

# **Report of the public engagement on primary care and urgent care transformation plans**

**Summary**

**Prepared for  
NHS Tower Hamlets Clinical Commissioning Group (CCG)**

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# 1. Background

Primary and urgent care services in Tower Hamlets are facing some major challenges.

Primary care remains the cornerstone of our health service. General practice provides over 90% of all patient contacts in the NHS, delivering holistic, preventative and proactive care to our residents. Tower Hamlets has a strong history of investment and innovation in primary care. Our primary care networks have demonstrated an impressive improvement in quality, particularly in long term condition management.

People in Tower Hamlets CCG also have access a range of urgent care services. These include the A&E Department and the Urgent Care Centre at the Royal London Hospital, a GP out-of-hours service, two walk-in centres and the London Ambulance Service.

However, we recognise there are still areas where primary care and urgent care could be better, in particular many of our residents cannot always get an appointment when they need one and variability in quality and access remains. Urgent care services and A&E are continuing to come under significant pressure as they try to cope with a growing population and increased demand.

Recognising these challenges and the importance of ensuring high quality primary care and urgent care services, over the past year the CCG has been working alongside GP practices, local stakeholders, patients and the wider community to develop ideas that will help future proof primary care and urgent care services.

## 1.1 Case for change

We know that Tower Hamlets is facing some big challenges, a growing population, increased demand, and challenges in recruitment and retention. The GP Forward View and Five Year Forward View sets out a clear direction as well as a number of opportunities that we need to respond to locally.

The population is growing rapidly, inequalities remain significant, and the national agenda is that access to routine services is increased while more and more care moves from the acute, hospital setting to the community.

The current models for both primary care and urgent care are not sustainable in their current form. Funding for primary care is not equitable and contracts are misaligned. There is a workforce deficit with nursing recruitment problems, GPs approaching retirement, decreased financing as deprivation is removed from the allocation formula, and estates that are not fit for purpose. Additionally, there is a need for care (both health and social care provision) to become better integrated, coordinated and person-centred.

Although we have made excellent progress through networks, care packages and integrated care, our patients still face health and wellbeing challenges and the access, care and support we offer must be improved to achieve our vision.

Patient experience remains a challenge, with large variation in access and quality across the borough. We know that residents face many challenges when using primary care and urgent care services and that patient expectations are changing, particularly in areas of high population growth.

Waiting times for getting appointments at GP practices are different across the borough, sometimes it can take weeks to get an appointment. Trying to get through on the telephone can take a long time, and some practices don't have online booking.

The 10-minute appointment model with a GP doesn't work well for everyone, more time is needed for people who have complicated problems, or want to talk about more than one problem. Many people have also said they would feel comfortable seeing another health professional if appropriate, such as a nurse or pharmacist, if it meant their issue could be resolved faster and more efficiently.

Many people in Tower Hamlets are also missing out on using helpful health services. This is because not all GP practices offer the same services. There are also services that people don't know about or aren't sure how to use, and information about them isn't readily available.

Recognising the stress in primary and urgent care services, the CCG wanted to look at how it can transform primary care and urgent care for the future. The CCG set out to engage with key stakeholders, providers, GPs, clinicians and local residents to help shape the future for primary care and urgent care in Tower Hamlets.

## 2. Executive summary

### 2.1 What we asked

The primary and urgent care transformation plans set out proposed changes to both primary and urgent care services in Tower Hamlets.

We asked people to provide their views on:

**Our proposed changes for primary care services:** whether they agreed or disagreed with the proposed changes outlined and the reasoning for their responses.

The primary care transformation proposed changes focused on:

- giving patients the choice of accessing other GP practices in Tower Hamlets for appointments that may better suit them
- having a standardised booking system which could be one website or phone number
- ensuring everyone in Tower Hamlets is able to access the same support, information and services regardless of where they live or are registered in the borough.

**Our proposed changes for urgent care services:** whether they agreed or disagreed with the proposed changes outlined and the reasoning for their responses.

The urgent care transformation proposed changes that focused on:

- having a primary care led service at Royal London Hospital
- opening the urgent care centre at the Royal London Hospital 24 hours a day, seven days a week
- allowing the urgent care centre to use more hospital equipment
- ensuring there is more access to specialist clinicians through the NHS 111 service.

## 2.2 What we did

After an initial 10-month period of engagement and co-design with members of the Tower Hamlets community, a wider public engagement period began on 1 October 2016 and ended on 13 November 2016.

Tower Hamlets CCG commissioned eight local community organisations to undertake extensive engagement with key local groups. This included:

- the lesbian, gay, bi-sexual and transgender (LGBT) community
- the traveller community
- those with long term conditions or complex health needs
- parents of children under five
- the Black, Asian and minority ethnic (BAME) community
- young parents
- parents and carers of children with special education needs and disabilities
- those attending mental health support groups
- housebound and elderly residents.

The community organisations used a range of engagement methods including one-to-one interviews, focus groups, drop-in sessions, existing group meetings, community forums or events and home visits to gather feedback. People attending these community engagement sessions were asked to complete the primary care and urgent care questionnaires. However, not all attendees completed the questionnaires.

Around 2,000 patient and public engagement booklets with information and a questionnaire about the proposed changes to primary care were printed. It highlighted that different formats and languages were available on request, and a web address to the urgent care questionnaire was also included in this booklet. Booklets were delivered to all GP practices in Tower Hamlets. All GP practices were asked to display the documentation prominently in their reception or waiting areas.

Information and the engagement booklet were available throughout the period on the Tower Hamlets CCG website, [www.towerhamletsccg.nhs.uk/haveyoursay](http://www.towerhamletsccg.nhs.uk/haveyoursay). The two online questionnaires were also made available on the CCG's website, one for primary care and one for urgent care. Further paper copies of both questionnaires were available on request, and offered to attend their meetings to discuss the proposals.

We discussed the proposals with GPs at locality meetings, local commissioning forum events where GPs were in attendance, at the Local Medical Committee, Health Scrutiny Committee and Healthwatch Advisory Group meetings.

Emails were sent to over 500 stakeholders including Healthwatch Tower Hamlets, Tower Hamlets Council, and the Tower Hamlets Council for Voluntary Services. The email included information about the engagement, a link to the website and online questionnaires, and information on how to respond. We requested that stakeholders share the information and links to the online questionnaires through their own channels to further extend the scope of the engagement.

A media release was sent to local newspapers at the beginning of the engagement, which publicised the engagement and directed readers' attention to the website. We also made follow-up calls to journalists at the beginning and towards the end of the engagement period.

## 2.3 Who responded

We estimate that 1,800 people were able to share their experiences and views on the proposed changes through the eight local community organisations engagement activities. Of those, 640 completed the primary care and urgent care questionnaires.

There were 148 respondents to the online and printed booklet primary care questionnaire. Not all respondents answered every question online. No alternative formats were requested.

There were 27 respondents to the online urgent care questionnaire. No printed copies of the urgent care questionnaire were requested and not all respondents answered every question online.

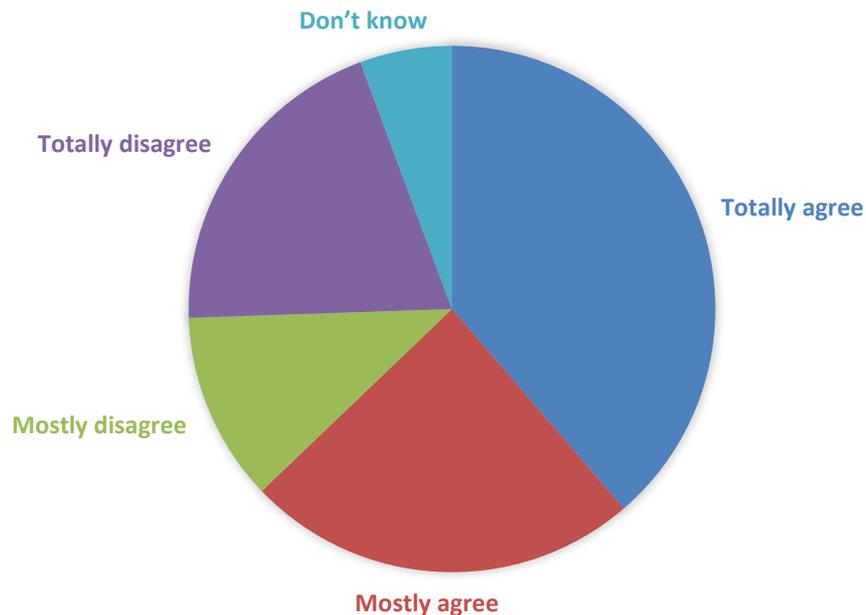
The data included in this report is based on the 640 respondents to the community engagement questionnaires, 148 respondents to the primary care printed booklet questionnaire and online questionnaire and 27 respondents to the online urgent care questionnaire. For primary care, this is a total of 788 respondents. For urgent care, a total of 667 respondents.

Additional information and feedback has been collected through engagement reports supplied by the eight community organisation.

## 2.4 Key themes of the engagement

### 2.4.1 The suggested change of using any GP practice in Tower Hamlets was widely supported

Of the 654 people who responded to this question, the majority 'totally agreed' (253) and 'mostly agreed' (158) with this proposal.



The most common comments from respondents was that using another GP is a good idea for some visits, but this wouldn't be suitable for all visits or for all people.

Most respondents said that having an appointment at a time that suits their schedule and seeing another GP would work well if they had a 'one-off' issue, or in urgent cases when they need to see someone quickly (e.g. child illness or serious illness). However if they needed to see a doctor regularly or frequently then they would want to see the same GP every time.

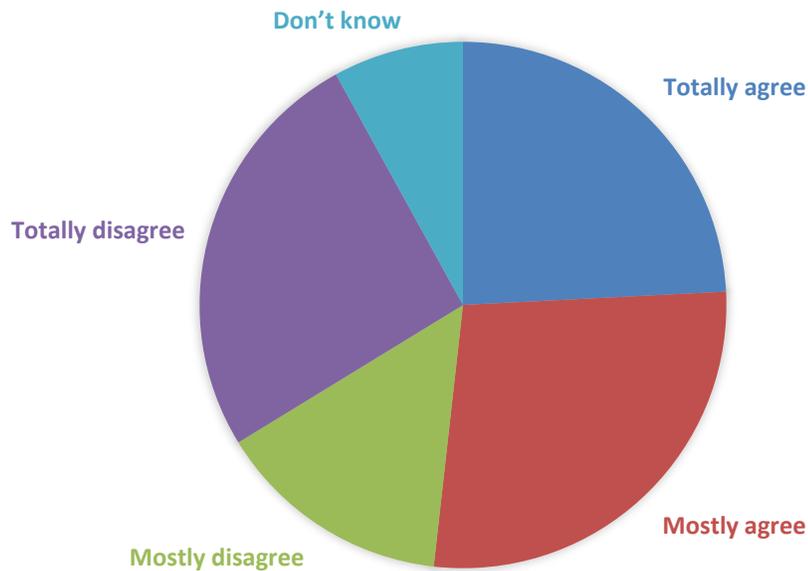
*"I would prefer to see the same GP but if the situation was urgent then I will see anyone at the earliest time because health comes first"*

There was a strong correlation between those who disagreed with using other GP practices and having a long term condition or complex needs – either themselves or someone they cared for. This group valued continuity of care and a relationship with a regular, named GP.

The GP community expressed strong concern around the concept of patients being able to choose 'any' GP practice, as opposed to 'other' practices. The overwhelming view from the clinical community was that access to other GP practices should be limited to a model similar to that the CCG has been testing out through the Prime Minister's Challenge Fund which is supporting more flexible access and extended access to Primary Care. Where the proposals describes accessing any practice in the borough, it is through this kind of innovation the GP community would like to see changes. However, it is recognised that this kind of service would not be appropriate for all patients, especially those more vulnerable patients, or those with long standing or multiple needs.

#### **2.4.2 The suggested change of everyone booking appointments in the same place was supported by most, but also had strong disagreement**

Of the 649 people who responded most 'agreed' (179), however a significant number 'disagreed' (167).



Young people and those who considered themselves ‘time-sensitive’ were more likely to agree with the proposal as they felt it would be a quicker and easier option.

Older people, those with language barriers and respondents who had accessibility problems (i.e. unable to access the internet or smartphones) were more likely to disagree. The main concerns highlighted were around the system (whether phone or internet) becoming overwhelmed and crashing, and ease of use and accessibility for everyone.

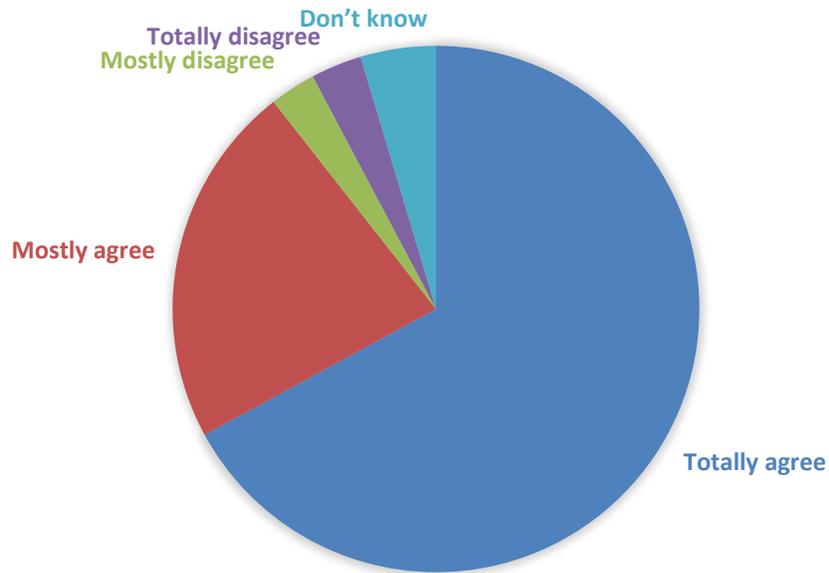
*“The phone is likely to be engaged, especially during peak times. What happens if the service is overstretched, or if you require an emergency appointment and the system goes down – there will need to be a backup service in place.”*

There was a shared view from respondents that people should be given more options for booking, not just one option, and that this proposal needed to consider people who can’t access or are unable to use the internet or smartphones.

*“Some people don’t have access to a computer so if only online booking is available, then it would not be accessible for everyone.”*

### **2.4.3 The suggested change of everyone having access to the same information and support for primary care had very strong support**

Having the same support to access health and care services in the borough had very strong support. Of 671 people who answered this question, 450 respondents totally agreed with this proposal.

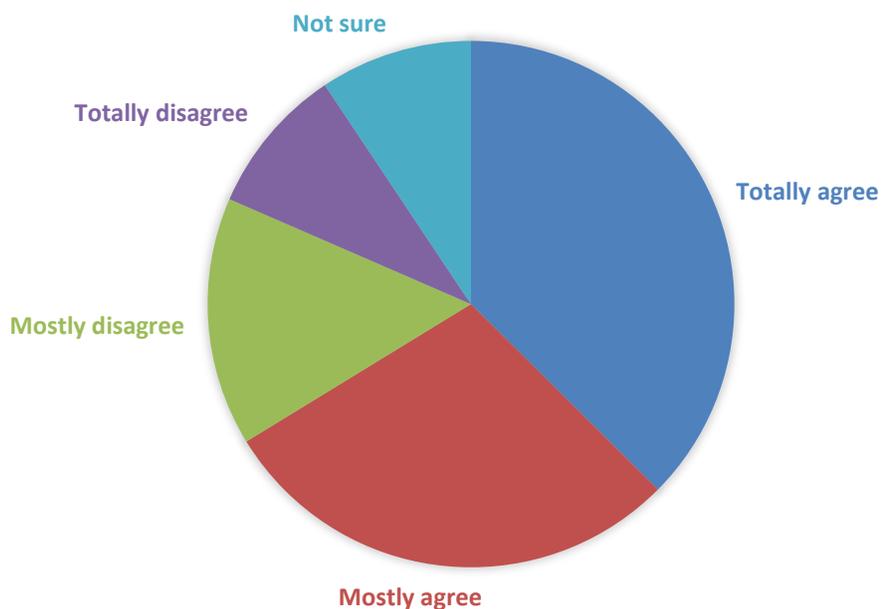


Respondents stated this proposed change would be particularly beneficial for improving patients' awareness about GP practices' procedures and services, as well as community services available in the area to enhance health and wellbeing.

*"I feel this will ensure everyone will be treated equally."*

**2.4.4 The suggested change of having a primary care led service at the Royal London Hospital was supported**

Of the 406 people who responded to this question, 152 respondents 'totally agreed' with this proposal.



Many people highlighted that the current system often does not work well, is overwhelmed with demand and is not sustainable into the future. Respondents' main reasons for supporting the changes include:

- easier access to a GP, especially out of hours
- improved access to non-emergency care
- reduced number of additional appointments for patients
- reduced pressure on other local services and the wider system.

*“Access will be easier for lots of people as the Royal London Hospital is a central hub for health services in Tower Hamlets.”*

However, it is worth noting that respondents 37 respondents totally disagreed and 62 respondents mostly disagreed with the suggested changes. They raised concerns over the cost to the NHS, not being able to see the right medical specialist when it is needed and GP's in the primary care led centre being overwhelmed with demand.

*“When I get to the point to go to hospital I don't want to see a GP anymore, I want to see a specialist on the issue I have.”*

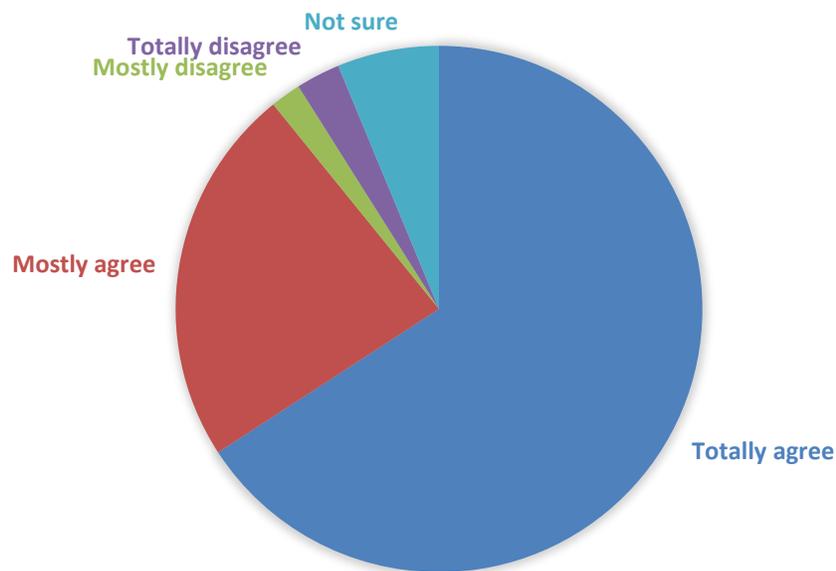
*“How much pressure is going to be on the GP at the hospital? They don't want to overload A&E doctors so they would push it on GPs.”*

Other key concerns focussed on:

- the location of the urgent care centre and accessibility in terms of travel and disability access
- GP's in the urgent care centre might not have access to patient's medical records, creating frustration for those with complex health needs.

#### **2.4.5 The suggested change of opening the urgent care centre 24 hours was widely supported**

Of the 480 respondents, 316 totally agreed with the proposed changes to opening the urgent care centre 24 hours.



The respondents who agreed with this proposal felt that this change would enable them to have improved access to medical support when the need arises.

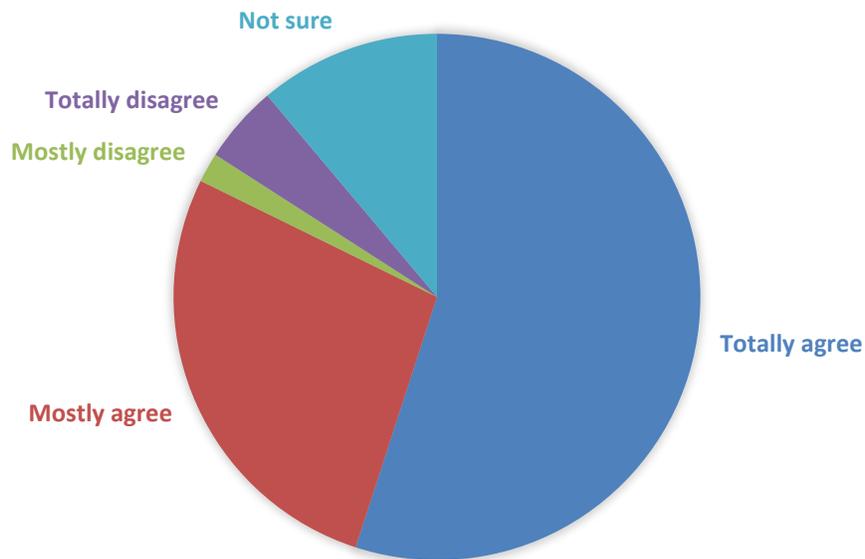
*“This will reduce the waiting time for people who actually need emergency care rather than minor health issues.”*

Respondents who disagreed raised concerns around staff recruitment and retention, particularly over the night shifts.

#### **2.4.6 The suggested change of hospital equipment being made available for the urgent care centre was strongly supported**

Of the 440 respondents, 242 totally agreed with the proposed change, with many commenting that if equipment is available to help patients then the urgent care centre should be able to use it.

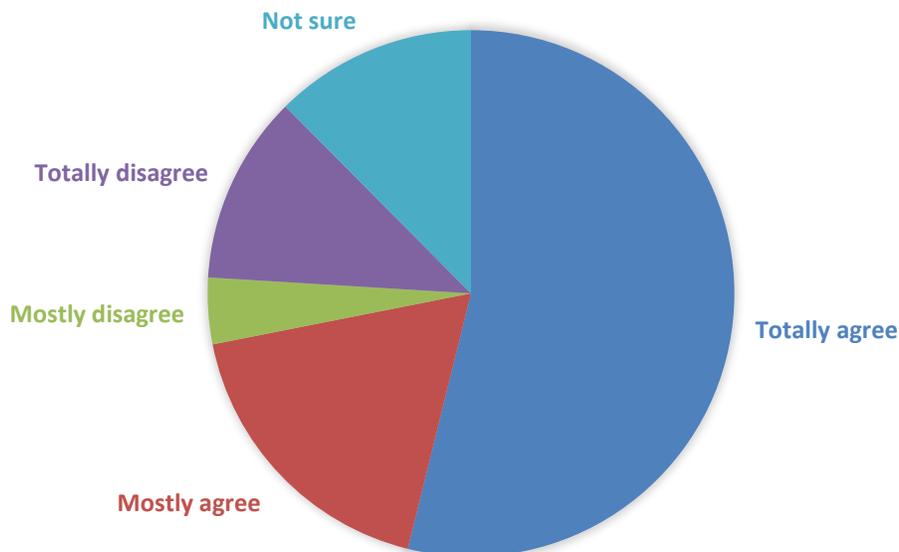
*“All doctors should be able to use all relevant equipment.”*



Of those 21 who disagreed, they felt they were not able to make a clear decision on this question as they were not aware of what equipment was currently used by the urgent care centre, and what additional equipment may be required.

**2.4.7 Most respondents agreed with the suggested change of having more specialist access through the NHS 111 service**

Of the 466 respondents who answered this question, 251 totally agreed with the proposed change.



The majority of respondents supported the proposal of having access to specialists via NHS 111 as they felt that having access to someone who could provide specialist knowledge about their issue could stop people going to A&E unnecessarily.

*“Some people spend a lot of time waiting in A&E, if they speak to a doctor over the phone it will stop them going there.”*

#### **2.4.8 Respondents had shared views on improvements to communications before and after being treated**

Respondents were encouraged to provide suggestions for improvement about communications before and after being treated at an urgent care service. The main themes included:

- people would like to be triaged by a medical professional when they arrive to the Royal London Hospital and directed to the appropriate service
- printed information, a text message and a follow up phone call were the most popular communication methods that patients would like after visiting an urgent care service
- there is a need for information in multiple languages and improved signage within the Royal London Hospital to help patients get to where they need to go
- people would like clear aftercare information that includes a summary of the urgent care appointment, information on the diagnosis and what their next steps are.

Many respondents made it clear they were unaware of the range of urgent care services available in Tower Hamlets and suggested that clear information be made available through a variety of communications channels to increase the use of urgent care services and relieve the pressure on A&E.

### 3. Demographic information of respondents

Please note, not all respondents provided this information

#### Do you identify as

Male (including trans male)	144	18.2%
Female (including trans female)	640	80.9%
Non-Binary	3	0.3%
Another way	1	0.1%
Prefer not to say	3	0.3%
<b>Total</b>	<b>791</b>	

#### Do you have a long term health condition?

Yes	179	31.7%
No	372	65.9%
Prefer not to say	13	2.3%
<b>Total</b>	<b>564</b>	

#### Do you consider yourself to have a disability?

Yes	89	16.2%
No	425	77.5%
Prefer not to say	34	6.2%
<b>Total</b>	<b>548</b>	

#### Age

Under 16	0	0%
16 – 25	58	8.6%
26 – 40	336	49.8%
41 – 65	201	29.8%
66 – 75	37	5.4%
76 – 85	19	2.8%
85+	4	0.5%
Prefer not to say	19	2.8%
<b>Total</b>	<b>674</b>	

### Are you responding as...

Patient	221	24.0%
NHS staff member	2	0.2%
Carer	127	13.8%
Local resident	562	61.0%
Other	5	0.5%
Prefer not to say	3	0.3%
<b>Total</b>	<b>920</b>	

### Post Code

Postcode	# of respondents in this postcode (who answered this question)	
E1	112	51.1%
E2	39	17.8%
E3	41	18.7%
E10	1	0.4%
E14	26	11.8%
<b>Total</b>	<b>219</b>	

### Religion

Agnosticism	32	5.1%
Atheism	32	5.1%
Buddhism	2	0.3%
Christianity	112	18.0%
Hinduism	10	1.6%
Islam	327	52.8%
Judaism	2	0.3%
Sikhism	4	0.6%
Other	39	6.3%
Prefer not to say	59	9.5%
<b>Total</b>	<b>619</b>	

## Ethnicity

<b>Asian</b>			<b>White</b>		
Asian British	31	4.9%	White British	117	18.7%
Indian	14	2.2%	White Irish	4	0.6%
Bangladeshi	245	39.2%	Gypsy or Irish Traveller	12	1.9%
Pakistani	6	0.9%	Any other white background	23	3.6%
Chinese	5	0.8%	<b>Mixed</b>		
Any other Asian background	12	1.9%	White and Black African	5	0.8%
			White and Black Caribbean	1	0.1%
<b>Black</b>			White and Asian	5	0.8%
Black British	54	8.6%	Any other Mixed background	10	1.6%
Black African	33	5.2%	<b>Other</b>		
Black Caribbean	4	0.6%	Arab	2	0.3%
Any other Black background	2	0.3%	Any other ethnic group	6	0.9%
Somali	2	0.3%	Prefer not to say	32	5.1%
<b>Total</b>	<b>625</b>				

## Full report:

If you would like to read the full report of the public engagement on primary care and urgent care transformation plans in Tower Hamlets, please click [here](#).

### Copies can also be obtained from:

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