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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 22 September 2021	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	Independents Residents' Group (1)
Nisha Patel (Chairman) Ciaran White (Vice-Chair) Philippa Crowder	Nic Dodin	David Durant

North Havering Residents'Group (1)

Vacancy

For information about the meeting please contact:
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anthony.clements@oneSource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

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.

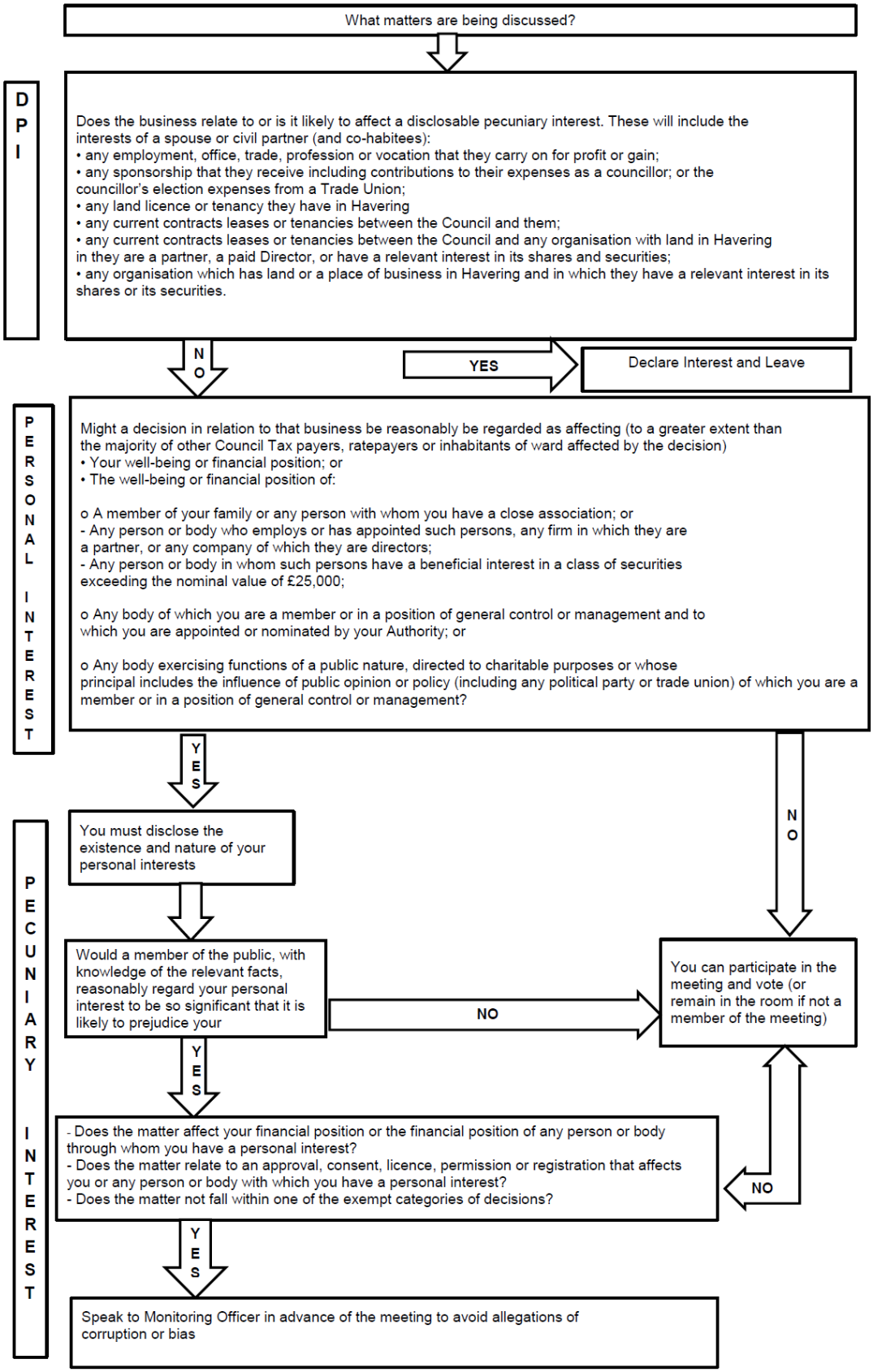
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

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 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF INTERESTS

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.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the meeting of the Joint Committee held on 14 July 2021 (attached) and to authorise the Chairman to sign them.

5 2021/22 PERFORMANCE INFORMATION (Pages 7 - 16)

Report attached.

6 ACCESS TO GP SERVICES (PROVISIONAL ITEM) (Pages 17 - 18)

Initial report attached.

7 HEATHWACH HAVERING - REVIEW OF PATIENTS' ACCESS TO HAVERING GP PRACTICES (Pages 19 - 50)

Report attached for consideration by Sub-Committee.

8 HEALTHWATCH - VOICES OF DISABLED RESIDENTS AND COVID-19 (Pages 51 - 90)

Report attached for consideration by Sub-Committee.

9 HEALTHWATCH HAVERING ANNUAL REPORT 2020-21 (Pages 91 - 112)

Report attached for consideration by the Sub-Committee.

10 SUB-COMMITTEE'S WORKPROGRAMME

Members are invited to suggest items for inclusion in the Sub-Committee's work programme.

11 DATE OF NEXT MEETING

The next meeting of the Sub-Committee will take place on 11 November 2021 at 7.30 pm at Havering Town Hall.

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
14 July 2021 (7.00 - 9.22 pm)

Present:

Councillors Nisha Patel (Chairman), Ciaran White (Vice-Chair) and David Durant

Also present via videoconferencing:

Ian Buckmaster, Healthwatch Havering
Mark Ansell, Director of Public Health
Lucy Goodfellow, Policy and Performance Business Partner
Jacqui Clare, St John Ambulance
Mike Threadgold, St John Ambulance
Ceri Jacob, North East London Clinical Commissioning Group
Melissa Hoskins, North East London Clinical Commissioning Group
Richard Pennington, BHRUT
John Mealey, BHRUT
Remi Odejinmi, Partnership of East London Cooperatives (PELC)
Pippa Ward, NELFT

1 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillors Philippa Crowder and Nic Dodin.

2 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

3 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 23 February 2021 were agreed as a correct record and would be signed at a later date.

4 **ST JOHN AMBULANCE - COMMUNITY FIRST RESPONDERS**

The Sub-Committee was advised that the Community First Responders (CFR) programme was a partnership between St John Ambulance and the London Ambulance Service. Trained volunteers from the local community were dispatched at the same time as ambulances to cases of cardiac arrest chest pain, stroke, breathing difficulties etc. Volunteers were trained to

London Ambulance Service (LAS) standards and responded to calls from their own homes and in their own cars. Volunteers were unable to disregard traffic lights etc when responding.

The CFR service also gave Covid-19 support to local hospitals and ambulances by donating personal protective equipment, scrubs etc. The service was also involved with supporting the LAS on the falls programme that had been set up for the local area. CFRs would assess patients who had fallen and note the time of the fall as well as check for potential injuries. Patients who had fallen more than 4 hours previously would be taken to hospital. Welfare and safeguarding issues were also considered with CFRs able to check patients' ability to get food, hot drinks, medication etc for themselves.

It was noted that a representative of Healthwatch Havering who was present at the meeting was also a member of St John Ambulance. Healthwatch Havering was fundraising for CFRs via a sponsored walk, in cooperation with the St John Ambulance fundraising department. Further information could be provided on promotional work for the service.

The priority for responses to emergency calls was decided by the LAS control centre. CFRs used the same radios as LAS staff and recruitment was undertaken from the general public. It was suggested by a representative of NELFT that the new Integrated Care System and Local Borough Partnerships would allow the third sector to work productively with local health and social care services.

The Sub-Committee noted the position.

5 NORTH EAST LONDON FOUNDATION TRUST (NELFT) 0-19 CHILDREN'S SERVICES

A new contract for health visiting had commenced from 1 April 2020. This had included funding for 3 new health visitors and 2 new staff nurses. Health visitors undertook visits at antenatal and newborn stages as well as at 6-8 weeks, 1 year and 2 years of age. These services were still delivered during the pandemic but were carried out virtually. Face to face visits were still made for vulnerable children.

Additional services offered by NELFT included a lead officer and support group for mental health.

School nurses had assisted with the reinstatement of the National Child Measurement Programme. School nurses also offered face to face and drop-in appointments with young people.

Partnership working included the Henry programme for Healthy Eating and the establishment of Dads Groups. Work was ongoing to establish a digital platform and the 0-19 years services Facebook page had received a good response. Work was also in progress with the Primary Mental Health Team to establish parent, school and student conversations and drop-in sessions. There was also regular contact with the Council's Public Health Team. Public Health officers received monthly performance reports and there was quarterly monitoring of the NELFT contract with the Council. Services had recovered quickly following the pandemic.

It was confirmed post-natal depression was checked for at the 6-8 weeks visit and weekly or monthly 'listening visits' could be implemented to offer additional support. Referrals could be made to the mental health team or a support group.

It was clarified that any respiratory problems encountered by the under 2s were due to a lack of exposure during the pandemic, not because of wearing a mask. Joint Committee on Vaccination and Immunisation guidance was followed on what age groups to vaccinate. It was accepted that there were potential risks from social isolation, even with the availability of virtual services.

6 BHRUT PERFORMANCE INDICATORS

BHRUT officers explained that preparations were currently under way for the third wave of Covid-19. The numbers of Covid patients in hospital were however relatively low compared to previous waves. A number of services had been reinstated including surgery and diagnostics. Some 40% of outpatient services were now taking place virtually. Work was in progress with the independent sector to reduce waiting times.

Performance on the 4 hour A & E target had declined between March and May but there had been a 20% rise in attendance numbers during this period. Frailty units had been introduced on both hospital sites which allowed quicker and more direct access to care. There were also walk-in centres at both sites. The same day emergency care pathway aimed to avoid the unnecessary admittance of patients onto wards.

The numbers of patients waiting in excess of 52 weeks for treatment had increased during the Covid peaks. This had now reduced by around 1,000 people but was still considered to be too high. Cancer performance had deteriorated during the Covid peaks but was now back above target. The performance on the 62 day target for starting cancer treatment had improved but there was still a backlog to be cleared.

Patients were still swabbed on entry and it was accepted that high numbers of staff having to self-isolate could be a danger. Work was ongoing with local communities to address patient concerns. Outpatients had been somewhat affected by the need to maintain social distancing as fewer patients could be seen at each clinic. It was noted however that less than 0.1% of BHRUT staff had tested positive and less than 1% were self-isolating.

No beds had been lost due to Covid and demand & capacity issues were continually reviewed by the Trust. Covid and non-Covid zones had been created at both hospitals.

The staff absence rate, including those who had been 'pinged' and told to self-isolate, remained very low. It was also policy that the NHS app should be turned off whilst staff were at work and only turned on when staff were not at work. Covid protocols were very tight and evidence-based. Details of the numbers of cycles/amplifications used in the PCR Covid test could be provided.

The Sub-Committee noted the update.

7 2021/22 PERFORMANCE INFORMATION

The Sub-Committee was presented with a list of performance indicators which it may wish to scrutinise during the year. It was suggested that officers could produce a rationale and more details of each proposed metric before any final decisions were taken. It was suggested a mix of direct performance measures and measures focussing on post-performance recovery could be chosen.

Members were invited to give suggestions for which performance indicators they would like to scrutinise to the Chairman or clerk, outside of the meeting.

8 CORONAVIRUS VACCINATION PROGRAMME

The Managing Director of the local Integrated Care Partnership advised that 76% of the eligible population in Havering had received the first dose of the Covid-19 vaccine and 57% had received a second dose. Efforts were continuing to vaccinate everybody over 80 years of age but young people were also being targeted in the Eastern European and BME communities. Messages to younger people focussed on the freedom a vaccine could offer and the potential financial loss resulting from not having a vaccination.

Pop-up vaccination clinics had been established at locations such as Hornchurch Library and Tesco at Gallows Corner. The Partnership's website was regularly updated with questions & answers and videos relating to the vaccine. Work had been undertaken with groups such as the Polish

Community Association and a vaccines video in Lithuanian was currently in production.

Numbers of Covid bases were rising in North East London but remained below the London average. Both vaccines were effective against the Delta variant. Good joint working had been seen in Havering between the Council and the voluntary sector.

All vaccination sites were quality checked and a physician was available to deal with any concerns. Clinicians at vaccination centres were aware of the Yellow Card system for reporting side effects as this was an established process in the NHS.

Vaccines were offered to all people aged 18 or over. Vaccines were however only offered to people younger than this for defined clinical reasons and there were no definitive targets for vaccinating people aged under 18. A list of the key priorities for the receipt of vaccines could be supplied. The Joint Committee on Vaccination and Immunisation had felt that fewer vaccines of under 18s were necessary than seen in other countries. There was also good evidence that adult vaccine immunity was better than natural immunity.

Whilst no vaccine was 100% effective, rates of Covid immunity were increasing in line with vaccination rates. There were currently 25 Covid in-patients at BHRUT hospitals, compared with 170 when the infection rate was last at the current levels. Officers stated that this showed the impact of vaccines in giving a much lower hospitalisation rate. A high rate of vaccine coverage would also protect vulnerable people.

A Consultant Anaesthetist present stated that it was uncertain how long natural immunity would last and unvaccinated people who developed Covid-19 were likely to be extremely unwell. As many people as possible should therefore be encouraged to take the vaccine.

Officers added that it was important to increase vaccination rates in order to avoid other hospital work stopping due to Covid pressures. Vaccination could have avoided many of the more than 920 deaths from Covid that had been seen in Havering. Officers did not accept that reference to the death rate was being unnecessarily alarmist.

The Sub-Committee noted the update.

9 HAROLD WOOD URGENT TREATMENT CENTRE (UTC)

Officers representing the UTC management explained that their contract had commenced on 1 July 2020. The centre was led by GPs with the support of Urgent Care Nurse Practitioners. Patients were screened on entering the UTC and directed to A & E if necessary but more than 65% of attendees were treated at the UTC.

The Harold Wood UTC was open 0800 – 2200 and took patients up to 2100, seven days per week. There had been a rise in activity and around 90% of attendees at Harold Wood UTC were from Havering. Contract standards at the UTC had to be maintained, even with Covid requirements.

Extra nursing staff and GPs had been introduced in order to reduce waiting times. Streaming at the front door had been introduced to prioritise the most seriously ill patients. Noone was refused entry to the UTC without being offered an alternative source of treatment or advice. Temperature tests on arrival would only be carried out to get information in order route patients correctly.

The Sub-Committee noted the position.

10 **ANNUAL REPORT 2020/2021**

The Sub-Committee's annual report was agreed and approved for submission to full Council.

Chairman

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 22 SEPTEMBER 2021

Subject Heading:	2021/22 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
Policy context:	There are a number of policies and strategies of relevance to the Health Overview and Scrutiny Sub-Committee, which the sub-committee may wish to consider when selecting performance indicators.
Financial summary:	There are no direct financial implications arising from this report. Adverse performance against some performance indicators may have financial implications for the Council.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which performance indicators to receive information on during the financial year 2021/22.

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee confirms the performance indicators it wishes to scrutinise during the remainder of 2021/22 so that reporting arrangements can be established.

REPORT DETAIL

1. Throughout 2020/21 the Health Overview and Scrutiny Sub-Committee received regular presentations from the borough's two main Health providers – North East London Foundation Trust (NELFT) and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). These presentations covered the constitutional standards for BHRUT, and a number of indicators that are used to monitor delivery of the 0-19 Health Child Programme by NELFT, which the Council commissions.

2. At its last meeting, the Health Overview and Scrutiny Sub-Committee was asked to consider which performance indicators to monitor and scrutinise during 2021/22, from a suggested list developed with input from NELFT, BHRUT and the Council's Public Health team. To aid decision making, members requested further detail on the indicators, including the rationale / context in which they were being proposed, current performance and the frequency of updates. This has been provided at Appendix 1.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. It should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress, and that of local health services.

Human Resources implications and risks:

There are no HR implications or risks arising directly from this report.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
(ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

BACKGROUND PAPERS

Appendix 1 – Context document for the selection of performance indicators

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Appendix 1 - Selection of performance indicators

The summary below has been provided to aid members in selecting a suite of performance indicators / areas for scrutiny in 2021/22.

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
BHRUT Constitutional Standards: • Four-hour emergency access performance; • Cancer; • Diagnostics; • Referral to treatment (RTT)	NHS access standards were introduced in 1999 to measure patient waiting times in a defined number of areas of NHS service delivery. The current access standards have become central to the operation of much frontline service delivery. The standards fulfil a wide range of different purposes – clinically, operationally and in terms of planning, performance measurement, regulation and oversight, governance and accountability.	Performance against the Constitutional Standards is reported to BHRUT's Board [and published] on a quarterly basis. Key points from the last quarterly report were: - Four hour performance for all types was 71.8% in March (national target 95%). The four hour type 1 performance for King George Hospital had been 64.21% and at Queen's Hospital 47.47%. - For cancer 2 week wait performance, the Trust maintained compliance over winter despite referral levels in excess of pre-Covid numbers. There was a 10% increase in 2 week wait referrals. In relation to 62 day cancer performance the position for February was 74% against an 85% standard - on par with the London average. - In relation to diagnostics, there was a brief slow-down in endoscopy in January but despite this, a steady improvement in compliance with the standard, with 99% of patients seen within six weeks. - RTT performance was largely maintained through January to March. In recent weeks the number of patients waiting over 18 weeks had started to reduce and beyond May it was expected that there would be improvement in line with what had been seen before Christmas.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
BHRUT financial update	A BHRUT financial summary will provide an overall picture of the Trust's current position.	BHRUT's finance updates are produced quarterly, as part of its Board Reports, and look at the current position and key areas of improvement. Key points highlighted in the last quarterly report were: - The Trust exited the financial year 2020/21 with an underlying monthly deficit of £6m. This was £1m worse per month than at the start of the financial year. On top of this the Trust was spending £6m/month in the last quarter in relation to Covid. - The reported year end position was a small surplus of £100k due to the temporary financial regime. - Capital in year was a positive picture with the Trust having spent £46m on infrastructure. Capital works would assist the emergency care pathways at both sites where £12m had been invested. £5m had been spent on diagnostic imaging equipment and £3m on cutting edge surgical robotics. - The financial year 2021/22 required improvement from £6m deficit per month down to £5m deficit per month to achieve the £60m deficit or base case deficit of £66m.
Admission episodes for alcohol-related conditions (rate per 100,000)	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.	In 2019/20, Havering's rate of admissions for alcohol-related conditions was 437 per 100,000; better than England and London. Frequency: Annual. Quarterly updates would therefore focus on action being taken locally to prevent admissions.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
Reception and Year 6 prevalence of overweight (including obesity)	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying. **The 2019/20 National Child Measurement Programme (NCMP) data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years.*	In 2019/20, 21.6% of Reception aged children in Havering and 38.1% of Year 6 children in Havering were overweight or obese; both of which were similar to London. Frequency: Annual measurements during academic year. Data published in the final quarter of the calendar year. Quarterly updates would therefore focus on action being taken towards tackling childhood obesity.
Percentage of adults aged 18+ classified as overweight or obese	The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health. **Questions on self-reported height and weight are included in Active Lives (survey, Sports England) to provide data for monitoring excess weight in adults at*	In 2019/20, 67.3% of adults in Havering were classified as overweight or obese, which is worse than London (55.7%). Frequency: Annual. Quarterly updates would therefore focus on action being taken towards tackling obesity.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
	LA level. Adults tend to underestimate their weight and overestimate their height when providing self-reported measurements and the extent to which this occurs can differ between population groups. Therefore prevalence of excess weight calculated from self-reported data is likely to produce lower estimates than prevalence calculated from measured data.	
Smoking status at time of delivery	Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant. **Note from SATOD dashboard - data should be interpreted with care over the COVID-19 period.*	In 2020/21, 6.7% of mothers in Havering were known to be smokers at the time of delivery, as a percentage of all maternities. This is worse than London (4.8%) and better than England (9.5%). Frequency: Quarterly.
Emergency hospital admissions due to falls in people aged 65 and over (rate per 100,000)	Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving into long-term nursing or residential care. The highest risk of falls is in those aged 65+ and falls that result in injury can be very serious - around 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and	In 2019/20, Havering's directly standardised rate of falls in older people was 1,623 per 100,000. This was better than England (2,222) and London (2,215). Frequency: Annual. Quarterly updates would therefore focus on action being taken towards preventing falls in this age group.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
	fractures in those aged 65+ account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.	
Percentage of births that receive a face to face new birth visit by a Health Visitor within 14 days	All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth – known as the New Birth Visit (NBV). This visit forms part of the Healthy Child Programme and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. The NBV is important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health.	In 2019/20 (latest published data), 95.1% of Havering infants received a new birth visit by a health visitor within 14 days. This is better than England (86.8%) and London (92.6%). During the first quarter of 2021/22, 95.04% of new-borns received a face to face visit by a health visitor within 14 days. Frequency: reported monthly as part of contract monitoring.
Percentage of children who received a 2-2.5 year review	All children and families should receive a review when the child reaches around 2 to 2½ years. This allows for an integrated review of their health and development. It also presents an opportunity to discuss preconception health with parents before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place (including free provision), and a reminder of the importance of the pre-school immunisation booster.	In 2019/20 (latest published data), 85.4% of children in Havering received a 2-2.5 year review; similar to England and London. During the first quarter of 2021/22, 87.46% of children turning 2.5 years had received a 2-2.5 year review. Frequency: reported monthly as part of contract monitoring.
Percentage of high risk mothers who received a	During pregnancy and after the birth of a child, women are at a higher risk of experiencing mental health problems. This period is also a time when a range of	During the first quarter of 2021/22, 83.21% of high risk mothers received a Maternal Mood review in line with the local pathway, by the time the infant was aged 8 weeks.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (**and any caveats*)	Current / latest performance and frequency of updates
Maternal Mood review in line with local pathway	mental health conditions that a woman may have previously experienced can return or worsen. Low mood, anxiety and depression are common mental health problems that occur during pregnancy and in the year after childbirth. The pain these conditions cause women and their families and the negative impact they have on their health and wellbeing are significant.	Frequency: reported monthly as part of contract monitoring.
Referrals to the Primary Mental Health Team for either brief intervention or school counselling	Intervening early when there are concerns surrounding a child or young person's mental health can reduce the likelihood of further decline and the need for more formal CAMHS support. Improving children and young people's mental health is associated with reduced levels of truancy, school exclusions, crime and smoking, and increased probability of employment and a higher wage in adulthood.	Frequency: reported monthly.

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 22 SEPTEMBER 2021

Subject Heading:	GP Access (provisional item)
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**NHS officers will detail issues with GP access locally.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

NHS officers will present to Members information, if available, on work to improve access to GP services locally.

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, further action it wishes to take.

REPORT DETAIL

Clinical Commissioning Group officers will present, if available, information on GP access in Havering and work to improve this.

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 patients' access to Havering GP practices

May 2021

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383

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

When the Covid pandemic struck in March 2020 and the first lockdown was put in place to "protect the NHS", it was inevitable that patients' access to general practice would change. Most GP practices complied with the stricture for people to work from home where possible and many adopted a combination of telephone and online means for initial contact with patients. Where practices opted to remain open, access to the premises was strictly controlled; patients were met by staff in full personal protective equipment (PPE) and only admitted if their temperature was within the normal range (a high temperature being a key sign of Covid infection). In the conditions of pandemic, these changes to working practice and precautions were accepted by patients as inevitable.

However, as the lockdown progressively relaxed over the summer and autumn of 2020, while most people returned to near-normal working (maintaining social distancing and wearing masks), it became clear that many GPs were reluctant to return to the pre-pandemic ways of working and seeing patients. While that was to some extent understandable – and perhaps vindicated by the reimposition of full lockdown after Christmas 2020, which began only to be slowly relaxed from April 2021 and stretched on into July (with the possibility at the time of writing in June that it might not even end then) – patients began to contact Healthwatch Havering (and other Healthwatch across the country) to express concern about the difficulties they were experiencing in contacting their GP practices and, in particularly, arranging to see a GP in a face-to-face consultation.

In some cases, patients had been offered the opportunity to share images of body areas to enable the GP to diagnose their medical needs: this was of course only possible for those patients who had access to a device capable of taken pictures or video and had an adequate connection to the internet to enable them to stream or upload those images and had the knowledge to do so effectively.

Concerns grew that, because of the inability to access practice premises, patients were not receiving routine treatments, such as injections or minor

surgery, that would have been administered at the practice rather than, for example, at hospital.

It also proved difficult, if not impossible, to arrange for home visits by GPs.

In November 2020, partly in response to comments from patients, Healthwatch Havering carried out an informal review of the content of GP practices' websites [1]. The Review found that:

> "many GP practices are not yet taking full advantage of the power of [internet] 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!)."

It was disappointing to record that some practices used only the NHS Choices website as a means of providing information for their patients and that not every profile there contained the information that it should.

Patients reported difficulties such as:

- Excessive waiting times to get through to the practice. In many cases, callers would wait half-an-hour or more before the telephone was answered
- Excessive waiting periods for an appointment – often three weeks or more
- Refusal of the ability of a patient to see a GP face-to-face to discuss symptoms of illness

With all this in mind, in May 2021 Healthwatch Havering decided to carry out a survey of the ease with which patients could contact GP practices.

[1] **Review of Havering GP practices' websites – November 2020**

Methodology

It was decided to carry out a three-strand survey.

Telephone contacts

First, a group of Healthwatch volunteers were tasked to contact every GP practice in the borough to gauge what patients' experience of trying to contact them might be.

They were to make telephone calls between 10am and 2pm, to avoid key times when patients would wish to contact the practice to make appointments or order repeat prescription etc.

They were asked to record the length of time taken to get an answer and, if they did not get through in 10 minutes, to abandon the call and try later or another day. When eventually they did get through, they were to ask for the contact details of the Chairman of the practice's Patient Participation Group (PPG) – a Group that all GP practices are obliged to set up [2].

They were also asked to give an assessment of the attitude displayed by the person who answered their call.

It should be noted that it was not possible to get through to every GP practice as they did not answer the volunteers' calls.

Online survey

An online survey was set up to ascertain the experience of people trying to contact their GP practice. Invitations to participate were sent by email to members of the Healthwatch Havering Friends' Network, who were asked both he respond to the survey and to pass its details to their friends and family and ask them to respond too. 31 responses were received.

[2] Regulation 26 of the NHS (General Medical Services Contracts) Regulations, 2015 – see Appendix 4 following

Case studies

Members of Healthwatch and respondents to the online survey were asked to provide "cases studies" of individuals' experience of contacting their GP practice.

It is important to note that the online survey and case studies were limited in scope as this was not intended to be an in-depth review of the position but, rather, a snapshot of the position during May 2021.

Detailed reports of the outcomes of the three strands follow, and the raw data derived through the telephone contacts and the online survey are set out in Appendices 1 and 2; the case studies are set out (anonymously) in Appendix 3.

Telephone contacts

The first strand of the review was the telephone contact survey carried out by Healthwatch volunteers. Attempts were made to contact every GP practice in Havering and, when volunteers got through to reception, the volunteers asked for contact details of their Patient Participation Group and whether face-to-face consultations were available.

Time taken to respond

In some cases, volunteers were for some reason unable to make any contact with a practice, despite calling several times, often because the volunteer had no further time available for the exercise. Clearly, this review cannot therefore include data from those practices. One practice declined to cooperate with the exercise.

Of those that it was possible to contact:

- 19 answered the volunteer's first call, within an average time of about 5 minutes (actual waiting times varying between 1 minute and 50 minutes)
- 14 required two calls before contact could be made

- 8 required three or more calls before contact could be made
- In one case, the third call took 1 hour 35 minutes between the call being initiated and being answered.

Receptionists' attitude

It is important to acknowledge that the assessment of an individual's attitude during a telephone conversation is highly subjective – how a caller perceives the attitude of the person answering them will depend upon a range of psychological factors that vary constantly; equally, those answering face similar pressures – everyone can have "an off day"!

That said, all receptionists should receive at least basic training in how to answer a call politely and considerately.

It is pleasing to be able to record that most answers were considered to have been given in a business-like manner, if not friendly. No one answered rudely but three responses were given in a manner perceived to be brusque. However, as is demonstrated by the following section on Patient Participation Groups, not all those who answered were fully au fait with information that ought to be readily to hand.

Patient Participation Groups

All GP practices are obliged to set up a Patient Participation Group (PPG), to support it and to take heed of the views of its members – see Appendix 4 following.

It is disturbing to report that only 8 receptionists at the practices contacted were able to provide contact details for their PPG chairman. In two further cases, the Practice Manager (not the receptionist who answered the call) advised that a new PPG was being set up while in one case no chairman was currently in place.

In 19 cases, the person who answered the call was unable to give the details. Of them:

- One referred the caller to the CCG for the details
- One suggested emailing the practice for the information
- In four cases, the receptionist did not know the details but promised to call back with them – but not one did so
- In six cases, the receptionist did not know but suggested that the Practice Manager would know – unfortunately, the Practice Manager was not available at the time of the call
- In two cases, the receptionist did not know but suggested the caller speak to the senior partner (who was not available at the time of the call)
- In two cases, the receptionist did not know the contact details and offered no further assistance
- In one case, the receptionist refused to provide the contact details
- In one case, the receptionist declined to provide the contact details "on grounds of confidentiality"
- In one case, the receptionist said that a PPG was available but did not know the contact details

Given that having a PPG is a contractual obligation, one would have expected that front-line staff on reception would know about it and have ready access to the contact details of the Chairman of the PPG. After all, how can patients who have an interest in joining the PPG do so without being able to contact someone to make known that interest?

Face-to face consultations

Other than for very routine matters such as repeat prescriptions, most patients at least prefer, and in many cases are only comfortable with, a face-to-face consultation with a healthcare professional. Many people will only be comfortable with seeing a doctor, not out of disrespect to other professions or mistrust but because they perceive that only a doctor has the training and background to diagnose the huge range of medical conditions

that are referred to general practice. Nurses and paramedics are generally highly respected, but they do not have the cachet that attaches to a medical practitioner.

Thus, most patients expect to be seen by a doctor.

In the early stages of the pandemic, it was accepted that there was no alternative to remote consultations, however unsatisfactory from the patients' point of view. But as the pandemic has gradually receded, the perception has changed, and patients now expect to be able to have face-to-face consultations and are disappointed to find they are still not available.

That said, given the pressures on general practice that were building up on general practice long before the pandemic took hold, and the inevitable constraints caused by the pandemic, it is not unreasonable for some form of pre-consultation triaging to be in place.

Volunteers were therefore asked to enquire whether the practices contacted were offering face-to-face consultations:

- In 18 cases, consultations were available after telephone triage
- In two cases, consultations were available without triage
- In four cases, it appeared that consultations were not available – seemingly under any circumstances and with no indication of when they might become available

Online survey

To ascertain the views of patients, an online survey was set up. It was accepted that, in the time available and given the limited means of making the survey known, the responses would not necessarily be typical of the whole body of patients. Nonetheless, it was considered that those limitations did not preclude the use of the data from the survey for the purposes of this report.

The survey data shows that most respondents had a telephone consultation (70%); 23% had an online consultation and 7% went straight to the practice. Most were seen at the practice; only a few were referred to the Emergency Department (ED) at a hospital (7%) or a specialist community service (19%) and I person was referred to another GP practice.

29% were able to see a GP, while 16% saw a nurse or midwife and 6% saw another healthcare professional (HCP) such as a physiotherapist or a podiatrist. 48% of respondents were unable, however, to see any HCP.

The majority (75%) of respondents were able to get the help they needed but 14% contacted NHS111 and were referred on by them, 4% went to the ED, another 4% went to a walk-in centre and 4% called 999 for an ambulance.

The waiting time between asking for an appointment and attending for it was varied:

Fewer than three days:	35%
More than two days but less than a week:	17%
More than one week but less than two:	3%
More than two weeks but less than three:	10%
More than three weeks:	17%

The respondents' comments to Question 7 of the survey reveal frustrations:

- GP not seeing patients – all appointments over the phone
- I had a surgery appointment for a skin lesion after a photo and telephone appointment, but it started bleeding and 111 changed to a sooner one by their algorithm.
- I waited for an hour and a half but had 17 people in the queue although I had rung at exactly 8am and continually used the call back. After being told there were no appointments, I was given an emergency GP appointment that afternoon as I was desperately in need of care

- There are no appointments for Hand Clinic unless re- referred by GP as urgent. But takes nearly one month to get phone appointment with GP to explain problem of no ordinary choose and book appointments. Unknown to me until I tried to book Hand Clinic so another month elapses
- I had to force the issue to be seen face to face

Case studies

The case studies reflect the varying experiences of those who contacted us: of the thirteen cases recorded, only one was positive; the remainder were negative to a greater or lesser extent. In some, the frustration felt by the patient is obvious; in others, the situation is clearly accepted with resignation as "to be expected". In one case, the intervention of Healthwatch with the CCG appears to have led to its resolution albeit after an unacceptably long wait.

Most of the people who feature in the case studies are in a clinically vulnerable group and include several who have recently experienced serious health issues. Yet they have had to participate in what amounts to a lottery to obtain medical care from their GP practice.

The case studies highlight the difficulty of contacting GP practices, especially by telephone. In too many cases, there is a race at around 8am to obtain an appointment for the day of calling, with those unlucky being asked to call again, sometimes later in the day, more often "tomorrow". Case study 13 also demonstrates how attempts to obtain an MRI scan be thwarted by the need to be seen by a GP even where other GPs strongly recommend that one is needed.

Conclusions

It is important to preface these conclusions with an acknowledgment of the extraordinary lengths that some practices went to during the pandemic both to maintain some semblance of service for their patients while complying with the Government's restrictions on everyday life and the imperative to "Protect the NHS".

Accessing GPs – what is "the offer"?

While the significant disruption to the normal operation of general practice in the initial stages of the Covid pandemic was accepted by patients as an inevitable consequence of the situation at that time, the extensive inability of patients to have what they regard as satisfactory interaction with their GP practice over a year after the first pandemic lockdown began is leading to extensive frustration and desperation, and may even in some cases be dangerous, if not in some extreme instances life threatening, as serious illness goes undetected and undiagnosed.

"It's about understanding the offer in general – it has changed quite a bit from where we were doing traditional face-to-face across the whole system and having crowded rooms – but there is something about understanding the public offer. It does not just include primary care, it includes hospitals, it includes social care, it includes everything. A lot of it has moved to digital and I think there is a lot of confusion in the system. We need to do a collective effort across the whole of North East London so that patients understand what the offer is and how they can access healthcare in general and the wider system."

Dr Jagan John, Chair, North East London CCG, speaking at the Outer North East London Joint Health Overview & Scrutiny Committee on 15 June 2021

If there is truly to be a "new offer" of services from general practice, as Dr John has suggested, much more needs to be done not only to ensure that patients are fully aware of the new "offer" but are persuaded of its benefits to them personally. In particular, the problems of getting through by telephone must be addressed – the survey has shown that many patients experience considerable frustration in establishing contact (often waiting for a considerable time, only to be told that they are unable to have the appointment they believe they are entitled to).

Remote consultations and digital exclusion

Moreover, there is an assumption that patients are comfortable with remote consultations and competent in using their smartphone and other devices to assist the GP in coming to a diagnosis.

That is a false assumption.

In addition to the fact that not all mobile phones are smartphones, mere possession of such a device does not mean that the owner knows how to use it to best effect – one of the case studies in Appendix 3 (case 1) describes how a patient was unable to provide a photograph requested by the GP until her son visited her a week later, adding to delays in diagnosis that had already occurred.

Moreover, even competent smartphone users often experience difficulties in downloading and using the apps essential to making the "new offer" referred to by Dr John work for them. Although not directly relevant, considerable difficulty was experienced in the early stages of the pandemic to set up the NHS Test & Trace app – it was eventually set up but took much longer to do so than was expected originally and its form was much different to the original proposal. Setting up an app is not always as straightforward as it should be.

It is also possible that some of the problems experienced by vulnerable adults could give rise to safeguarding implications.

But irrespective of that, it is easy to overlook that there remain – and will always be – patients who are "digitally excluded", who have no access to smartphones or other forms of IT and/or cannot access the internet and for whom effective non-IT based solutions must be found and maintained.

Patient Participation Groups

It is disappointing to have to report that understanding of Patient Participation Groups (PPGs) is relatively low. GP practices are obliged by contract to establish PPGs, but the survey suggests that front line staff in practices generally do not have a good understanding of what a PPG and how it can be contacted.

This must be addressed, since the feedback that PPGs give to practices is essential to the practices' development.

Recommendations

No one underestimates the problems of delivering general practice during the past 15 months of a world-wide pandemic. Particularly when Covid first struck, difficulties were inevitable as the whole of society had to adjust to a situation never before experienced. But, as time passed and the need for restrictions gradually eased and life adjusted to the essential changes, some practices made their own adjustments to move to a service offering patients face-to face appointments, while others have continued to work remotely. Despite Dr John's reference to a "new offer", there is a wide range of views within general practice as to exactly what GPs should be doing for their patients.

These recommendations are intended to suggest ways forward for GPs that would provide patients with a service much as they desire.

1. Surgeries should review the operation of their telephone answering systems. The evidence suggests that patients often must wait for lengthy periods before being answered and even get cut off when they have held on for an answer for a time.

2. The 8am race to get an appointment must be replaced by a more equitable approach. Appointment booking should not be offered on a "first come, first served" basis since that can lead to patients in urgent need of assistance being rejected. Not only is there a risk of delayed diagnosis and treatment, but it is also incredibly stressful for patients who are unwell to have an almost mad rush at 7.59am to wait for sometimes up to 3 hours for an answer, then be told they must do the same the next day.

3. Patients should be given the option to book appointments in advance (at least three weeks ahead).

4. Patients who are digitally excluded must be identified and alternative means of assisting them identified and employed.

5. It is essential that all front-line staff be trained about the PPG and be able to provide patients and others with contact details for the Chairman (or other nominated contact) so that those interested in PPG participation can make the necessary contact without hindrance.

6. Where a backlog of appointments has arisen, additional surgery sessions be arranged to clear it.

7. Explore whether GPs practising at GP Hubs, walk in clinics and EDs can be empowered to authorise scans or other diagnostic tests rather than refer the patient back to their own practice.

8. Ensure that practice websites are kept fully up to date with comprehensive advice for patients.

It should be noted that, if problems with appointment systems could be addressed, it is probable that a significant number of patients would no longer feel the need to attend the ED for treatment better delivered locally.

Moreover, the PPG if effectively used, could be helpful and, for example, help to identify patients who are digitally excluded.

Online resources are available to GPs with advice on making their websites available – see https://www.firstpracticemanagement.co.uk/blog/2020-blog-posts/the-importance-of-a-professional-compliant-gp-practice-website/ and https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-55-opening-hours

Appendix 1

Telephone calls - raw data

Number of practices called:	43
Number of practices contacted:	41
Number of practices declining to respond:	1
Number of calls answered after one call:	20
Number of calls answered after two calls:	13
Number of calls answered after three or more calls:	8

Attitude of receptionist:

Very friendly =	11
Friendly =	10
Business-like =	8
Brusque =	3
Rude =	0

Are details of PPG Chairman available:

Yes =	9 (including 1 chair currently vacant)
No =	21
No reply =	13

Are face-to-face appointments available:

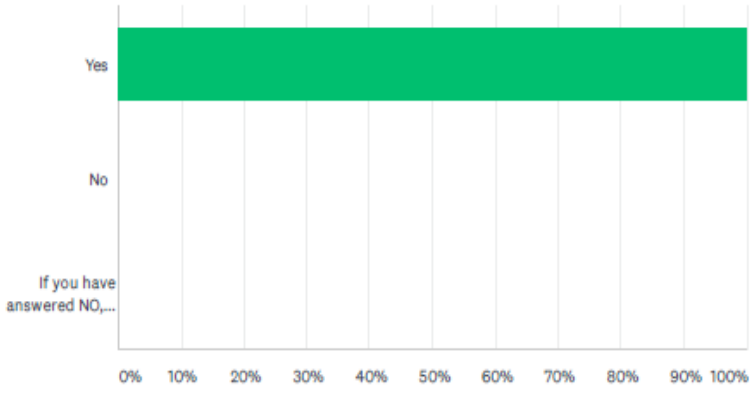
Yes (no triage) =	11
Yes (after triage) =	17
No =	4
No reply =	11

Appendix 2

Online survey and response – raw data

Q1 Have you contacted your GP practice since March 2020?

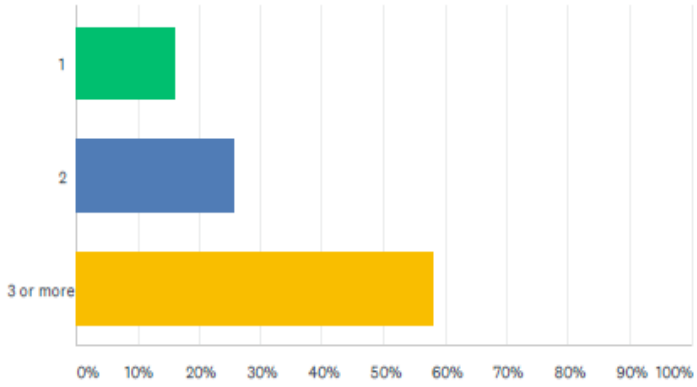
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	31
No	0.00%	0
If you have answered NO, thanks for your interest. You may close the survey now.	0.00%	0
Total Respondents: 31		

Q2 How many times have you contacted the practice?

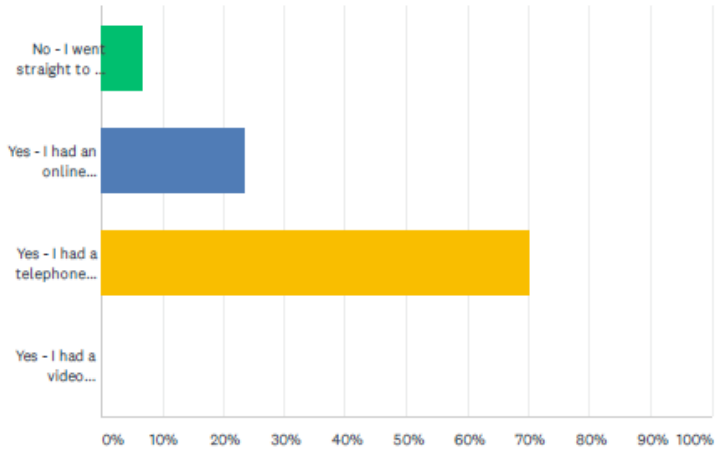
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	16.13%	5
2	25.81%	8
3 or more	58.06%	18
TOTAL		31

Q3 Were you given an online, telephone or video consultation (triage) first?

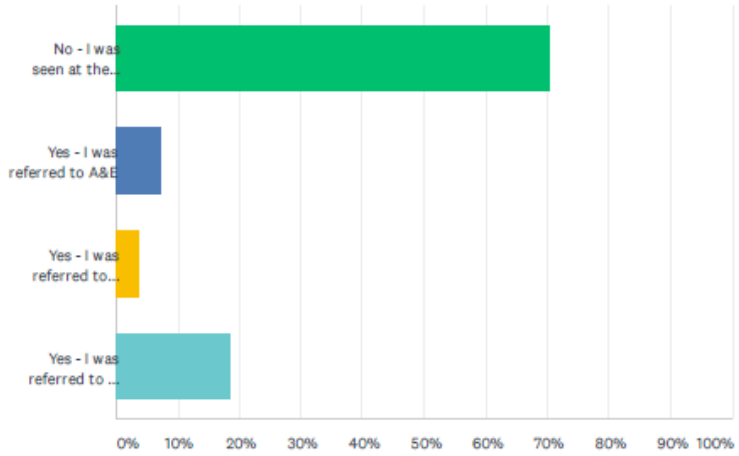
Answered: 30 Skipped: 1



ANSWER CHOICES	RESPONSES	
No - I went straight to the practice	6.67%	2
Yes - I had an online consultation	23.33%	7
Yes - I had a telephone consultation	70.00%	21
Yes - I had a video consultation	0.00%	0
TOTAL		30

Q4 Were you referred elsewhere, eg to A&E or another practice?

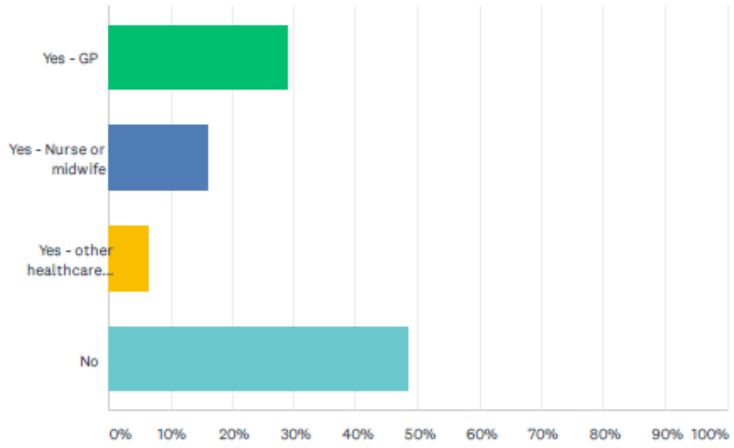
Answered: 27 Skipped: 4



ANSWER CHOICES	RESPONSES	
No - I was seen at the practice	70.37%	19
Yes - I was referred to A&E	7.41%	2
Yes - I was referred to another GP practice	3.70%	1
Yes - I was referred to a specialist community service	18.52%	5
TOTAL		27

Q5 Were you able to see a healthcare professional as a result?

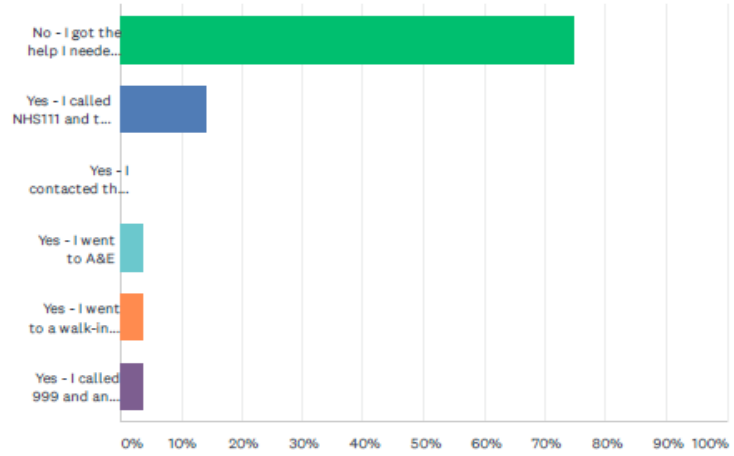
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes - GP	29.03%	9
Yes - Nurse or midwife	16.13%	5
Yes - other healthcare professional (e.g. physiotherapist or podiatrist)	6.45%	2
No	48.39%	15
TOTAL		31

Q6 Did you contact another primary healthcare service instead of your GP?

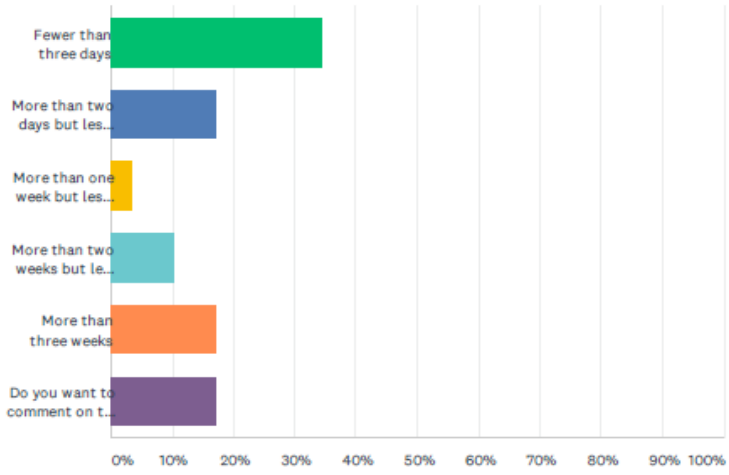
Answered: 28 Skipped: 3



ANSWER CHOICES	RESPONSES	
No - I got the help I needed from my GP	75.00%	21
Yes - I called NHS111 and they referred me to help	14.29%	4
Yes - I contacted the out of hours GP service and saw a GP at home	0.00%	0
Yes - I went to A&E	3.57%	1
Yes - I went to a walk-in centre (Polyclinic)	3.57%	1
Yes - I called 999 and an ambulance took me to hospital	3.57%	1
TOTAL		28

Q7 How long did you have to wait between asking for an appointment and seeing someone?

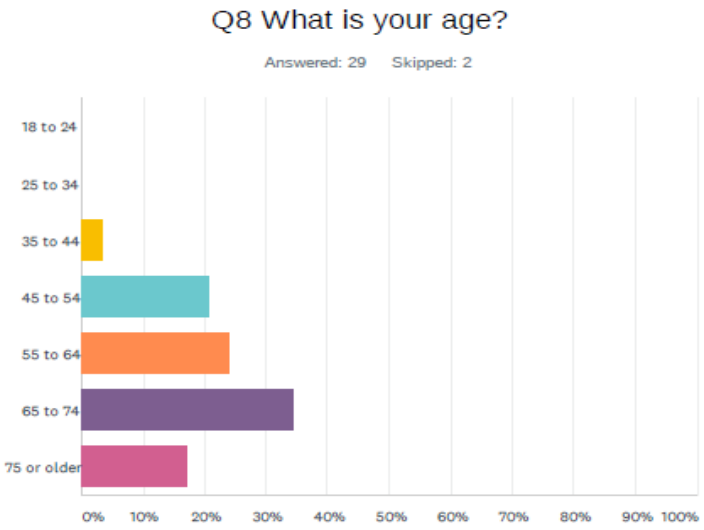
Answered: 29 Skipped: 2



ANSWER CHOICES	RESPONSES	
Fewer than three days	34.48%	10
More than two days but less than a week	17.24%	5
More than one week but less than two	3.45%	1
More than two weeks but less than three	10.34%	3
More than three weeks	17.24%	5
Do you want to comment on the waiting time?	17.24%	5
TOTAL		29

Respondents' comments to this question

- GP not seeing patients – all appointments over the phone
- I had a surgery appointment for a skin lesion after a photo and telephone appointment, but it started bleeding and 111 changed to a sooner one by their algorithm.
- I waited for an hour and a half but had 17 people in the queue although I had rung at exactly 8am and continually used the call back. After being told there were no appointments, I was given an emergency GP appointment that afternoon as I was desperately in need of care.
- There are no appointments for Hand Clinic unless re- referred by GP as urgent. But takes nearly one month to get phone appointment with GP to explain problem of no ordinary choose and book appointments. Unknown to me until I tried to book Hand Clinic so another month elapses
- I had to force the issue to be seen face to face



ANSWER CHOICES	RESPONSES	
18 to 24	0.00%	0
25 to 34	0.00%	0
35 to 44	3.45%	1
45 to 54	20.69%	6
55 to 64	24.14%	7
65 to 74	34.48%	10
75 or older	17.24%	5
TOTAL		29

Other demographics

23 (79%) respondents identified as female and 6 (20%) as male; 2 declined to indicate their identity.

26 (90%) identified as white British, 2 (7%) as Asian/Asian British and 1 as being of another ethnicity.

Appendix 3

The case studies

The following case studies are taken from comments emailed to Healthwatch by individuals raising complaints or making a comment. The words used are those of the individuals concerned, edited only to provide a common format, to correct typographical errors, to maintain individuals' anonymity and to redact the names of GP practices and pharmacies. All the individuals whose comments are used have consented to the publication of their comments.

1 A woman aged 87, who was widowed in 2020. During that time, she fell and cracked her hip, didn't have a chance to recuperate properly and her mobility is now very compromised.

During Covid she developed purple blotchy patches on her legs which spread to her feet. The skin is also very dry and scaly. When a chiropodist visited on she said she thought a GP should look at the problem because it may be circulatory.

The woman phoned the surgery and was given a telephone appointment for 2 weeks' time. At that appointment she was asked to take a photograph of the patches and send it to the surgery – she has neither the know how or equipment to do that. A week later her son visited, took a photo, and posted it to the surgery. 10 days elapsed before the receptionist phoned and said the GP was prescribing compression stockings which would be delivered from a local pharmacy. She is still waiting, although I doubt she will be able to get them on and off when they arrive. She lives alone with no care package. So, 6 weeks have elapsed with no treatment at all.

Note: Healthwatch reported this case to the North East London CCG, which ensured that the patient was seen and dealt with, although it took more time to achieve that outcome.

2 A woman aged 86 who has had rheumatoid arthritis (RA) since she was 24 and has undergone a number of operations over the years on various joints. She also has severe macular degeneration (MD) which means she does not go out unaccompanied in case she trips over. She is very crippled, in constant pain from the RA, has to have carers twice a day to dress and undress her. A carer also takes her for regular eye injections for the MD. She has the support of her daughter and son as well for practical things.

She had developed nodules on the bones of her feet just behind the toes and, as doctors are very reluctant to deal with this surgically, she had special shoes made via her consultant. Because the shoes were unsatisfactory, she had to go the local clinic recently accompanied by her daughter who lives some distance away. The nurse at the clinic tried to force the shoes on but failed, so ordered some new ones. The nurse told her she should go back to her GP but as they didn't have an appointment, she went to the Polyclinic, where she was told that they would have

two and a half hours to wait but could go home for lunch and come back. Having done that, they returned to found they had a further two and a half hours to wait: at that point they gave up, as the daughter needed to go back to her home because her husband was himself seriously unwell. The woman's daughter had spent all day with her mother but achieved nothing, and the woman still had no shoes to go to hospital to keep appointments.

3 A woman who is now 90 who had had a recurrent bout of cystitis and was due to have a cataract operation at the end of May.

Her son visited her and took a water sample to the surgery the week prior to the operation's date. The receptionist at the surgery told him that no GPs were on duty so no-one could deal with the sample. It should be noted that there is a total complement of 5 or 6 GPs at the practice in question. The woman and her son then went to the Polyclinic, arriving at 11.30am (they described the waiting area "as a playground with children running around"). They eventually saw a very nice doctor and nurse who prescribed an antibiotic. She is now at home self-isolating before her operation. They got home at 4.00pm - that was a long four and a half hour wait for a 90-year-old who was in pain.

4 An elderly woman (age unknown) rang the number given her by the GP receptionist for the vascular clinic.

She had to press a number of buttons but eventually a person did answer, a young man who could not give her an appointment but said she would either get a letter or a call for a phone consultation.

5 A woman in her 70s received notice from her GP in April for an appointment a month later in May at DMC Community Dermatology BHR, Westland Medical Centre at 1.25 pm

She then received a text message advising that the appointment would be a remote telephone consultation on same date as previously notified and asking for clear photographs to be sent.

The woman waited a while to send the photograph, by which time the link had expired. She managed to contact the practice to ask for a new link to be sent but was then informed that the appointment would be face-to-face as originally advised by letter and that the texts had been sent by mistake.

Shortly before the due date, the woman received a new text confirming the face-to-face appointment.

Had she sent the photograph requested in the first text, she would have had no idea of change of appt and would not have attended, thereby missing the appointment. They would not have phoned me either!

6 We had reason to contact the surgery for my husband 3 times.

On each occasion, the call was answered within a few minutes, and we were advised that someone would ring back within a stated time - and this happened.

The first time, he had a telephone call from the Clinical Nurse Specialist who issued a prescription for antibiotics.

The second time, a GP responded and arranged a home visit as there were no more slots available at the surgery on the same day.

The third time we did not contact the surgery until after 10.00am and he was advised that a GP would visit and, although the visiting GP was attached to our surgery, we were advised by him that our request had been passed to the GP Hub. This was also a same day visit.

Based on this, we have absolutely no complaints!

7 I woke up with two large swellings in my neck back in September and, obviously very concerned, rang the surgery. The lumps were in the front of my neck, and I was concerned that, if they got any bigger, it would affect my breathing.

I was then asked to forward photographs and the receptionist promised that she would try [emphasis added] to get a doctor to look at them.

She gave me an email address, which turned out to be wrong, and despite numerous phone calls with her, they never did get my photographs. The wrong email address was on the website too!

I was not prepared to give up on this as I felt I needed to be seen face-to-face, because they could not sort out their emails.

Eventually, I forced the issue and got to see the practice nurse, who was not on site, as she pulled up in her car at 6pm my appointment time. This just turned out to be a waste of time. It was quite an upsetting episode as I was feeling really unwell.

The next morning, I took myself to the polyclinic, where the doctor called me in immediately because he was worried about my windpipe getting blocked.

He subsequently phoned the Maxillo-facial clinic at Queen's Hospital and referred me to them.

I am having my operation to remove a stone in my gland which has got bigger, in June. I am now waiting 9 days to speak to a GP again.

8 My next-door neighbour went for an asthma check up at the surgery. The nurse took her oxygen saturation level (sats), which was 81 (the norm is 97 and above). The practice called an ambulance even though she was having no trouble breathing. When the paramedic took a sats reading it was 97. How do you explain that one! That ambulance could have been used by someone else.

9 An 82-year-old disabled man reported as follows. "Yesterday my care assistant changed my compression stockings and noted pressure sores and fungal infection (despite regular use of appropriate medication). I am writing to speak to you from

experience. The earliest telephone consultation from my call today is at the end of June, which is a wait of 26 days.

I have consulted a pharmacist by telephone about my symptoms and her view is that I will need treatment with anti-biotics.

Primary care appointments are not available in a reasonable time. Fortunately, I have an alternative option to get professional medical examination before my foot infection is left to fester for 26 days. I am technology competent and would be able to email images of my condition if necessary. But there is no point in doing that for the reasons stated.

In early June, I have an earlier arranged appointment at the Tissue Viability Clinic. This is to measure me for replacement of my split lymphoedema compression stockings. Therefore, I will ask Tissue Viability Nurse to examine my pressure sores and microbiome fungal/viral/bacterial infection.

Otherwise, I would ring 111 to consult a GP.

Or, as Lloyds Pharmacy is providing treatment for atopic eczematous dermatitis, I would consult as a private patient.

My point is that as an 82-year-old patient disabled by bacterial meningitis this is not satisfactory."

> *Note: This information was provided in early June – at the time of finalising this report over a month late, and despite Healthwatch referring the case to the CCG, the issues remained unresolved, and the patient remained in great discomfort and distress*

10 This is a woman in her mid-70s, recently discharged from hospital following an extensive stay for treatment of a previously undiagnosed heart condition.

"I am so concerned at what is happening at my GP practice. I tried yesterday to call the surgery for an appointment but when I finally got through all the appointments had gone. I did get through a few weeks ago after 20 minutes, but I must have just been lucky on that particular day.

I tried again today at exactly 8am and the number was engaged until 8.20 and I was using call back the whole time. Then it clicked into the recorded Covid information which goes on for far too long and then all the music comes through. I held on until 8.40 then the call just cut out. I called back immediately, and it automatically came through that there were no more appointments left for today and to call back tomorrow. I held on for a bit to try and speak to someone to complain only to be told I was fourteenth in the queue. Obviously, there was no way I could hold on for that amount of time.

On the news a couple of weeks ago, they said that the Government had said the GPs had to offer face to face appointments, but this is obviously not happening. I am also so annoyed that the practice was really pushing for patients to register for online appointments, but we are not allowed to use this service now.

For myself, I do need to speak to a GP but what am I supposed to do? Who has hours to keep calling and then not getting anywhere? This situation is really getting out of hand.

I needed to speak to a GP as I have some side effects from one of the tablets, I am taking for my heart condition and when I read the leaflet it advised that I should speak to my GP if I experienced the symptoms I am concerned about.

There again, if I hadn't got through a month ago when I first had to go to A&E, I would have tried again the next day and so on as I didn't realise my symptoms were so serious."

11 This is a woman in her early 70s, who has a serious heart and lung condition. She tried for 3 days last week to get an appointment at her GP. She rang again rang on Monday afternoon at 2.30pm and spent a long time hanging on. getting the usual Covid message and music; she was told there were 17 people in front of her. She called again on Tuesday morning at 8.30pm had exactly the same problem and, when the receptionist finally answered, was told there were no more appointments for that day but to ring back at 2.30pm (which would be useless yet again). She had to insist this time that she needed to speak to a doctor as she needed a referral (on the advice of Barts Hospital) and this time the receptionist said a doctor would call her the following day, Wednesday, after 1pm.

This is not the first time this had happened over the past few months, and she only calls for genuine health concerns. She has been complaining about the length of time she has been hanging on and not getting anywhere.

12 I tried to contact my doctor's practice yesterday and having waited for on the phone for 45 minutes on one occasion, giving up and then phoning several more times without any luck, I walked to the surgery to hand in a note asking the doctor to call me. When I arrived at the surgery, I explained the problems I had in trying to make contact and was told that the phones were ringing off the hook (although I didn't actually see anyone answering the phones).

I know that you have mentioned that you have received complaints like this from other residents. I am lucky that I can walk to the surgery if I am unable to get through as I know many people who can't. Even during the height of the pandemic, I could contact the surgery and it seems odd that following the CCG merger even the automated system itself has changed telling me to wait for the next "agent". I know a lot of people are now heading to A&E instead, which is the last thing hospitals need at the moment.

13 I just can't have any appointment with my GP!! They offer alternative appointments by calling a hub that refers us to an available GP but then the other doctor can't perform any investigation or tests.

I had a knee injury and the closest appointment I can get is after 3 weeks! I contacted the hub service and the GP I was referred to said that I need an MRI scan but he can't order it for me so I need to go back to my GP, who I can't see. The same result after the call is that the closest appointment is after 3 weeks!! I basically need to wait for 3 weeks for my GP to read a report by another GP and then order the MRI for me. Of course, then the

MRI needs 3 months to find an appointment and then it will take another 3 weeks to find an appointment with my GP so he or she (I really don't even know) can refer me to physiotherapy.

Same thing with my wife, who has been suffering from hives for more than 6 months now. She needs laboratory tests that were advised by our former GP. Same thing, she needs to wait for 3 weeks to see the GP in order to look at her file and then nod their head and order those lab tests!!

We are really always afraid to call the GP for any issue because we know that we will just be talking to the receptionist for 2 mins and then be advised that the next available appointment is after 3-4 weeks!! I really think that this GP practice really misunderstands the concept of a "gatekeeper" in healthcare!!

I have several friends who are doctors. They have said it is strange that I can't get an appointment with my GP for 3 weeks. So it looks like a problem with this specific practice. I called some clinics in the area and the receptionist said that their waiting time is around 2 weeks now. While in Hornchurch, they said you can usually get an appointment within 3 days. Also noting the working hours of this practice, they work 9-11 and 4-5:30 every day. I guess working for 3.5 hours a day is part of the problem for sure and can't help. In addition, the online hub works well that you can get an appointment usually the same day (even though the waiting time on the phone is around 1.5 hours to talk to the operator). However, the system won't allow the GP you're talking too to request any lab tests, x-ray, or any other investigation. Those must go through our own GP, which just doesn't make sense cause the reason why we are talking to another GP is because we can't get an appointment with the one we are registered with.

Also, there is no way to do anything about it. I tried the Hub as I explained, then tried a walk-in clinic, and then an A&E. All the doctors that saw me agreed that I need an MRI, but they can't request, and it should come from my GP, who I can't see!!

So, I agree with you that it is a general problem, and many practices are facing it. But the system also doesn't help to address it, neither the GP admin work, cause if I have been seen by another GP and he wrote some recommendations, then it should be only an admin process for my GP to order what investigations I need. [emphasis added]

Appendix 4

The obligation to maintain a PPG

The text of Regulation 26 of the NHS (General Medical Services Contracts) Regulations, 2015 reads as follows (© Crown copyright acknowledged) [emphasis added]:

26. (1) The contractor **must** establish and maintain a group known as a "Patient Participation Group" comprising some of its registered patients for the purposes of—

(a) obtaining the views of patients who have attended the contractor's practice about the services delivered by the contractor; and

(b) enabling the contractor to obtain feedback from its registered patients about those services.

(2) The contractor is not required to establish a Patient Participation Group if such a group has already been established by the contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act (exercise of functions) before 1st April 2015.

(3) The contractor **must** make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.

(4) The contractor **must**—

(a) **engage with its Patient Participation Group**, at such frequent intervals throughout the financial year as the contractor must agree with that Group, with a view to obtaining feedback from the contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the contractor; and

(b) **review any feedback received about the services delivered by the contractor**, whether by virtue of sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.

(5) The contractor **must** make reasonable efforts **to implement such improvements** to the services delivered by the contractor **as are agreed between the contractor and its Patient Participation Group**.

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
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383

Registered Office:
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email **enquiries@healthwatchhavering.co.uk**

Website: www.healthwatchhavering.co.uk

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North East London July 2021

healthwatch

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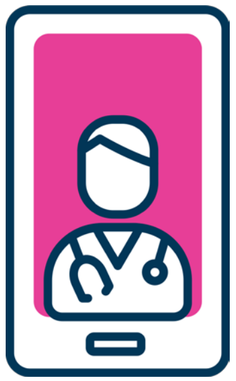


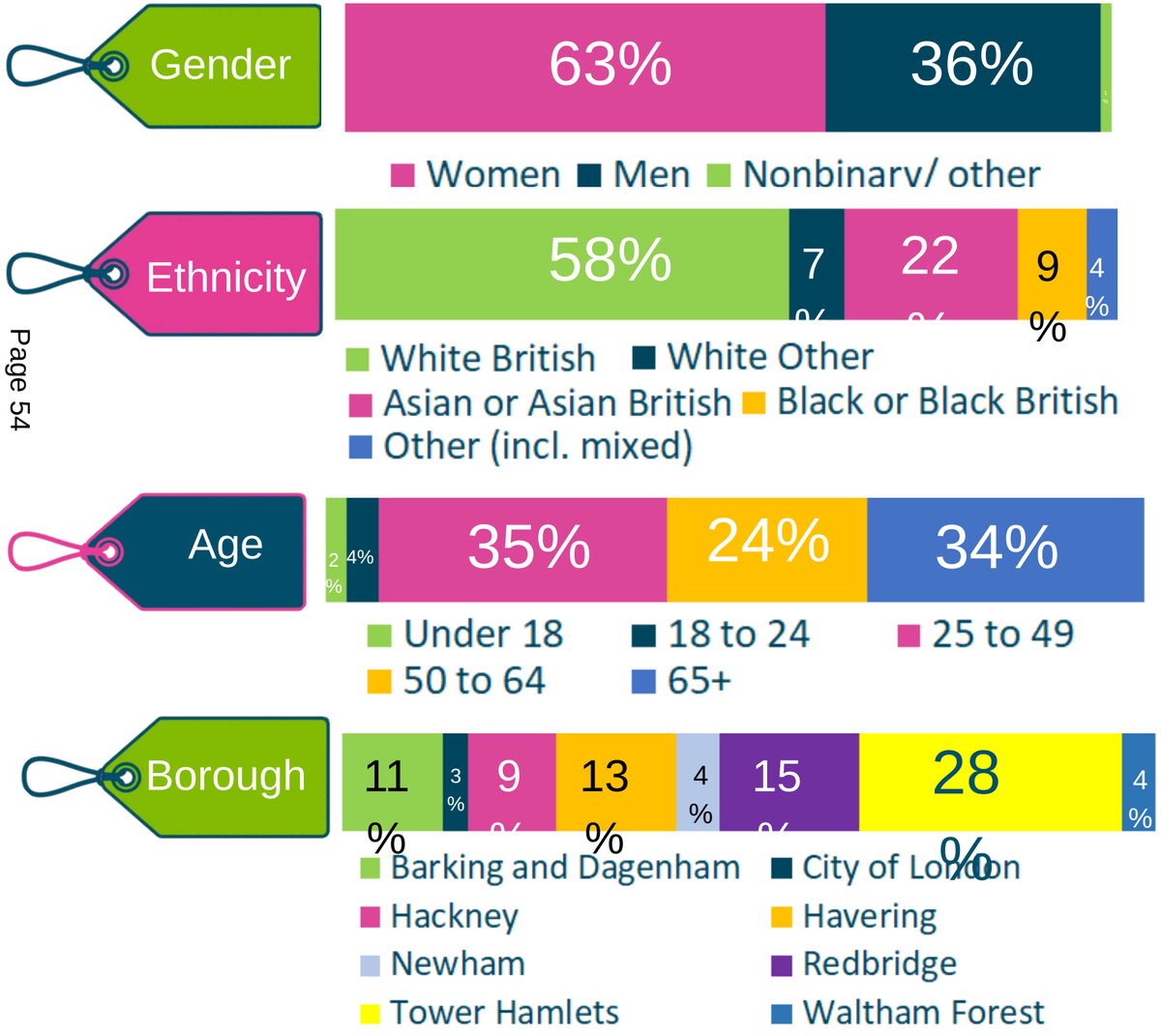
Voices of disabled residents

Summary

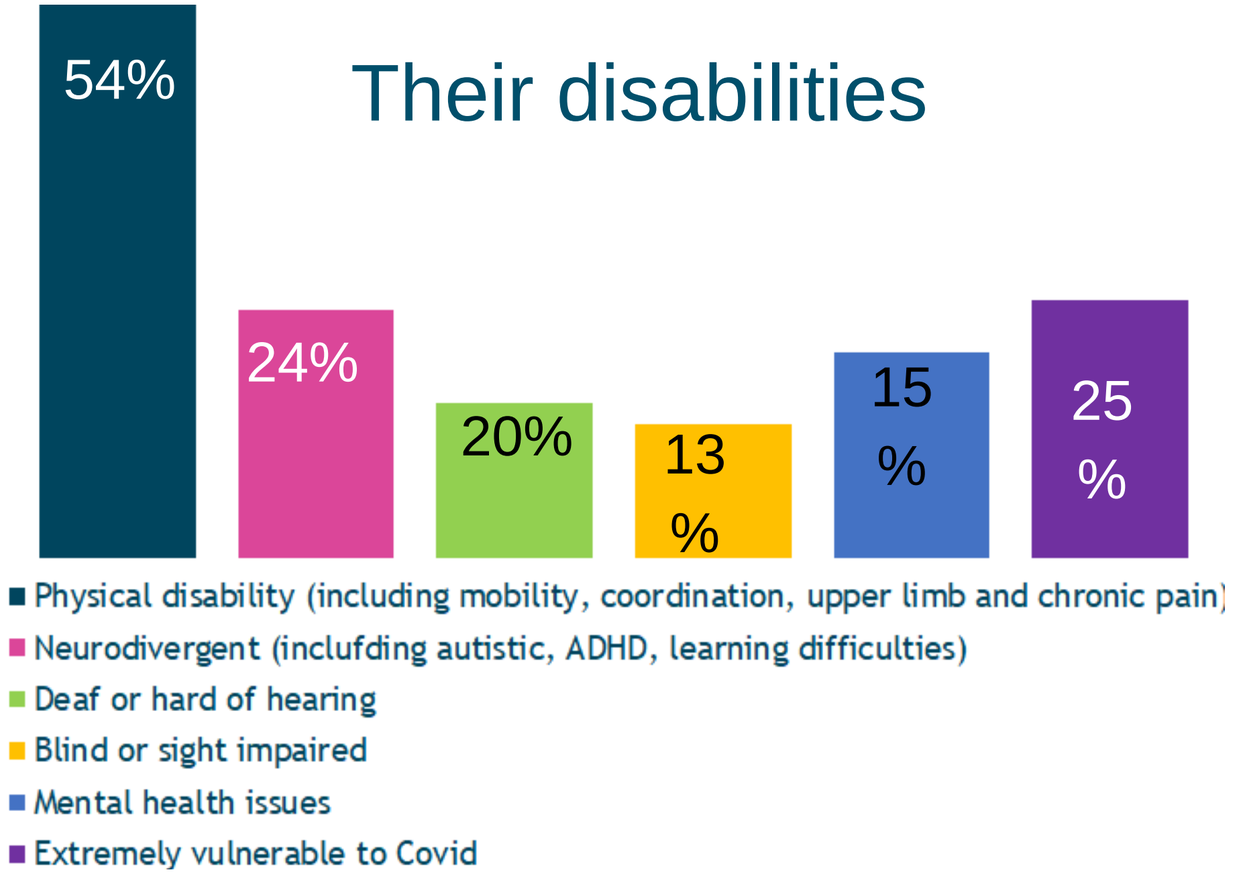
healthwatch

Who we engaged

We carried out a survey 580 residents who were disabled or living with a serious long-term conditions



Their disabilities



What we learned

Communication & information

No "one size fits all" solution

41%
used the internet to stay informed about Covid.

32%
were digitally excluded

15%
preferred information that does not involve the written word.

Strategies that work well:

Clear, straightforward online and email information is useful for younger people, those who are economically active and for some autistic people; but less accessible for those with learning disabilities and from ethnic minorities (especially Black) communities.

Easyread materials featuring graphic illustrations, large fonts and strong contrasts are useful not just for users with learning disabilities, but also for people with some sight impairments or neurological disorders, and for those who are not fluent in English, including Deaf BSL speakers.

An easyread front page containing essential information could be added by default to all letters sent by the NHS or Government regarding health and social care.

Information which is not in writing could entail online videos, podcasts, radio broadcasts as well as outreach by telephone or in person. It would be more accessible to those who are sight impaired, have learning disabilities or who prefer oral communication for cultural reasons.

What we learned

Communication & information

No "one size fits all" solution

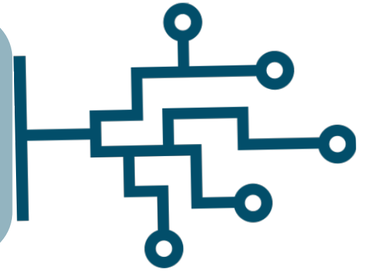
GPs could play a crucial role in disseminating information.

- They are already seen by most patients as a trusted authority when it comes to health and social care information.
- Through patient records, they have (or could obtain) specific information on each person's communication needs

Personalised outreach can make information more accessible

Collecting and recording data on each person's specific communication needs and offering different options (such as contact by phone, text or online video sent by email) would empower health and social care professionals to contact them in the way they prefer to be contacted, and to ensure accessibility.

Disabled people could communicate their contact preferences ONCE, through GP surgeries; and through integrated care systems these would be used across the NHS



What we learned

Access to health & care services

53%
experienced disruption in their healthcare or social care.

Services experiencing the most cancellations:

- Hospital outpatients
- Community services (such as chiropody or physiotherapy)
- Day centres

People most affected by disruptions in healthcare/ social care are also the most vulnerable:

- People with more severe disabilities (unable to work or leave home, in need of personal care).
- People with learning disabilities.
- People living with chronic pain.
- People aged under 65, particularly children under 18.
- People from BAME backgrounds
- Digitally excluded people

Covid-19 related disruptions have created a backlog of untreated cases in non-urgent healthcare; especially affecting secondary and specialist care.

To manage this backlog we need a fair and transparent prioritisation system.

- Prioritise issues that would be likely to worsen and become more resource-intensive to treat if not addressed promptly.
- Work with primary care providers, social care providers and community services to offer temporary alternatives, including pain management, occupational therapy, reablement care and social prescribing.
- Communicate transparently about waiting lists; update patients regularly on the time they have to wait and how they can manage in the meantime; offer reassurance that it is safe to wait.
- Consider de-centralising some hospital-based services to community healthcare hubs.

What we learned

Access to health & care services

Some Covid-19 safety measures can make clinical spaces less accessible to disabled people.

For example, the requirement to wear a mask and ring the door before entering can be challenging for people with hearing impairments who need to lip-read.

Most respondents experienced telephone or online consultations:

More online and telephone consultations can be beneficial for some, such as those who cannot easily travel because of constraints in their physical or mental health; but are not accessible to all. Those with sensory impairments, learning disabilities or a language barrier are the most likely to struggle.

Investment in both telephone infrastructure and online access pays off in the long run:

While telemedicine is not suitable for/ accessible to everyone, a responsive telephone and e-consult system, free of technical errors and adequately staffed, can offer a good service to those who do benefit from it, and free up capacity for those who do not.

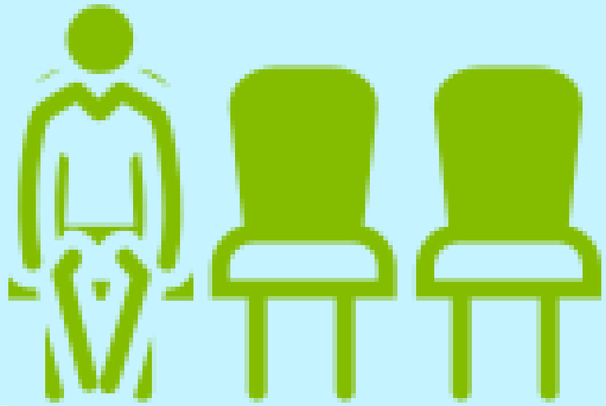
What next

Questions for the health and care system

Meeting accessible standards

- Can we enable a system where a patient/user can choose their communication preferences (e.g BSL, Easyread, online/not online) once and then those preferences can be shared across the health and care system if people wish?
- Should we be co-designing tools for key impairment groups? People with learning disabilities seem to be the most effected, should we start with this group? If you can get things right for people with learning disabilities it will also help a wide range of other groups. How can we make it easier for people to contact us and communicate with us?

Delays in care



- How can we support people while they wait for treatment that has been delayed due to Covid?
- How can we make communication about waiting lists as transparent as possible?
- Can we improve the appointments process giving people?
    - as much advance notice as possible.
    - more regular updates on waiting times, where they are in the list and any changes.
    - a clearer point of contact within the service.
    - more information and support on how to manage their condition while they wait
- Can we build stronger links with community care particularly around mental health and long term care?
- What role can GPs, community services and the voluntary and community sector play re:pain management, mental health, occupational therapy, reablement care and social prescribing e.g supporting better mental health.

Telemedicine

What kind of investment would we need to improve telephone and online access? Is such investment available at the moment?

Our respondents

Living circumstances and wider context

- Respondents were diverse in terms of care needs and living circumstances, ability to work, leave the house and use online services.

42%
received personal care

73% from family members

34 from paid carers

%

17%
were working full-time or part-time

9%
were studying, jobseeking or volunteering

20 were unable to work because of their disability

30% were retired.

32% were digitally excluded

Impact of Covid

- Disruptions to health and social care were an issue for most respondents, but they disproportionately affected the most vulnerable and those with the more severe disabilities.
- Young people with disabilities were at risk of social isolation.

Most affected by disruptions in healthcare/ social care:

- People living with chronic pain
- People from BAME backgrounds
- People aged under 65, particularly children under 18.
- people with learning disabilities
- Digitally excluded people
- People with more severe disabilities (unable to work or leave home)

17% said they can no longer travel or engage in their hobbies

53% experienced disruption in their healthcare or social care.

12% became unable to see friends or loved ones

9% experienced poorer mental health

5% became less physically activ

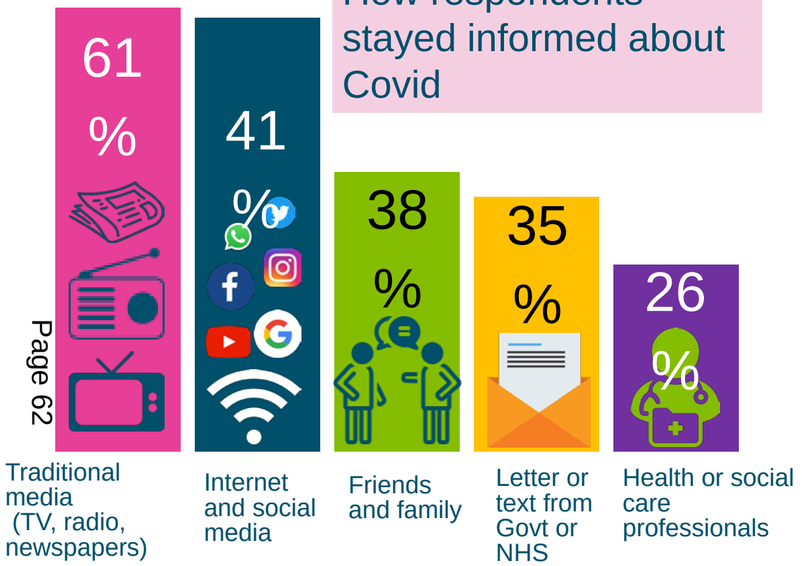
Most affected by social isolation:

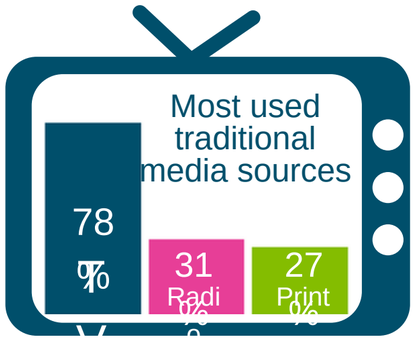
- People aged under 25
- People of White non-British ethnicities

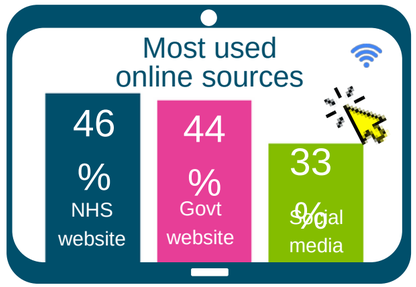
Staying informed

- Mass-media was the most popular source of information about Covid-19
- TV news, the NHS website and Gov.uk were trusted sources of information.
- People with learning disabilities or sight impairments may struggle with online and mass media .
- BAME respondents rely more on word of mouth and less on online sources for staying informed.

How respondents stayed informed about Covid







* as % of those who said they use the respective source

4% depended exclusively on friends and family for information. They were more likely to belong to these groups:

- Neurodivergent/LDs
- Sight impaired
- Women
- BAME, especially black ethnicities
- Digitally excluded

Most likely to use online sources

- Mental health-related disability
- White non-British ethnicities
- Aged under 65
- Economically active (worker or jobseeker)

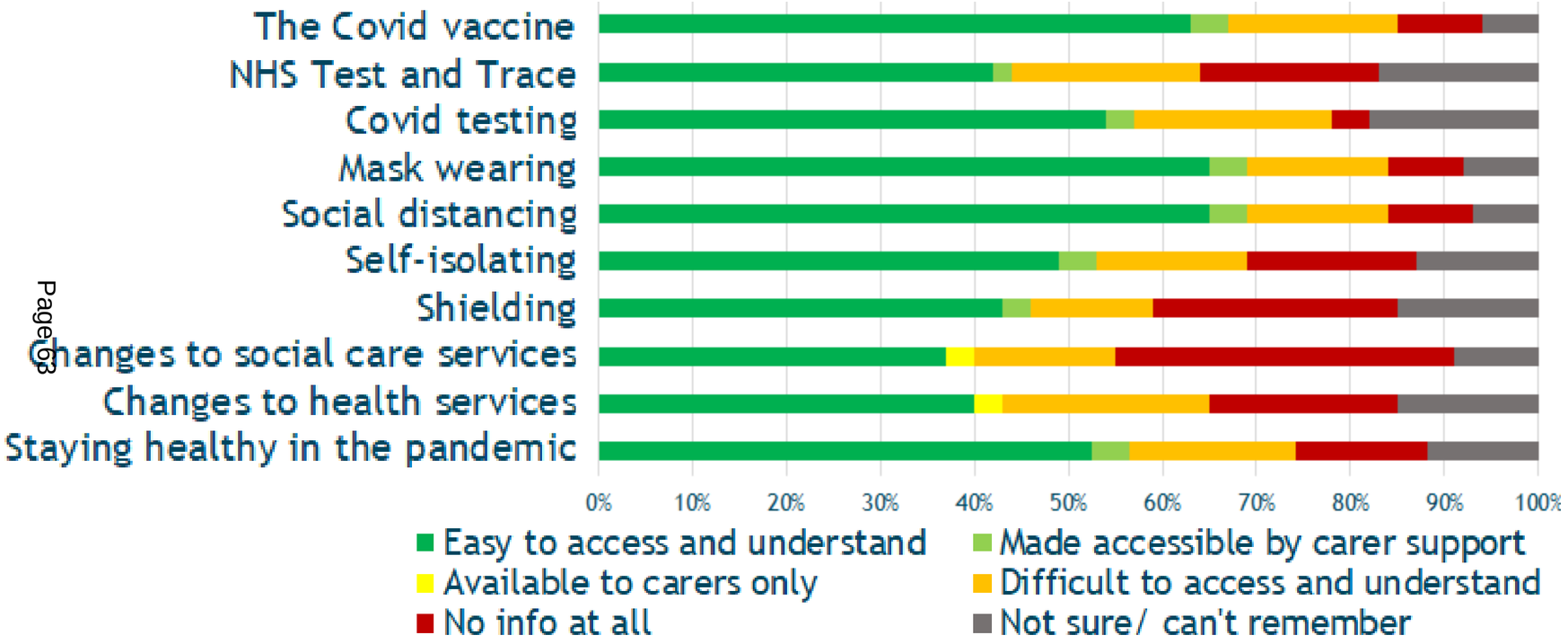
Least likely to use online sources

- Neurodivergent/ learning disability
- Blind or sight impaired
- Severely disabled (requires personal care, rarely leaves home)
- Black ethnicities
- Aged over 65

Staying informed

- Respondents felt quite well-informed about the Covid vaccine, social distancing and mask-wearing, but poorly informed about changes to their social care and about NHS Test and Trace.
- Respondents who were autistic, living with learning disablilities or with sensory impairments were less likely to find accessible information.

Information about Covid-related topics



Most likely to find accessible information:

- Those in work or education.
- Those aged 25 to 64.
- Those living with a partner or children.

Least likely to find accessible information:

- Autistic respondents.
- Respondents with learning disabilities.
- Respondents with sensory impairments.
- Digitally excluded respondents.
- Those who only had info from friends and family.

11% found the font in printed materials too small

8% found the language too complicated

14% felt there was too much information

14% felt there was not enough information

Accessible information

- There is no 'one size fits all' solution for communicating with disabled people on topics such as their health services in the pandemic and Covid vaccination.
- Information presented simply, with clear explanations, is accessible to more people.
- Written materials can be made more accessible with large print and plain formatting; however, some may do better with information that is not in written English.

24% of respondents expressed a need for information to be presented in plain, jargon-free language with simple explanations.

15% expressed a need for written materials to be formatted in a disabled-friendly way (large print, plain background, no unnecessary embellishments)

15 preferred to receive information in formats that did not involve the written word (such as by telephone, video call or in person)

%

Information which is NOT in writing may be more accessible to:

Those with sight impairments;

Deaf people who use British Sign Language;

People with learning disabilities;

41% of respondents with a sight impairment preferred info that was NOT written.

Accessible information

- Since different groups have different needs, it is necessary to have a bespoke, individualised approach that feels relevant to those targeted.
- Bespoke strategies should be formulated for reaching out to disabled people who are digitally excluded or unable to communicate.

Individualised Outreach

entails targeting and addressing certain groups of people specifically, including tailoring the message and presentation to their own needs.

Information sent directly or addressed specifically to the target audience is less likely to be ignored; though special consideration needs to be given to whether it is accessible and suitable.

I prefer to receive official communication from the government either via post addressed to me personally, or via an official email where there aren't too many links to click on to find the information.
(Havering resident)

My elderly, stroke survivor husband watches the news, but he doesn't see himself as vulnerable. If the doctor rings he gives it to me to deal with. He just doesn't really see the vulnerable as being him.
(Tower Hamlets resident)

The information that I receive needs to be relevant to me.
(Hackney resident)

Some people, like those with profound learning disabilities or advanced dementia, may not be able to understand information, therefore outreach should target THEIR CARERS.

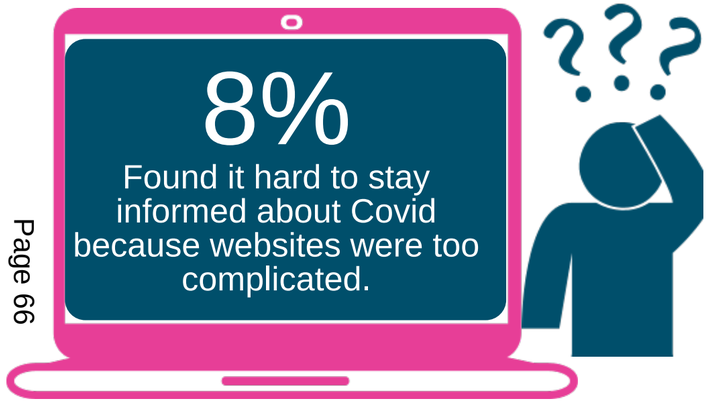
My father has dementia. You would need to pass information onto him via family and carers, and we would convey to him. We would like to be mailed and emailed the information.

(Barking and Dagenham resident)

Accessible information

Online communication

- Online information should be simple, easy to read, free of clutter and optimised for smartphone access.
- Communication should not excessively rely on online information, as many disabled people, particularly the elderly, those with cognitive and sight impairments are likely to experience bariers to accessing online services.



32% of all respondents were digitally excluded.

38% of neurodivergent respondents were digitally excluded.

52% of sight impaired respondents were digita excluded.

58% of respondents aged 65+ were digitally excluded.

> Messages should be sent electronically by text and email and include clickable links for easy access on a mobile phone. (Tower Hamlets resident)

> Do not use two columns on an iPhone and ensure text is at a reasonable size (not necessarily to be large as standard, just not small) (Havering resident)

> I've received an email from the council- but those who are digitally excluded must have missed out on information. These people will only be informed by their families and sometimes the information is very minimal. (Tower Hamlets resident)

> Send me information at home as a leaflet, that way people who can't go outside or go on the internet can access it and not miss anything. (Tower Hamlets resident)

> Some people don't have smartphones for Test and Trace- this should be made easier for them. (Tower Hamlets resident)

> Easier access via a smartphone. Too much information is available only as a PDF which is best viewable on a much larger screen (Havering resident)

Accessible information

People with sight impairments

- Written text should be in large print, with bold fonts, constrasting colours and avoiding unnecessary clutter.
- Alternatives to written information (such as audio/video, contact by telephone or in person) should be considered for those who cannot read.

People with sight impairments may not always be able to read written text; providing information in other formats, such as audio or video, may be more accessible for some of them.

For those who are able to read, the use of large print, bold fonts and contrasting colours (such as black lettering on white background) can help.

Online resources should consider compatibility with adaptive software such as screen readers.

41% of respondents with a sight impairment said they would like to receive information in formats other than written text.

41% of respondents with a sight impairment said they would like to receive written information in large text, with accessibe formatting.

> There should be more use of telephone access for enquiries, as people wish to speak to a person. Being vision impaired, websites and social media platforms are not easy to access and use. Older people have enough to deal with with their sight loss and don't want a battle to find information. (Havering resident)

> The accessible information standard is not being applied in many health settings. Despite filling a form in at my GP surgery they had no record of my preferred format and kept sending me letters which I cannot read. (Havering resident)

> I received info by phone from Healthwatch Hackney and it was critically helpful. (Hackney resident)

> Health professionals should have the various degrees of visual impairment their patients have highlighted so they are aware when contacted. (Tower Hamlets resident)

Accessible information

Easyread materials may be more accessible to native speakers of British Sign Language than standard text; simple, accessible formatting is better for those who experience both sight and hearing loss.

People with hearing impairments

- Subtitling informative videos can make them more accessible to people with hearing impairments; but it is important to make them large and easily legible, as some people with hearing impairments are also sight-impaired.
- Written text is accessible for those who experienced hearing loss or who are partially impaired, but may be less so for native speakers of BSL.

16% of respondents with a hearing impairment also had a sight impairment.

11% of respondents with a hearing impairment said they found it harder to access the information they needed because the language used was too complicated.

6% of respondents with a hearing impairment said they found it harder to access the information they needed because it was not available in BSL.

9% of respondents with a hearing impairment said they found it harder to access the information they needed because it was not subtitled.

> There should be information posted to residents who have disabilities, in large writing and easy to digest.
>
> (Tower Hamlets resident)

> Plain language, and videos being subtitled and signed would help me a lot.
>
> (Newham resident)

> Face coverings make it harder for me to understand people. You don't know how much you rely in reading lips until you cannot see them, if there is background noise it's impossible - try listening to someone with your head in a bucket of water and the person wearing a mask - that is what it sounds like.
>
> (Havering resident)

> Health briefings should be subtitled, and Relay UK should be used when talking to doctors. I'd like to receive leaflets through the door.
>
> (Redbridge resident)

Accessible information

Neurodivergent,& people with learning disabilities

- Easyread materials, featuring visuals and simple explanations using plain, jargon-free language may help neurodivergent respondents stay informed.
- The written language is not a suitable medium for all; some respondents would be better able to understand information presented visually or in a face to face conversation

Easyread materials

combining images, basic explanations in plain language and simple formatting may be more accessible than standard text.

15% of neurodivergent respondents said they found it harder to stay informed about Covid because they found the language too complicated.

59% of neurodivergent respondents said they would like the informative materials they receive to contain images and illustrations

30% of neurodivergent respondents said they would like to receive infomation in plain language, with easy to understand explanations

30% of neurodivergent respondents said they would like to receive information in formats other than written text.

> Use social stories or videos suitable for younger people and children who have communication difficulties.
>
> (Barking and Dagenham resident, parent of child with learning difficulties)

> Easy Read is not difficult to produce and I need it in these situations. (Tower Hamlets resident)

> Someone visiting the sheltered accommodation staff members could give information and explain to residents. It is difficult when someone has dementia and we as a family are trying to support, but lodge has restrictions.
>
> (Redbridge resident, family of adult with dementia)

> Information could be provided in an audio format as well as a written document. For example a podcast.
>
> (Barking and Dagenham resident)

> Speak to the general public with clearer information and language rather than changing/ chopping advice constantly Easy to read visuals are easy - with good colour schemes and accessible information. TfL posters and promotions are eye-catching and effective but could do with updating e.g. relating to the vaccine
>
> (City of London resident)

Accessible information

Black, Asian and Minoirty Ethnic communities

Written materials in a variety of languages may be helpful to some BAME respondents, but wider cultural considerents may need to be taken into account; such as the fact that people with more oral cultures may be more responsive to direct outreach and multimedia materials than to written information.

BAME respondents were more likely to prefer information that is not in writing.

7% of respondents of non-White ethnicities said they would need ro receive information in languages other than English.

3% of respondents of White non-British ethnicities said they would need ro receive information in languages other than English.

> Voice recording or perhaps some form of taping of news from like BBC Somalia or something similar. When we were back home we did shared information over the radio so maybe something similar to that.
>
> (Tower Hamlets resident, Somali)

> It's easier for me when it's a diagram rather than words or even when someone is talking at me, I miss stuff or my mind wanders. If they had a visual version it would have been easier
>
> (Tower Hamlets resident, Bangladeshi)

> I prefer telephonic communication in my native language so I can understand.
>
> (Tower Hamlets resident, Bangladeshi)

> Make informative materials much shorter and simpler. with colourful pictures, sketches, cartoons and regular cheerful prompts, videos and voice messages.
>
> (Newham resident, Malay)

> Doctors should explain things clearly, step by step.
>
> (Tower Hamlets resident, Black African)

Covid vaccine

- Most respondents are willing to be vaccinated, and prefer to receive information from their GP.
- Vaccine hesitancy in the BAME community can be tackled by addressing myths and rumours circulating.
- A small number of respondents living with long-term conditions feel that they are not receiving sufficient information specific to their circumstances.

85% intend to have the Covid vaccine or have had it already

66% of those who intend to have the vaccine would prefer to be informed by their GP

Some respondents living with long-term conditions expressed a desire for more specific information relating to their specific cirumstances.

I have no doubts about the safety of the vaccine, but I know that I am Immunosuppressed and I am susceptible to catching infections, so I am unsure if the vaccine will work effectively, and I have not been able to ascertain the information about M.E and the Covid vaccine, and if any particular vaccine will be more efficacious.

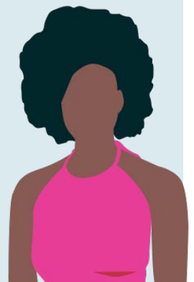
(Tower Hamlets resident, diagnosed with ME/CFS)

I'm waiting from a call from my MS nurse to be 100%clear that I can have it; she OK'd this and I am ready to take it.

(Tower Hamlets resident, diagnosed with Multiple Sclerosis)

Respondents most likely to be vaccine hesitant:

- Only received info about Covid from friends and family.
- Felt poorly informed about Covid-related topics.
- Were neurodivergent.
- Were of Black ethnicities.



A lot of people of BAME heritage are very reluctant to take the vaccine as they've been exposed to many conspiracy theories.

(Hackney resident, Black African)

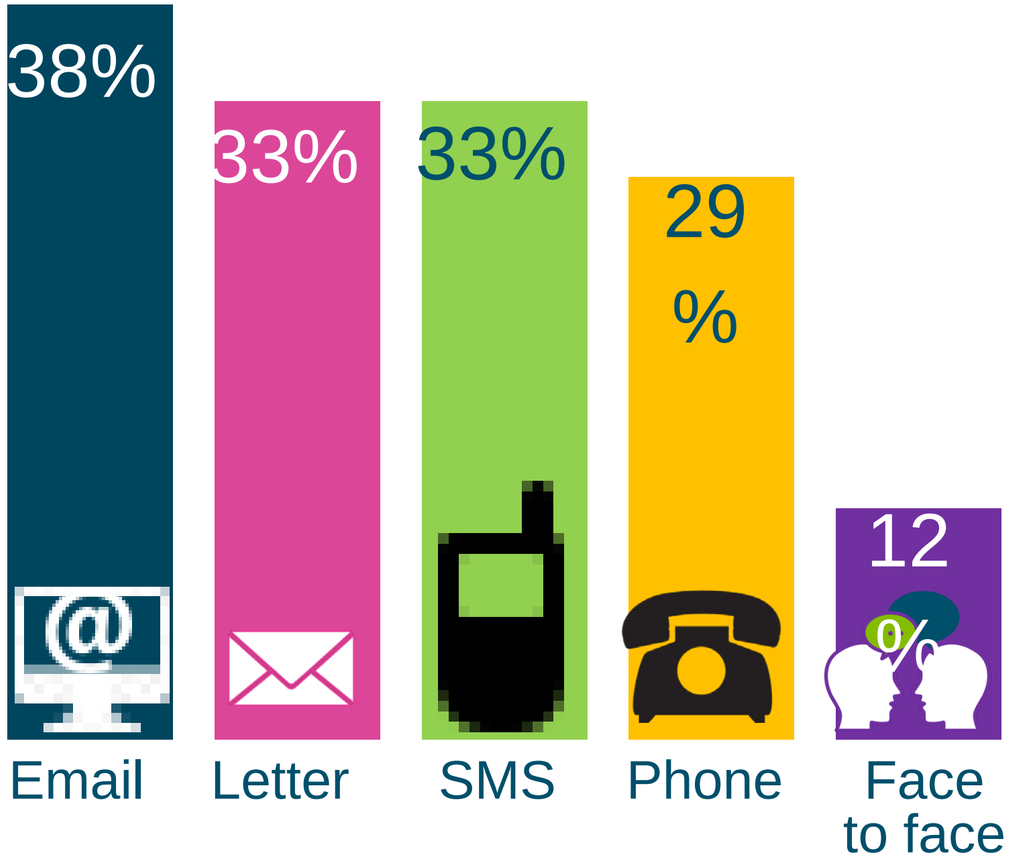
The BAME community have the lowest take up rates this needs to be addressed The wider issue is equal access for all to health services the perception is that this community believes it does not have equal access The outcomes for them are also poorer.

(Redbridge resident, Asian British)

Covid vaccine

Many prefer to be contacted via email, text or letter. However, written info is not accessible to all; some groups such as those who are sight impaired, Deaf or neurodivergent could benefit from alternative methods of communication.

How respondents prefer to be contacted about the vaccine



Not a "One size fits all" approach

12 % would prefer to only be contacted verbally, via phone or face to face, without written text.

54 % of respondents with sight impairments preferred to be contacted by phone

Covid vaccine

Not a "One size fits all" approach

Email was preferred by:

- Autistic respondents;
- Respondents with hearing impairments;
- Respondents who were shielding;
- Respondents who were economically active.

Email was less popular for:

- Respondents with learning disabilities;
- Respondents with sight impairments;
- BAME respondents, particularly Black ethnicities;
- Respondents aged under 24 or over 65.

SMS was preferred by:

- Respondents with mental health issues;
- Respondents of White non-British ethnicities;
- Women.

SMS was less popular for:

- Respondents with sight impairments;
- Respondents aged under 18 or over 65;
- Respondents of Asian ethnicities.

Phone was preferred by:

- Responding with sight impairments;
- Respondents with learning dissabilities;
- Respondents who are shielding;
- Respondents who are digitally excluded;
- Respondents aged 65+.
- Respondents of ethnicities other than White British

Phone was less popular for:

- Autistic respondents;
- Respondents with mental health issues;
- Respondents aged 18 to 24.

Letter was preferred by:

- Respondents aged 25 to 49;
- White British respondents.

Letter was less popular for:

- Autistic respondents;
- Respondents with sight impairments.

Face to face was preferred by:

- Respondents with learning disabilities;
- Respondents with sight impairments;
- Respondents of Asian ethnicities;
- Respondents of White non-British ethnicities.

Face to face was less popular for:

- Autistic respondents;
- Respondents with hearing impairments;

Covid vaccine

- Accomodation needs to be made for wheelchair users, as well as for those who cannot stand for too long.
- Access to toilets is essential for people with some long-term conditions.
- People need to be able to get to vaccination centres easily; helpful measures include keeping them local and near public transport, providing parking and a transport service.

Measures to make vaccination sites accessible for people with physical disabilities

Ensure wheelchair accessibility, including ramps and lifts.

Provide access to toilets, including for wheelchair users.

Provide seating for people who cannot stand for long.
Ideally, this could include reclining or lying down.

Provide parking and a free or cheap transport service.
Ensure locations are easily accessible by public transport.

Ensure everyone has access to vaccination in their local area.
(For example, through their GP surgery)

Offer vaccination at home for those who cannot leave it easily.
(For example, through district nurses or carers)

> Excel didn't have toilets on same level, this is a problem especially if you have a long journey from home (we don't all have cars).
>
> (Tower Hamlets resident, walking stick user)

> Ensure there are enough vaccination sites, so that they are near to home and that they are well managed when one gets there.
> I thought all of this was good as site was near to my home and well managed, and friendly.
>
> (Tower Hamlets resident with asthma)

> Make sure if they haven't got a car they can use something like hospital transport and the place is wheelchair accessible, with lifts if it is on a different floor.
>
> (Tower Hamlets resident with chronic pain)

> Any disabled person should be vaccinated at home in my view. Going out into the community was senseless when people have shielded for several months.
>
> (Barking and Dagenham resident, carer)

> See if we can access the site without having to wait outside or stand; this was a huge issue for me. I'm unable to walk properly and stand caused more intense pain.
>
> (Tower Hamlets resident with severe arthritis)

Covid vaccine

- Communication (including signage and direct contact with vaccination centre staff) must be accessible to people with sight and hearing impairments, as well as learning disabilities. Training staff in guiding and communicating with people with various types of needs can help in this respect.
- People who are anxious or sensitive to sensory overload could benefoi from booking specific "quiet" slots.

Measures to make vaccination sites accessible for people with sensory and learning disabilities

Signage and other communications on-site need to be accessible for those with visual and hearing impairments, or learning disabilities.
(Example: plain language, contrasting large print, Braille)

Provide vaccination centre staff with disability awareness training, including communication strategies for different disabilities.

Provide vaccination centre staff with training on supporting people who are experiencing anxiety or fear of the needle.

Avoid loud noises, bright lights and other sensory overload. Consider offering "quiet slots" for those who need them.

Avoid overcrowding and long waiting times.

Allow a degree of flexibility in rescheduling.

> I'd like to have specified times per week where you can use check in machines so you don't need to speak to anyone until you see vaccinator person. No bright lights, no screaming children, as quiet as possible, phones on silent in waiting areas, no pressure to make eye contact with anyone. Easy access to toilets. I'd like to have an Autism-friendly time range and book my appointment during that slot. There should be people trained to help severely anxious people.
>
> (Tower Hamlets resident, autistic)

> Just don't be mean to me when I don't immediately 'get' what I'm supposed to be doing or feel panicky because there are too many people or I don't know where you're pointing to. (Tower Hamlets resident, autistic)

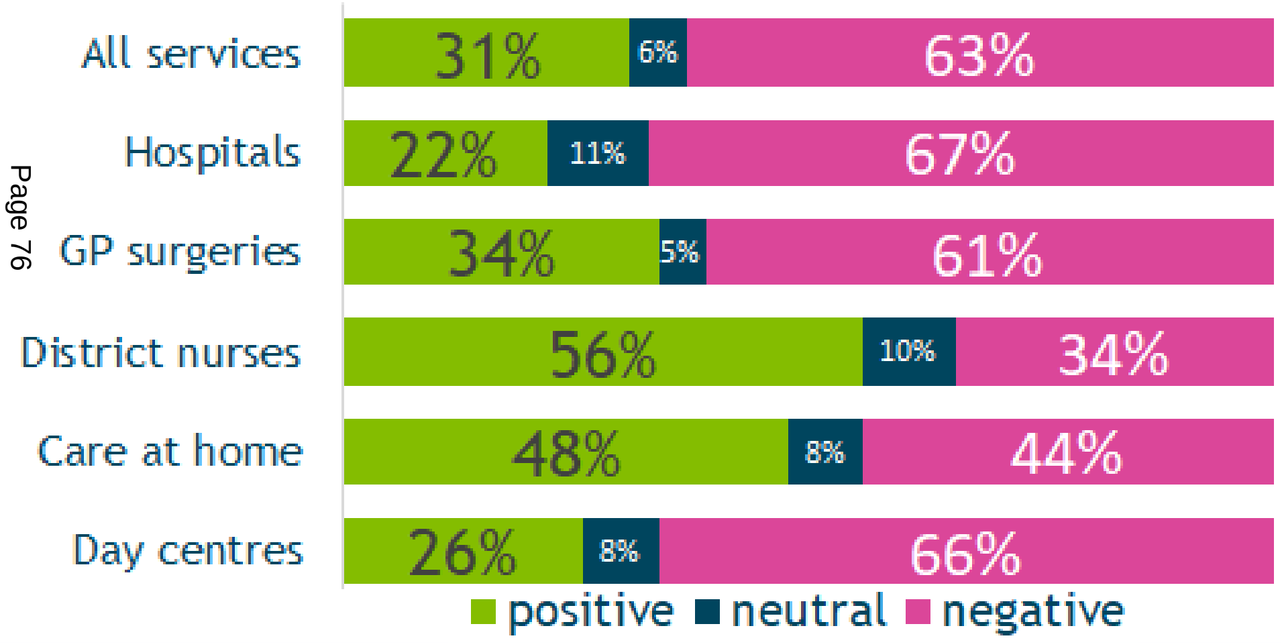
> I would need to have a BSL interpreter or BSL access via iPad/ mobile.
>
> (Tower Hamlets resident, Deaf)

> Brightly displayed signs and volunteers on-site to guide people.
>
> (Tower Hamlets resident, sight impaired)

Health & Care services

- Disruptions in health and social care services have affected people's experience with health and social care services.
- People with hearing impairments and children under 18 had the most negative experience with health and social care services.

Overall, disabled people's experience of health and social care services leaned negative.



Most positive experience

- Young adults (18 to 24)
- People with sight impairments

Most negative experience

- Children (under 18)
- People with hearing impairments

- Disruptions to routine hospital-based procedures, hospital outpatients and provision of day centre services impacted patient experience.
- Those who received healthcare or personal care in their own homes had positive or mixed experiences with it.

Health & Care services

- Disruptions in health and social care services have been particularly hard on the most vulnerable respondents: those with more severe disabilities, those from BAME communities and digitally excluded.
- Hospital outpatient services, community services (such as chiropody and physiotherapy) and day centres have been the most affected by cancellations.

53%

of respondents experienced disruption in their healthcare or social care.

People most affected by disruptions in healthcare/ social care:

- People with more severe disabilities (unable to work or leave home, in need of personal care).
- People with learning disabilities.
- People living with chronic pain.
- People aged under 65, particularly children under 18.
- People from BAME backgrounds
- Digitally excluded people

Services experiencing the most cancellations:

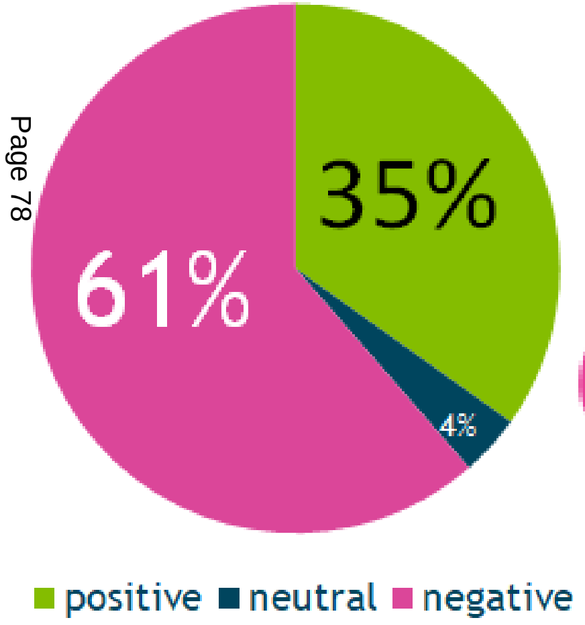
- Hospital outpatients
- Community services (such as chiropody or physiotherapy)
- Day centres

Health & Care services

GP surgeries

- GP practices have adapted to dispense and prescribe medicine efficiently during the Covid-19 pandemic
- In some cases, Covid protection measures may make practices less accessible.

Overall opinion of GP surgeries



What works well

- Medication is handled efficiently.
- Quality of treatment is good.
- Doctors are kind and compassionate.

What needs improvement

- Not all GP practices are accessible.
- Online systems are not always functional.
- Practices are difficult to contact by phone.
- Communication with doctors is poor.
- People wait too long for appointments.

"I have been able to talk to my GP over the phone and not had any problems getting my medication. Going forward I would like to see the telephone service stay the same as I have found it to be very convenient.

(Hackney resident with lupus)

I was Covid positive and was hospitalised for 10 days and was on Oxygen for 10 days. My GP was very supportive.

(Tower Hamlets resident with chronic respiratory issues)

The amount of people seeing a GP lessened during the pandemic and so the doctors were more accessible. The service became more personable.

(Tower Hamlets resident with mental health issues)

I cannot hear without lip-reading, and now my GP has to wear mask and I have to use the intercom to get through a locked door; this is difficult for me.

(Redbridge resident, partly deaf)

I have found the GP appointments have been ok just via video call. But information from surgery staff has been inconsistent. Have been asked to call and book my flu jab several times although have had it in last 6 months.

(Newham resident with asthma)

Don't like online consultation and telephone consultation: hard to explain things that are not visible. Prefer to see the doctor/ nurse: they can see what the problem is.

(Tower Hamlets resident, autistic)

The nurses from the surgery have been pulled away to carry out delivery of vaccines elsewhere, therefore I can't get an appointment for my usual regular injections.

(Redbridge resident, carer)"

Health & Care services

GP surgeries- remote service

- Most of those who used GP services had telephone consulatations.
- Repeat prescription requests were the most widely use online service.

Out of the 430 respondents who used GP services...

25% used e-consult forms.

23% had an online consultation.

80% had a telephone consultation.

19% booked an appointment online.

37% ordered repeat prescriptions online.

Upsides

I had a consultation over the phone at home, so I had my daughter explain to me what the doctor was saying and ask questions, I felt much more comfortable, I prefer it like this.
(Tower Hamlets resident, fibromyalgia)

The telephone appointments seemed a good option for me, but I've been couple of times to the practice as well for routine blood tests etc. I've booked them through the app Patients Access, but I was using the system before and nothing particularly has changed.
(Newham resident, autistic with anxiety disorder)

The phone and zoom consultations have worked well for me and not having to go traipsing down to the practice is a time saver whilst getting the right care.
(Barking and Dagenham resident, diabetes)

Downsides

My GP does phone calls only- I had to beg to be seen face to face, there are things you just can't do in a phone call.
(Tower Hamlets resident, fibromyalgia)

My GP surgey don't answer their phone and I can't access the internet. I have to get someone to go on website and do online consultation.
(Tower Hamlets resident, multiple chronic conditions)

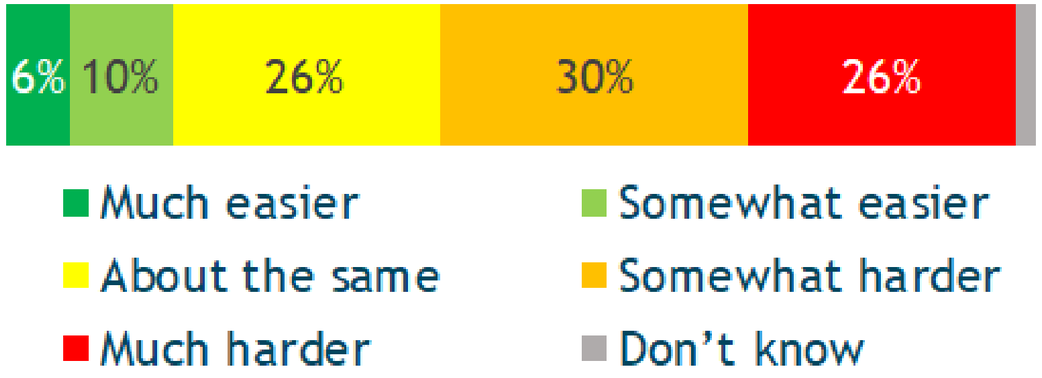
Trying to make an appointment online no longer exists. They need to make this happen. Long forms and telephone calls to make an appointment is crazy.
(Barking and Dagenham resident, cerebral palsy)

Health & Care services

Access to GP surgeries

- Most respondents found it harder than before to book GP appointments.
- In some cases, Covid protection measures may make practices less accessible.

Do you find it easier or harder to book GP appointments now?



When I contacted my GP surgery regarding getting a vaccination locally where I know the area, they were very unhelpful. I had received my letter inviting me for a vaccination, but I was made to feel that I was not important and that I was jumping the queue. This could be improved by having staff with some understanding of the difficulties people like myself have.

(Havering resident, partly blind)

Who had the hardest time getting GP care?

- People with sight impairments;
- People with hearing impairments;
- People with mental health issues;
- People of Asian ethnicities;
- People aged 50 to 64.

Getting the care I need from my GP is much harder now. Harder to have them on the phone. Harder to schedule appointments. A lot of appointments moved to remote calls, but then when that isn't sufficient there are delays in being seen face to face, which means delays in care. I'm having to schedule my routine appointments myself rather than having the surgery call me to schedule them. Repeat medication needs to be requested every month rather than automatically renewing. I'd rather not see any of those continue.

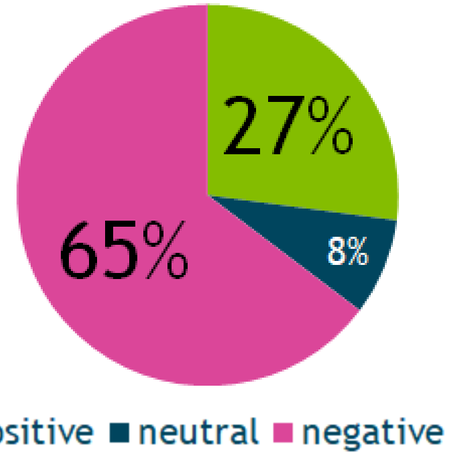
(Tower Hamlets resident with severe IBS)

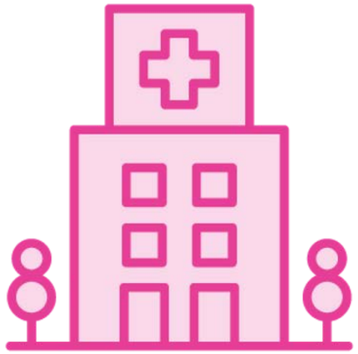
Health & Care services

Hospital services

- Hospitals are praised for the quality of the treatment they offer and the attitude of medical staff. Those who received treatment as inpatients for Covid in particular report a good experience.
- Long waiting lists and cancellations impact upon patients' access to care.
- Remote service provision makes communication with doctors harder for some patients.

Overall opinion of hospital services





What works well

- Quality of treatment is good.
- Doctors and nurses are kind and compassionate.
- Those hospitalised with Covid report a good experience.

What needs improvement

- Cancellation to routine procedures and appointments impact patient experience.
- People wait too long to be seen.
- Communication with doctors is poor.

I found hospital services easier to access, but this is just because I'm a cancer patient.
(Tower Hamlets resident, deafblind cancer patient)

I was scared to be admitted to the hospital because of Covid. But I seen they took a high standard on health and safety and hygiene issue. I am really happy about their service.
(Tower Hamlets resident with heart disease)

Very good service, and caring; even though I was affected by cancellations a great deal.
(Barking and Dagenham resident, learning disability)

I don't understand a lot on the phone. but the doctor won't see me face to face so I can explain my health better.
(City of London resident, learning disability)

I have had no reply whatsoever from the Audiology Department to a message I left some weeks ago.
(Waltham Forest resident, sight and hearing impairment)

Because of pandemic most of appointments I have are cancelled until this summer. This affected me a great deal.
(Tower Hamlets resident, immunosuppressed)

Health & Care services

Hospital outpatients- remote service

- Three quarters of those who used hospital services had telephone consulatations.
- Phone appointments can be more convenient for some, but they pose accessibility challenges and not everything can be done remotely.

Out of the 298 respondents who used hospital services...

18% had an online consultation.

74% had a telephone consultation.

8% booked an appointment online.

Upsides

Online appointments through video calls means avoiding the commute which can cause me anxiety. It also means if the consultant is late I don't just waste time sitting in the waiting room. As they call me on a video app on my phone I don't miss appointments even if I've forgotten about them.

(Tower Hamlets resident with mental health issues)

When I was recovering from surgery, still getting test results and making decisions about chemo, doing that over the phone was incredibly difficult. At times I wish I could easily see a nurse in the breast clinic to ask about side effects and have them check physical symptoms. On the positive side, phone consultations can be a lot more convenient than travelling and waiting for inevitably delayed meetings.

(Newham resident, cancer survivor)

Downsides

My consultant was aware of my deafness but still contacted me via TELEPHONE on the day of my appointment (was only notified of switch to telephone a few days prior) - no consideration for Accessible Information Standards and no response to the email I had sent that morning to advise and explain the situation.

(Havering resident, Deaf BSL user)

Appointments are either being cancelled at the last minute, or changed to a telephone appointment; my mum, who is my carer, has to dal with it. Some appointment would be good to keep as telephone, but vagus nerve stimulation clinic and dental must be face to face. I was also referred to the Eye Clinic at Queen's Hospital, and my appointment was then changed to telephone, which was useless.

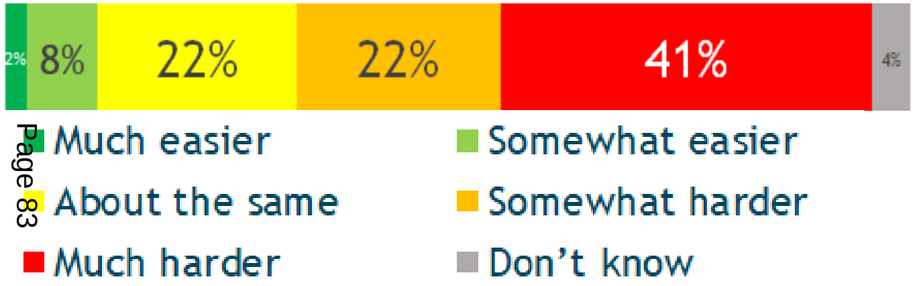
(Havering resident with cerebral palsyr)

Health & Care services

Access to hospital services

- Most respondents found it much harder than before to book hospital appointments, with many being affected by service cancellations and delays.
- Those who experienced cancellations felt unsupported, as most of them received no help in managing their health in the meantime.

Do you find it easier or harder to access hospital care now?



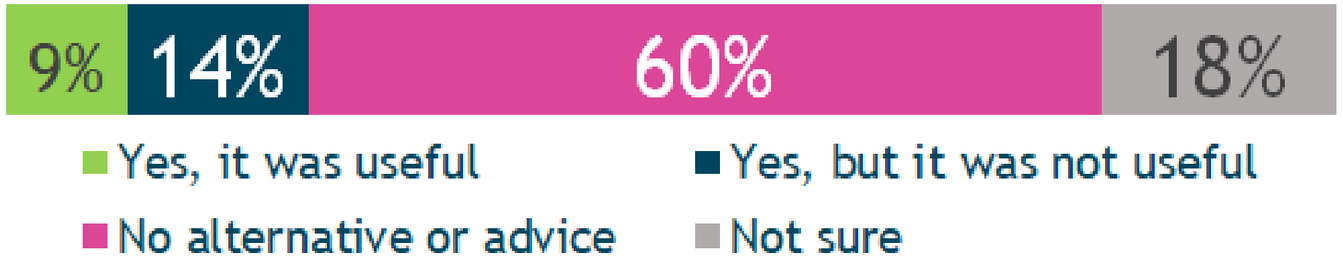
77% of those who used hospital services experienced cancellations.

48% of them said cancellations affected them a great deal.

To what extent did hospital cancellations affect you?

Those who experienced cancellations felt poorly supported to manage their own health, with only a minority receiving any alternative or advice:

Did you receive any other alternatives or advice on how to manage your health after your hospital appointments were cancelled?



> Accessing the hospital has been much harder since all appointments have been cancelled and have not yet been offered any new ones. I need to see a neurologist, a Parkinsons specialist nurse and the eye clinic for glaucoma.
>
> (Havering resident with Parkinsons)

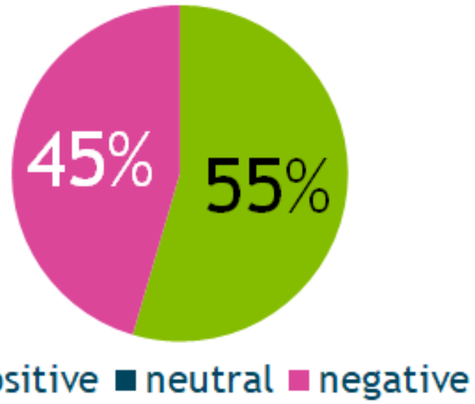
> I have had a number of appointments cancelled, and I waited over 7 months for a new hearing aid mould after one broke.
>
> (Havering resident, hearing impairment)

Health & Care services

Mental health services

- Access to mental health services is difficult for many, as services are overstretched and waiting lists are long.
- When people can access mental health services, they have positive experiences and adapt well to online or telephone sessions.
- Communication about changes to services in the pandemic needs improvement.

Overall opinion of mental health services



What works well

- People find therapy and/or treatment helpful.
- Online systems for accessing mental health support work well.

What needs improvement

- Communication with mental health services is poor.
- People wait for a long time to get any kind of mental health support.
- There is limited choice for where and how to receive mental health support.

> Mental health services have been very responsive via emails and can do online video call - really straightforward.
>
> (City of London resident)

> I wasn't feeling great, so I reconnected with the IMPART service and they got me help. I have experienced some cancellations, but useful alternatives were provided.
>
> (Havering resident with psychosis)

> I had to rearrange some counselling appointments, so I missed some. They should have been clearer that they changed all the appointments to over the phone in the beginning. This would have made things clear and I may not have missed my appointments.
>
> (Tower Hamlets resident, depression)

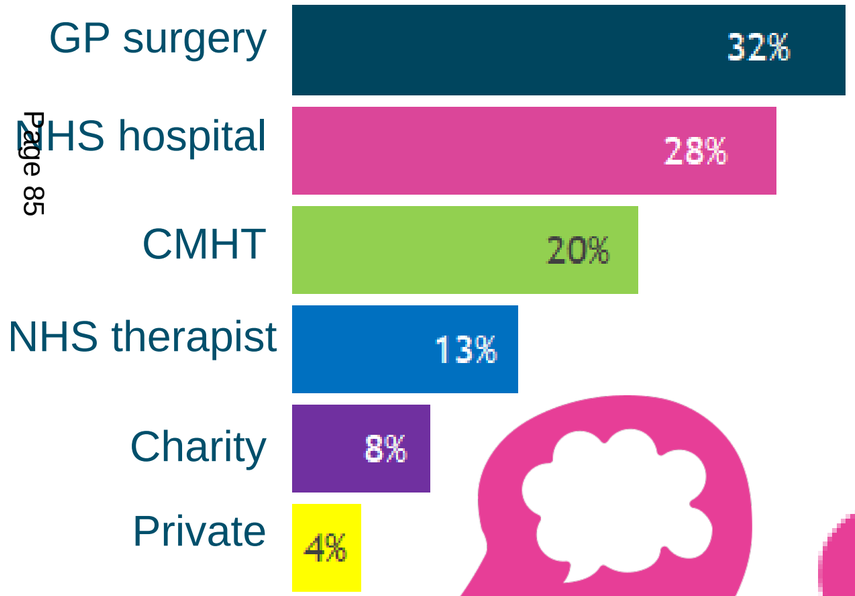
> I tried to self refer at a crisis point during 1st lockdown; I also tried to get a referral to the counsellor attached to the Renal team at The London. Unfortunately, all were too busy and other known orgs such as Mind etc just signposted my to mindfulness on line - this was so not what I needed at the time.
>
> (Hackney resident, kidney disease)

Health & Care services

Mental health- remote service

- Most respondents who received mental health treatment or support did so through their GP, a hospital-based service or Community Mental Health team.
- Most types of consultation and mental health treatment have been carried out over the phone or online.

Who respondents received mental health treatment or support from:



Out of the 143 respondents who used mental health services...

- **20%** had a therapy session online
- **26%** had a therapy session over the phone
- **13%** spoke to a psychiatrist or mental health nurse online
- **20%** spoke to a psychiatrist or mental health nurse over the phone
- **6%** booked mental health appointments online
- **10%** used a mental health app or website

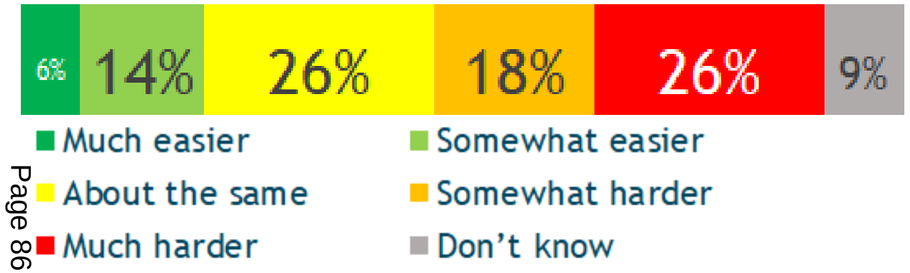
> My mental health problems started during the pandemic. So it was difficult initially to speak to my GP without having to explain everything to the receptionist. They were helpful because as soon as I told them I am blind and my daughter is partially sighted so cannot access online services I got a call from my doctor.
>
> (Tower Hamlets resident, blind)

Health & Care services

Access to mental health services

- Mental health services experienced cancellations and disruption in the Covid-19 pandemic, though not to the same extent as hospita outpatient services.
- Those who experienced cancellations felt unsupported, as most of them received no help in managing their health in the meantime.

Do you find it easier or harder to access mental health support now?



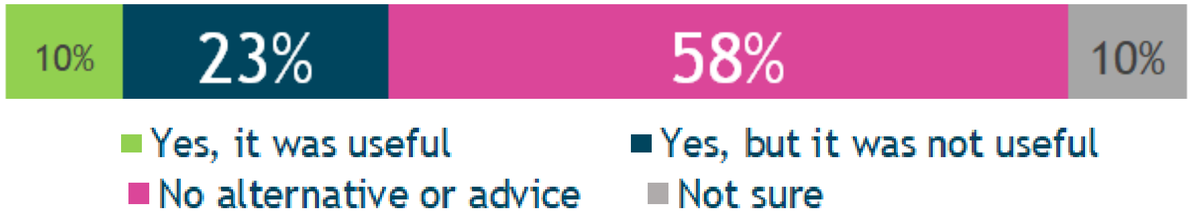
31% of those who used mental health services experienced cancellations.

66% of them said cancellations affected them a great deal.

38% of those not currently accessing any mental health services felt they needed mental health support but couldn't get it.

Those who experienced cancellations felt poorly supported to manage their own health, with only a minority receiving any alternative or advice:

Did you receive any other alternatives or advice on how to manage your health after your hospital appointments were cancelled?



"I have waited for over a year and nothing has happened.
(Hackney resident, hearing impaired)

Because of the pandemic all face to face appointments have been canceled. so I'm having a very hard time.
(Tower Hamlets resident)

Covid stopped face to face assessments so my Asperger's diagnosis took much longer.
(Havering resident, autistic)

I find access to the Community Mental Health Nurse somewhat harder. Too many restrictions, barriers, it's dehumanising. Too much delay, long waiting time/list, having to tell your story again and again is exhausting.
(Tower Hamlets resident, autistic)

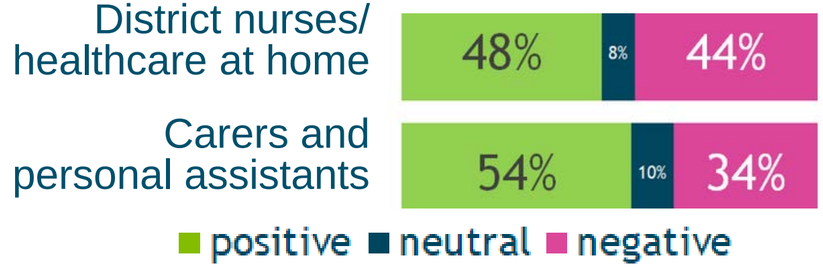
Unable to use mental health services. It is much harder to access mental health services. A waiting time of 4 months occurred, where 4 months later they said they don't see children under 11.
(Barking and Dagenham resident, mother of child with learning disabilities)"

Health & Care services

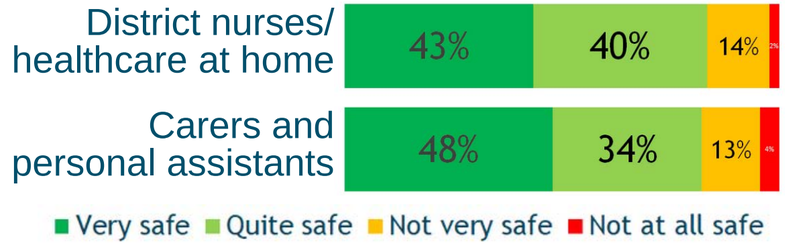
Healthcare and personal care at home

- Communication between patients and healthcare providers, particularly around changes in service provision caused by the Covid-19 pandemic can be lacking.
- Most nurses and carers started wearing appropriate PPE as soon as the pandemic started; but in a minority of cases there were delays in implementing Covid safety measures.

Overall opinion of care at home



How safe do you feel having care professionals in your home?



> It has been somewhat harder to access community health services since the lack of communication was really bad. The district nurse turned up un-announced and let herself in which was very worrying and disrespectful behaviour. Said she could do it because she's a nurse!
>
> (Barking and Dagenham resident, family member of stroke survivor)

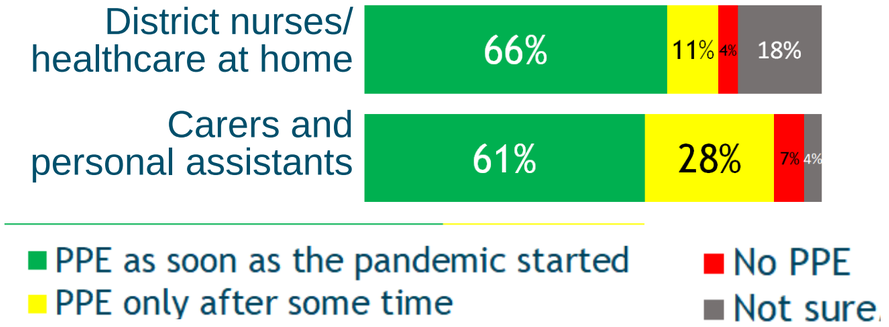
What works well

- District nurses and carers offer a good quality of care and support, with a pleasant attitude.

What needs improvement

- Because of Covid-related disruptions, people see their carers less often.
- Communication around changes in service is often poor.

Did health professionals wear personal protection equipment?



> Government allocated extra hours for Carers to come to our home but the Care Agency didn't have any knowledge about this. It took multiple phone calls to the local council and the care agency to resolve this and finally get the extra help. A big let down mentally.
>
> (Redbridge resident, carer for wheelchair user mother)

Health & Care services

Day centres

The closure of day centres negatively impacted disabled people, leading to poorer mental health outcomes and social isolation.

15% of respondents were using day centres pre-pandemic

89% of them stopped attending while day centres were closed in the Covid-19 pandemic.

54% of them took part in online activities organised by their day centre/

71% of those whose day centre closed said closures afected them "a great deal".

Most affected:

- People aged under 65.
- People of Black ethnicities.
- Men
- People with learning disabilities.
- People with hearing impairments.

Those who took part in online activities were as likely to feel impacted as the ones who did not.

ONLY **34%** of those whose day centres were closed received any alternative care arrangements or support.

I had less to do and I was not able to meet up with my friends. The center was running some online stuff but I am not comfortable with all that.

(Tower Hamlets resident, living with chronic pain)

He's more isolated. We've seen so few people for the last year. I'm responsible for him 7 days per week 24hrs per day. The morning at the day centre used to give me headspace and a chance to clear up!

(Tower Hamlets resident, spouse of stroke survivor)

What diffeerence has it made

Vaccine roll out

Feedback on the best methods to reach different impairment groups was implemented by the ICS Comms and engagement team as soon as they recieved the information. This helped inform the location and re location of vaccine centres and the production of videos, Easy Read and webinars for specific impairment groups. We are now informing the third phase of the vaccine programme

Health care services

Our profiling of those at risk of digital exclusion was used to train hospital and GP staff to help them to continue to reach everybody in the community.

communication preferences are being used to inform both improvement in hospital accessible information standards but also to help manage the long delays in elective care that will be a consequence of Covid.

We are participating in a wide range of quality improvement, transformation and co-design programmes including improving hospital communication systems and helping to even out GP services across the ICS

Acknowledgements

This report is the combined work of the eight North East London local Healthwatch, the North East London Clinical Commissioning Group and Healthwatch England. The Local Healthwatch also worked with their own voluntary and community sector partners to reach residents from a wide range of back grounds and impairment groups.

We would particularly like to thank all of the local residents who took the time to complete the survey during what were very difficult times. We are committed to ensuring that your insights continue to make a difference to health and social care and hope you will continue to work with us we help the health and care system to build back better.

On equal terms

Then and now

Contents

Note: Except where noted otherwise, the quotations that appear in the report are taken from genuine communications we have received from patients, and from our own volunteers

Cover picture: Cllr Jason Frost, Chairman, Havering Health and Wellbeing Board; Anne-Marie Dean, Chairman, Healthwatch Havering; and Ian Buckmaster, Director, Healthwatch Havering

Message from our Chair

During the pandemic our staff and volunteer members have ensured that the concerns of our local communities have been at the forefront of our thoughts and our weekly 'Keeping In Touch' Zoom meetings enabled our members to give regular and up-to-date community feedback, raising concerns and enabling early follow-up with health and social care commissioners and providers.

Although we have been working from home, every query - whether by phone or email - has been answered within 48 hours. Our Healthwatch Havering Friends Network has been providing information to residents, voluntary and statutory organisations, often twice a week.

One of our biggest achievements was leading the way, by raising awareness, with our dental services survey which we completed in October 2020. This highlighted the difficulty accessing dental care and finding dentists in the borough who would care for NHS patients.

"Thank you so much for your email and taking the time to find out that information. Again, thank you for your kindness"

It has been a privilege to work with carers whose dedication and commitment in very challenging situations has been amazing!

A big thank you to residents who have taken part in the many surveys that we have undertaken. Your views are important and have helped enormously in how we write reports to influence improvements in services.

Our reports highlights your views, and our new website holds all the reports and much more for you to access.

Anne-Marie Dean

Chairman,

Healthwatch Havering

About us

Here to make health and care better

We are the independent watchdog for people who use health and social care services in Havering. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals

1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

2 Providing a high quality service

We want everyone who shares can experience or seeks advice from us to get a high quality service and to understand the difference their views make.

3 Ensuring your views help improve health & care

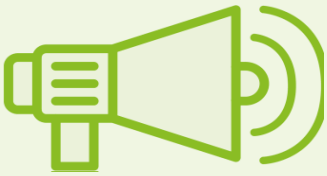
We want more services to use your views to shape the health and care support you need today and in the future.

"Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."

Sir Robert Francis QC, Chair of Healthwatch England

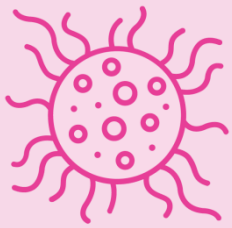
Highlights from our year

Reaching out



We heard from
255 people
this year about their experiences of health and social care and we provided advice and information to
75 people
this year.

Responding to the pandemic



We engaged with and supported
45 people
people during the COVID-19 pandemic this year.

Making a difference to care

Despite the suspension of our Enter & View programme, we published 5 reports about the improvements people would like to see to health and social care services:

- Patient attendance audit at Queen's and King George Emergency Departments
- Patients' use of Interpreter Services at GP practices in Havering
- Covid-19 and Care Homes – the experiences of relatives and friends
- Dental Services in Havering
- Review of Havering GP practices' websites

Health and care that works for you

17 volunteers helped us to carry out our work.

We employ 4 staff: All part time – 2.2 full time equivalent, which is a slight decrease from the previous year.

We received £117,359 in funding from Havering Council in 2020-21, the same as in the previous year.

We launched our Friends Network in October 2019

healthwatch Havering

Friends Network

At the time, neither we nor anyone else had any idea about the pandemic that was about to hit the world. Almost no one had heard of Wuhan, in China, and few people knew the term "coronavirus". That soon changed!

Although we had not intended the Friends Network to be anything more than a means of communicating with our supporters about forthcoming events, reports and items of interest, we found in March that it was an ideal means of passing around information and advice about the pandemic itself and its consequences for local health and social care services.

At the peak, we were circulating two or three "Updates" from local NHS services about their service changes, how they were coping with the consequences of the pandemic and other vital information. We have also sent out warnings about scammers and invitations to participate in surveys. In all, we sent 134 emails to the Friends Network

Each of those emails reached not only the members of the network but many more people as members forwarded them to their friends and colleagues, many of whom, in turn, passed them on to others – and some of whom also joined the Network themselves.

"Your newsletter is extremely useful and I have been forwarding on to my lay member colleagues. I know that getting the right content and amount of comms is harder than usual at present. So well done to you"

Theme one: Then and now NHS Dentistry

Then: access to NHS dental services

Thank you to our residents for sharing their experiences of dentistry and the co-operation of local dentists, which enabled us to raise the concerns locally and nationally. This included the CCG and MPs, Healthwatch England, who subsequently undertook a national survey, and the Chief Dental Officer NHS England. Our report has resulted in local and national awareness of the need to have greater focus on access for all individuals to NHS dental health services.

Following the lockdown, only emergency treatments were available, mainly through calls via NHS111. Residents contacted us on behalf of themselves, family members and neighbours because access to dental care was so confusing. Many people were in pain and distressed. Only a handful of dentists in the borough were open to new NHS patients.

Now: Ongoing dentistry issues

We launched our survey in September 2020. Our approach was to identify and talk to dental practices to get a better understanding of how dental care in Havering was being affected

We have led a campaign to ensure that the access and treatment concerns affecting local residents is recognised as a high priority by NHS England.

For residents the main issues were, and in many cases still are, the inability to find practices that will take NHS patients, a lack of information, access to services and priority given to private patients. Many patients who spoke to us were distressed, anxious and in pain.

Many were also suffering financial hardship, and for them private dental care was not an option. A significant number had not used the dental care system for some time, were unfamiliar with the current charging structure and were unaware either that charges were payable or to what extent

Using the CQC register we surveyed 50 dental practices in Havering; 27 replied.

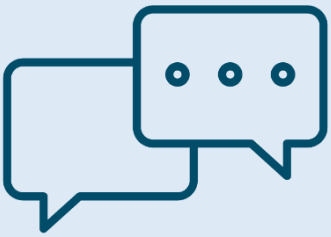
Our survey found only 15% of practices were taking on new NHS patients; over 85% stated they were prioritising patients on the basis of clinical need; and 25% stated that they were charging for PPE. Worryingly, of those not taking new patients at present, 89% indicated that they would not be taking on NHS patients in the foreseeable future.

"I am trying to find a NHS dentist that's taking on new patients for my husband and myself I have tried calling a few dentists in my area but they are only taking on private patients could you please send me a list of dentists that are taking on new patients please we live in Havering..."

This issue is bigger than just the impact of the Covid-19 lockdown, which created chaos for many residents. It is about health inequalities and the importance of health and wellbeing.

Oral health is very important as it affects what we can eat, how we communicate and socialise, and our self-confidence. Poor oral health can result in missing school or work and even lead to serious illness. Achieving good oral health is therefore a vital aspect of helping people live well. A good smile is a good start in life!

Our report was welcomed by the CCG, Healthwatch England, NHS England and the coverage in the Romford Recorder encouraged other residents to share their experiences.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Havering is here for you.

www.healthwatchhavering.co.uk

01708 303 300

enquiries@healthwatchhavering.co.uk

Theme two: Then and now Access to GPs

Then: accessing your local GP

The pandemic created a major overnight shift in the long-established method of face-to-face patient consultations, moving to remote consultations. Triaging was put in place and, in many cases, patients were forced to share their personal clinical information via reception staff, practices nurses and managers, which did not always result in any GP intervention, but required the sharing of highly personal details, causing acute embarrassment to many patients and potentially putting them off from seeking medical advice when most needed.

Good communication is essential in times of national emergencies, and we explored 3 methods that GP practices have available to support their patients.

- Websites
- Telephone Reception Services
- Patient Participation Groups (PPG)

Now: accessing your GP during the pandemic

Primary care is the first point of contact for patients with symptoms, worries, anxiety and questions. The opportunity to use the GPs' websites should have been a 'gamechanger' in helping patients access clinical advice: for many patients, however, that was not the case. Our report, published in November 2020, identifies some good practice and areas where improvements could be made.

Of the 45 practices in Havering, only 35 had their own website: 7 websites provided no advice for dealing with Covid-19 and only about half told patients how to access a GP during the pandemic; 40% offered no general information on health and wellbeing and only 3 practices made special provision for people who had loss of sight. 40% failed to mention their process for ordering repeat prescriptions (which is a requirement): many patients just had to ring in.

"You have difficulty getting through to them. Longest I have spent on phone to try and get an appointment was 2hours 15minutes. When you do get through the appointments are normally gone and you are told to go through whole process again the next day"

Many patients contacted us with concerns about the amount of time that they waited to get through to the surgery, and the long time many patients had to wait once through to reception staff. Many patients told us they rang off, for concerns about charges to their telephone bills. Patients commented that reception staff were often curt and unsympathetic, although we recognise that reception staff as the 'front of house' service for the practices were under enormous pressure. Equally, patients commented that reception staffs' kindness and understanding had meant a lot to them.

"My daughter's UCL consultant requested that as a family we should all be vaccinated for covid to protect her. This request was dismissed by practice as it didn't meet their computer tick boxes"

"Have been to the Polyclinic because the practice doctor never phoned me back last week."

Patient Participation Groups (PPGs) are a formal part of all GP practices. During the pandemic, the PPGs have not had a high profile, and we have not been able to identify any PPG supporting patients.

We are currently running a survey to explore this issue further. It is a contractual requirement for GPs to have a PPG. As all organisations review past practice and plan new ways of working this would seem to be an ideal time to make patient participation in GP practices a high priority.

Healthwatch Havering's aim is to help make PPGs more effective as one of our three top priorities for 2021/22.

Get in touch with us and tell us what you think

www.healthwatchhavering.co.uk

01708 303 300

enquiries@healthwatchhavering.co.uk

Responding to COVID-19

Part of our role has been linking people to reliable and up-to-date information, helping people to access the services they need and signposting to support the vaccine roll-out We have developed new skills and honed our old ones. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

Thanks Bev, the CCG got in touch with the practice and its all booked he can attend locally for his second jab. He was absolutely delighted with the outcome. It has taken a lot of pressure off his shoulders. He can have his next eye procedure without worry."

"This is excellent partnership working and I am grateful to be able to work alongside you and the CCG" (Havering Volunteer Centre)

"Good afternoon Carole (if you don't mind me calling you by your first name) I don't know how to thank you enough for all your help in getting this problem sorted for my wife myself and our son, apparently it was lack of communication so our son will now be added as our unpaid career we are indeed in your debt THANK YOU FROM THE BOTTOM OF OUR HEARTS."

Top four areas that people have contacted us about:

21% on GP services

10% on Dentistry

28% on Hospital Care

15% on Vaccines and blood tests

Getting through the pandemic

Early in the pandemic, we heard from people about the lack of clear information and often inaccurate information. Our role became much more focused on providing people with clear, consistent and concise advice and information, and feeding back to the national Healthwatch network. In just three months, Healthwatch's national advice had been accessed by over 70,000 people.

The key questions people asked included:

- What does shielding mean?
- What is the difference between social distancing and self-isolation?
- How can I find an NHS dentist?

Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

www.healthwatchhavering.co.uk

01708 303 300

enquiries@healthwatchhavering.co.uk

Volunteers

At Healthwatch Havering, we are supported by volunteers to help us find out what people think is working, and what improvements people would like to make to services.

Despite many being required to shield from covid, this year our volunteers:

- **Helped people have their say from home, carrying out surveys over the telephone and online.**
- **Carried out website reviews for local services on the information they provide.**
- **Given us the views of local people by talking to friends and neighbours in their local communities.**

Volunteer Member for 7 years

A neighbour was very anxious that he could not find anywhere to get a blood test and that his condition would get out of control. As a Healthwatch volunteer, I was able to raise this issue and take part in a survey which identified a serious problem with blood testing in Havering. Healthwatch raised this with the CCG, which moved quickly to solve the problem.

Volunteer Member for 5 years

As a member of the Asian community and a former NHS nurse I know it is vital to have good communication between patients and clinical teams. Patients often feel they have not been properly understood. The pandemic has taught us how important it is to be able to communicate within our growing local communities and we need good interpreting services in GP practices

Volunteer Member for 7 years

So many residents spoke to us about how difficult it was to contact their GP practice. We researched GP websites across the country and we found good sites dedicated to helping patients, we were concerned at how poorly many of the local GP websites compared. I am now working on how we can help to develop Patient Participation Groups in each practice so that we can improve things from the patients perspective.

Volunteer with us!

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch with us at:

www.healthwatchhavering.co.uk

01708 303300

enquiries@healthwatchhavering.co.uk

Finances

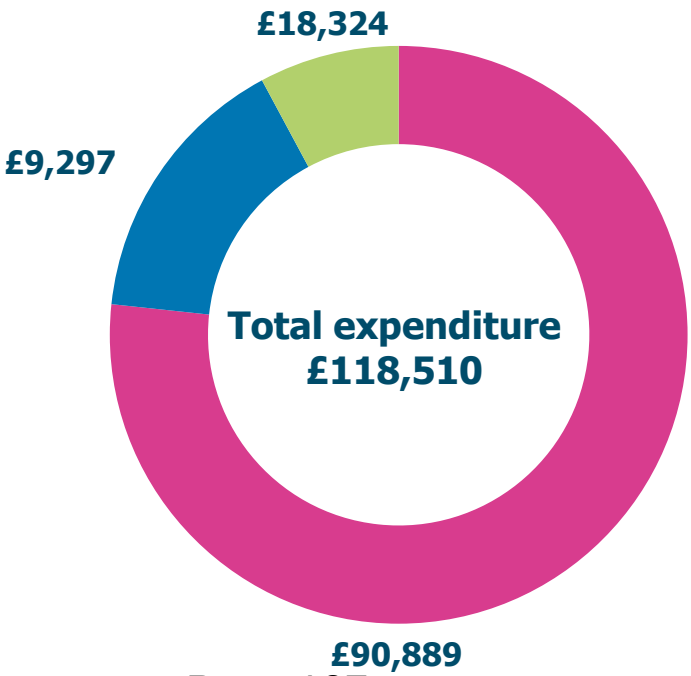
To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income

- Funding received from local authority
- Additional funding

Expenditure

- Staff costs
- Operational costs
- Support and administration



Next steps & thank you

Our top three priorities for 2021-22

- **To enable the development of Patient Participation Groups (PPGs) across the Borough**
- **Re-create our positive working relationship with Nursing and Care Homes**
- **Supporting community initiatives for residents across the Borough of Havering**

Next steps

- Re-opening the office, provide a safe environment to meet, and plan how we continue to support our residents/patients
- We will build on the experiences shared with us and follow-up on recommendations in our reports
- We will continue to support equality and diversity and seek to support seldom heard communities

"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."

We want to thank everyone who has contributed to our work during the difficult year that 2020/21 turned out to be – our volunteers, the Members and officers of the London Borough of Havering, the officials of the National Health Service commissioner and provider organisations with which we deal, our Healthwatch colleagues in North East London, the organisers and volunteers of other local voluntary organisations, the management, staff and residents of local care and nursing homes, the patients of Queen's Hospital and local GP practices…

Statutory statements

About us

Havering Healthwatch C.I.C., a company limited by guarantee, operating as Healthwatch Havering – registered office: Queens Court, 9-17 Eastern Road, Romford RM1 3NH

Healthwatch Havering uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

All our volunteers are members of the company. The general management of the company is undertaken by the directors and five volunteer members elected by the general membership (subject to certain criteria). The Committee meets 10 times a year.

Our Management Board generally meets a maximum of four times a year and all company members are entitled to attend and participate in its decision making, mostly in relation to statutory business.

Our Engagement Programme Panel, again open to all members, meets 10 times a year and manages our Engagement programmes, including Enter and View visits and Surveys.

The Annual General Meeting, held in accordance with the requirements of the Companies Acts, is held in June.

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone and by email; we have sent out regular Updates to the participants in our Friends Network; and have engaged the public through online surveys. We have also joined online events with various bodies including Havering Council's Health and Individuals (Social Care) Overview & Scrutiny Committees and Health & Wellbeing Board, Barking, Havering and Redbridge University Hospitals Trust and the Havering CCG.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we achieved this by working with Havering Volunteer Centre, and using our members' links with charities and faith groups.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website, our network and post out on request.

2020-21 priorities

Project / activity area	Changes made to services
Survey of GP websites to assess how easy they were to navigate and obtain useful information	Published Jan 2021 – CCG committed to helping practice to provide useful and relevant information
Patient use of Interpreting services at GP services Survey	Recognition that there will be a greater need for this service as population expands. CCG will assess service including B&D and Redbridge
Undertake the annual independent survey for Safeguarding Adults Board	SAB received and accepted the views of residents expressed in the survey
Phlebotomy Level 2 Inquiry – members of the formal inquiry panel into shortcomings of the service due to the impact of Covid19	Report has 11 recommendations and the CCG will undertake a 1 year phlebotomy pilot working with patients to design the appropriate service model
Dental survey – undertaken because of the high number of residents concerns.	Report published 2020, contributed to the survey undertaken by Healthwatch England and contributed to their national report.

Responses to recommendations and requests

No commissioner or provider failed to respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

In common with many other local Healthwatch, we drew the attention of Healthwatch England to a number of issues arising as a result of the Covid-19 pandemic and associated lockdown, including problems accessing GPs and NHS dental services. Healthwatch England produced several national reports as a result.

Health and Wellbeing Board

Healthwatch Havering is represented on the Health and Wellbeing Board by Anne-Marie Dean, our Chair. During 2020/21 our representative has effectively carried our this role by sharing the experience of residents, contributing to the health and wellbeing strategy, setting priority areas to improve people's health, and reduce health inequalities that exist in the borough.

Overview and Scrutiny

Ian Buckmaster, our Director, attends Havering Council's Health and Individuals (Social Care) Overview and Scrutiny Committees (OSC), and the Outer North East London Joint Health OSC (bringing together the Health OSCs from the Barking & Dagenham, Havering, Redbridge and Waltham Forest Councils) on our behalf. He regularly presents reports of our activities and findings to those Committees.

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