members have a clear understanding of what is being discussed at all times

Any voting will be conducted by the Clerk asking Members individually of their voting intentions The Democratic Services Officer will announce the result of the vote and the Chairman will then move on to the next agenda item.

A record of votes and how individual Members voted will be appended to the minutes, following the meeting.

Any Member participating in a remote meeting who declares a disclosable pecuniary interest, or other declarable interest, in any item of business that would normally require them to leave the room, must also leave the remote meeting. The Democratic Services Officer or meeting facilitator will move the Member to the Zoom waiting room until the item is complete, and then return them to the meeting.

9. Public Access to Meeting Documentation following the Meeting

Members of the public may access minutes, decision notices and other relevant documents

through the Council's website. www.havering.gov.uk

For any further information on the meeting, please contact
richard.cursons@onesource.co.uk, tel: 01708 432430



**HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE,
16 FEBRUARY 2021**

Subject Heading:	North East London NHS Update
Report Author and contact details:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	North East London Commissioning Alliance NELFT officers will give details of recent activity and performance issues in the local NHS.
Financial summary:	No impact of presenting information itself.

SUMMARY

NHS officers will update Members at the meeting on key issues relating to Covid-19 and other NHS matters.

RECOMMENDATIONS

That the Sub-Committee notes the information presented and takes any action it considers appropriate.

REPORT DETAIL

Officers representing the Commissioning Alliance and Clinical Commissioning Groups for this area will update the Sub-Committee on current issues such as the impact of Covid-19, pressures on the NHS and progress with the Coronavirus vaccination programme.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



Review of Havering GP practices' websites

November 2020



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

Introduction

Websites began to appear on the internet in its very earliest days - by August 1995 there were about 20,000; there are now well over 1 billion: in other words, the number of websites has grown over 50,000 times in little more than 25 years.

The Government and the NHS have long harboured the ambition of moving to a “digital economy” in which most transactions between agencies and the public are conducted online. Although at the beginning of 2020, it seemed that despite that ambition it would take time before the aim of routine online consultations between patients and GPs would be realised, the rapid and unexpected onset of the Covid-19 pandemic and the consequential lockdown from the end of March resulted in the equally rapid development of online-based GP services.

In Havering, GP practices responded differently to the pandemic and lockdown. Some remained open throughout lockdown, with limited access to GPs on site bolstered by online access; others closed and relied entirely on online access. At the time of writing this report, despite NHS England requiring, and the local CCG expecting, that all practices should be open for at least some services, local people have told Healthwatch Havering that some practices remained reliant on online contact as the main means of interaction between GPs and patients and have only reluctantly offered face-to-face appointments (if at all).

Surveys that had previously been undertaken on behalf of the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) by Healthwatch Havering in conjunction with Healthwatch Barking and Dagenham and Healthwatch Redbridge, in 2016, 2018 and 2019¹ showed that Havering residents, especially in older age groups

¹ Urgent and Emergency Care Consultation Responses, 2016; Right care, Right place, First time, 2018; and Right care, Right place, First time, 2019 - Barking & Dagenham, Havering and Redbridge CCGs and Healthwatches Barking & Dagenham, Havering and Redbridge

(55+) but not exclusively so, remained to be persuaded of the benefits of online access to NHS services (i.e. not just GP practices), preferring to access medical advice face-to-face with their clinical adviser (GP or nurse).

Nevertheless, online access to GP practices is here to stay and looks set to develop into the principal means of gaining access to primary care. Using online triage, practices are now able to identify whether a patient:

- can be treated without further need to be seen, for example by being issued a prescription
- needs to be seen to confirm a preliminary diagnosis based on an online discussion with the patient, or
- should be referred to secondary care for more specialist attention.

Websites are the key presence of any organisations online. Following receipt of expressions of difficulty in accessing GP services online, therefore, Healthwatch Havering decided to assess the presence of GP practices online by Reviewing the ease of access to their websites and the ease of seeking information on them.

If a user has previously accessed a website or knows the website's internet address (known as its URL), accessing it is straightforward, but otherwise, a user will conduct a web search using an internet search engine, software that is designed to seek a specific website across the whole internet. The most popular of search engines is Google but others are available including Bing, Safari, Ask and Yahoo.

Not all GP practices have established their own website - those who have not, rely on the NHS Choices website, on which each practice (and other NHS services) has an individual page (including directions to the practice's website where one exists).

Digital exclusion

“Digital exclusion” is a term that encompasses a range of reasons why people do not use the technology and has been used by some in a slightly disparaging way.

It must not be forgotten that disinclination to use online services does not indicate a fear of using information technology (“technophobia”) - it is more likely that individuals simply lack the wherewithal to do so:

- internet access comes at a cost that not all can afford
- the equipment needed is expensive and a confusingly wide range is available; and
- in some cases, a good internet connection is difficult to achieve or even not available.

It is easy for those who are experienced in the use of digital technology to make negative assumptions about those who do not use digital services. It is also easy to assume that there are very few people who do not use it and that those few can do so in public locations such as internet cafes and libraries. **Such assumptions are, however, false - even confident users of digital technology can sometimes find it hard to navigate the plethora of websites, applications, and other digital platforms now available.**

Moreover, the response one receives from digital technology can be variable depending on the make of and type of device being used, the device’s operating system, the type of internet browser used and the system providing the website.

Methodology of the review

The review was carried out by several Healthwatch volunteer members, none of whom are internet experts but “ordinary” users who have done little more than master the basics of using the internet.

Each uses a slightly different configuration of equipment, software and internet connection: desktop and laptop PCs, Apple Macs and MacBook, iPads and iPhones were used; browsers used for searches included Microsoft Edge, Google Chrome and Apple Safari; searches were conducted using engines such as Google, Bing, Safari and Yahoo; and users had different Internet Service Providers. All of these factors affected how websites were accessed, just as the experience of “ordinary” users would vary.

Volunteers were given individual lists of websites to visit for the review, with deliberate overlaps, so that each website was visited by at least three volunteers.

Each volunteer then assessed how easy it was to access each website and determined whether the practice in question had designed its website or relied on third party provision (principally the NHS Choices website but other options exist) and a range of issues pertinent to current living - such as the practice's opening times, advice about the Covid-19 pandemic, arrangements for cancer care, availability of face-to-face consultations with a GP and health and wellbeing support for patients during the lockdown. Their perceptions were then, in some cases, scored 1 (poor) to 5 (outstanding) or marked “Yes” or “No”.

To ensure that as much of the subjectivity of that approach as possible was eliminated, each volunteer's review report was then moderated by comparison with all others, and a combined single report for each GP practice produced. Some websites were visited more than others, but each was visited at least twice. Only the combined scores have been used for this report. As this was not an exercise in “naming and shaming”, no individual site is identified nor are the review returns of any particular volunteer identifiable.

The review was not a check of the compliance of any website with the relevant Regulations (see Appendix 1).

Content of websites

Surprisingly, given the ambition shared by both the NHS and the government for NHS services to become “digitalised”, there is no obligation on GP practices to maintain websites - the contract regulations² say, in Regulation 27, that a practice “must publish [information] on its website **(if it has one)** *[emphasis added]*” and subsequent regulations are equally tentative. There are obligations around making information available through an alternative to a practice’s website (NHS Choices) and other directory websites are available, but it is unlikely that such third-party websites could offer as much information as one directly controlled by a practice. By contrast, the contract regulations require practices to produce a “practice leaflet” containing a comprehensive range of information (see Appendix 1).

The review sought to identify whether a practice’s website was its own or it relied on NHS Choices (or another such website) and how easy it was to find the website; ease of navigating the website was then tested (where there was more than a single page). The following issues were looked for:

- whether the opening hours of the practices were clear
- what changes (if any) had been made at the practice in response to the Covid-19 pandemic
- whether face-to-face consultations with a GP were available
- how easy it was to cancel appointments *
- whether there were links to support or advice on health and wellbeing
- whether the website offered help for people living with a sensory loss
- how easy it was to make complaints *

² The National Health Service (General Medical Services Contracts) Regulations 2015 (individual regulations are cited in succeeding footnotes)

- whether it was easy to order repeat prescriptions *
- whether there was information about advocacy services for those unable to speak up for themselves
- information about the practice Patient Participation Group (PPG)
- information about Healthwatch
- whether links between different parts of the website work
- whether the name by which the practice was registered with the CQC was the same as the name for it that appeared on the website.

The issues listed above that are marked with an asterisk (*) are required by the contract regulations to appear either on the practice's website or NHS Choices.

Review findings

The full details of the review findings are set out in Appendix 2.

The volunteers generally had no difficulty in finding practice websites, though some were hard to find (not surprisingly, the latter tended to be those that relied on NHS Choices rather than have their own website). Of 45 practices in Havering, 35 had their own website and 10 relied on their much more limited NHS Choices profile page. Most of the practices' own websites were relatively easy to navigate.

Only two websites did not make the practices' opening hours clear.

Bearing in mind the current Covid-19 pandemic, it was surprising to find that 7 practices' websites made no mention of advice for dealing with Covid-19, such as when to get a test. Even more surprising - and potentially very serious - was that only 2 websites offered advice for cancer patients as to their care during the pandemic.

Slightly more than half of the practices gave details of the changes made for patient access to a GP during the pandemic, and a similar

number indicated that face-to-face consultations with GPs were available.

Generally, it was found relatively easy to cancel appointments online although, again, in a few cases it was difficult to do so.

Given that, during the repeated periods of lockdown in 2020 gave rise to considerable concern for some individuals' mental wellbeing, it was surprising to find that 40% (18) of the websites offered no general information on health and wellbeing (or at least made it hard to find) so that those seeking such advice would need either to take up a scarce GP appointment or seek, possibly less authoritative, advice elsewhere.

Amazingly, only 3 practices made special provision for people who had loss of sight to use their websites and only two accommodated people with a learning disability with information in Easy Read.

While there is no requirement for the mandatory complaints procedure to be mentioned on a practice's website, fewer than 50% of practices mentioned their procedure on their website (although it must be mentioned in the practice leaflet). But one of the few items that must appear on the website is the procedure for ordering repeat prescriptions, so it was both surprising and concerning to discover that nearly 40% of practices made no mention of their process on their website.

GPs inevitably deal with more vulnerable people than most other professions but only four websites contained information about advocacy services. Rather more - 28 - gave information about their Patient Participation Groups (PPG), but it is a concern that 17 practices did not mention their PPG when every practice is obliged to have a PPG³.

Although there is certainly no obligation for them to do so, it was hoped that practices' websites would mention Healthwatch (given its

³ Regulation 26

statutory role in representing patients): sadly, only four websites mentioned Healthwatch in any context.

A key part of the website experience is that it is possible to access other parts of the website, or external websites, using so-called hyperlinks. The key to search engines such as Google, information websites such as Wikipedia or commercial websites such as Amazon, and social media such as Facebook is their use of such hyperlinks to give near-instantaneous access to other websites: volunteers found that links in eight of the websites reviewed did not work.

Finally, volunteers found that there were eight instances of a practice being known under a different name to that by which it is registered by the Care Quality Commission (CQC). Usually, this appears to be because a practice has a locally used name such “The Mill Practice”⁴ but is registered under the names of the GP partners who own it. This is, however, potentially confusing for patients who wish to see a practice’s CQC rating but know it only by the local name rather than the partners’ names (or *vice versa*).

Conclusions

Despite 25 years’ experience of websites and website technology, in a world that is becoming increasingly reliant upon the interconnectivity that the internet offers, it is disappointing to record that many GP practices are not yet taking full advantage of the power of that technology to bring information to their patients and that a significant number of GP practice websites lack key information (some in breach of contractual obligations). Some are doing an excellent job in doing so; others are doing only the bare minimum (if that!). While, clearly, GPs have many calls on their time and not all will be as technologically minded as others, specialist software providers are available who can help design, maintain and keep up to date comprehensive websites.

⁴ The name “The Mill Practice” is © BBC TV, from its programme “Doctors”

Although every GP practice is required to maintain a profile on the NHS Choices website, that offers the bare minimum of information (and not every profile contains the information that it should).

Recommendations

- 1 That Havering CCG (or its successor body) work with every GP practice in Havering to review its website to ensure that it complies with the contractual obligations imposed upon it.**
- 2 That Havering CCG (or its successor body) work with all individual GP practices to ensure that their websites contain as much useful information for patients as possible.**
- 3 That Havering Health Limited and each Primary Care Network support their respective members to secure the required improvements in website presence for patients' benefit.**
- 4 That Healthwatch England make representations to NHS England and the Secretary of State to amend the Regulations so that practices have a contractual obligation to ensure that the information required to be included in the practice leaflet must also appear on their websites and that reliance on NHS Choices as the primary online presence for practices is discouraged.**
- 5 That Healthwatch England discuss with the CQC amending registration requirements to ensure that practices are registered using the name by which they are known - for example, "The Mill Practice" - rather than by the names of the doctors in partnership and that where a doctor leaves a practice, his or her name no longer appears in the practice name or its registration.**

Healthwatch Havering stands ready to assist and advise practices that require assistance in determining what information they should make available on their website.

Disclaimer

This report relates to the review carried out by Healthwatch volunteers during November 2020 and is representative only of their findings. It does not seek to be representative of all service users and/or staff.

Appendix 1

Requirements for GP websites

The National Health Service (General Medical Services Contracts) Regulations 2015 (SI 2015/1862) (“the Regulations”) set out in detail the framework for general medical services contracts between the NHS and GPs, providing terms and conditions that must be included in contracts.

Regulation 78 and Part 6 of Schedule 3 require practices to publish a “practice leaflet” which must include a range of information of assistance to patients, including:

- the practice name and address
- the names and qualifications of GPs at the practice
- how to register as a patient at the practice
- the opening hours
- how to get a home visit or order repeat prescriptions and
- how to make a complaint

In all, there are 28 sets of such requirements.

As noted in the report, there are no similar requirements for a website. Regulation 73 provides:

Where a contractor has a practice website, the contractor must publish on that website details of the contractor’s practice area, including the area known as the outer boundary area (within the meaning given in regulation 20(3)) by reference to a sketch, diagram, plan or postcode. (Emphasis in italics added)

Other references in the Regulations to websites are generally conditioned by the term “if it has one” (or similar wording) but require the following information:

- the previous year’s earnings for each GP who is a partner or is employed at the practice (for no obvious reason)
- arrangements for online services including booking appointments and ordering repeat prescriptions

Where a practice does not have a website, it must have a profile page on NHS Choices (part of the national NHS.uk website) but the only requirement for that is that the practice must:

“include information about the requirement to assign an accountable GP to each of its new and existing registered patients”

Appendix 2

The volunteers who carried out the review were asked to ascertain answers to 18 questions. The questions, and the aggregate findings, were as follows:

1. How easy is it to find the practice website using Google (or equivalent)?

The choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	0
2	2
3	7
4	14
5	22

2. Who provides the website?

The practice has its own website - 35

There is only the NHS website entry – 10

3. How easy is it to navigate the website?

For those practices that had their own website, the choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	0
2	0
3	3
4	15
5	14

Where the practice relied on NHS Choices, navigation was not required as there was only a single page. There were also two practices which had their own websites that did not require navigation.

4. Are the opening hours of the practice clearly stated?
Yes – 43 sites
No – 2 sites

5. Is there a link to Government advice on Covid-19?
Yes – 38 sites
No – 7 sites

6. Is there information about changes to cancer care during Covid-19?
Yes – 2 sites
No – 43 sites

7. Is there information about changes during Covid-19 at the practice, such as telephone consultations or virtual appointments?
Yes – 25 sites
No – 20 sites

8. Does the website explain if face-to-face appointments are available, and if so how to get one?
Yes – 24 sites
No – 21 sites

9. How easy is it to make or cancel an appointment?
The choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	2
2	3
3	14
4	16
5	10

10. Are there links to self-care and support organisations for health and wellbeing?
Yes – 27 sites
No – 18 sites
11. Are there options to enable the website to be used by people who have sensory loss or learning disabilities?
No – 42 sites
Yes: for people with vision loss – 3 sites
Yes: for people with a learning disability – 2 sites
12. Is it easy to find out how to complain, and who to complain to?
Yes – 22 sites
No – 23 sites
13. Is there a simple process for ordering repeat prescriptions?
Yes – 29 sites
No – 16 sites
14. Is information available about advocacy support?
Yes – 4 sites
No – 41 sites
15. Is information available about the practice's Patient Participation Group (PPG)?
Yes – 28 sites
No – 17 sites
16. Is there a link to, or information about, Healthwatch Havering?
Yes – 4 sites
No – 41 sites

17. Do the links between pages on the website work?

Yes – 37 sites

No – 8 sites

18. Is the practice registered by the CQC using the same name as appears on the website?

Yes – 40 sites

No – 5 sites

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhavering.co.uk

To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



*Healthwatch Havering is the operating name of
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