

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

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

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# 1. Executive summary

## 1.1 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.

## 1.2 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.

### 1.3 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.

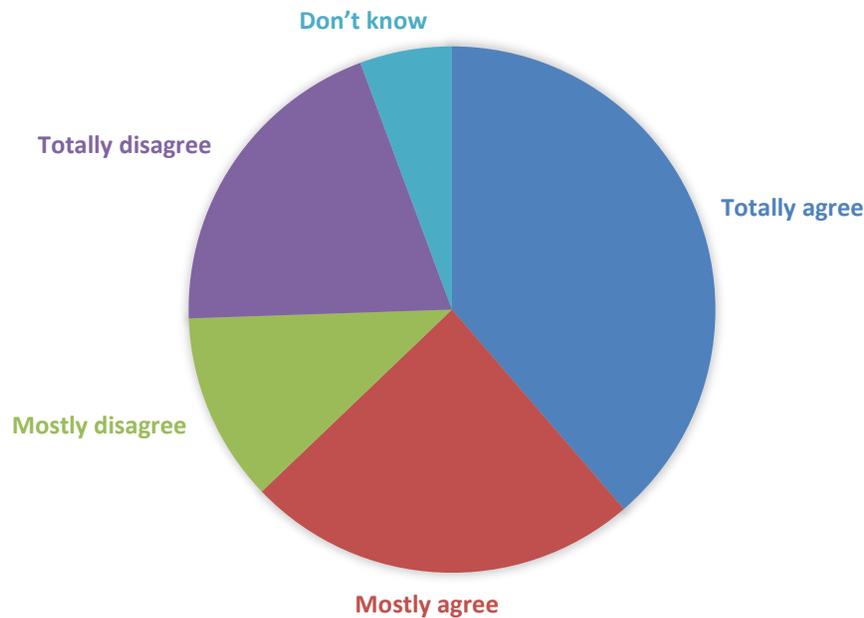
The data included in this report is based on the 640 respondents to the community engagement questionnaires, 148 respondents to the primary care printed booklet questionnaire and online questionnaire and 27 respondents to the online urgent care questionnaire. For primary care, this is a total of 788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

## 1.4 Key themes of the engagement

### 1.4.1 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"*

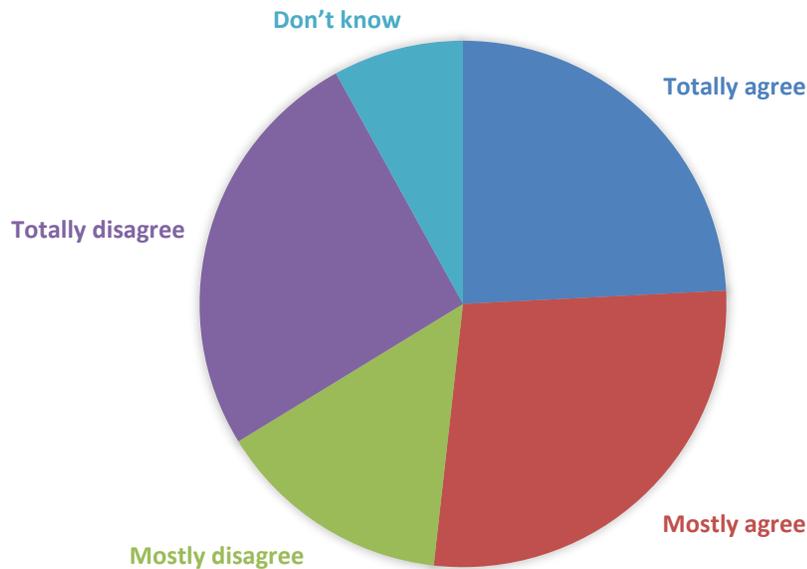
There was a strong correlation between those who disagreed with using other GP practices and having a long term condition or complex needs – either themselves or someone they cared for. This group valued continuity of care and a relationship with a regular, named GP.

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.

#### 1.4.2 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.

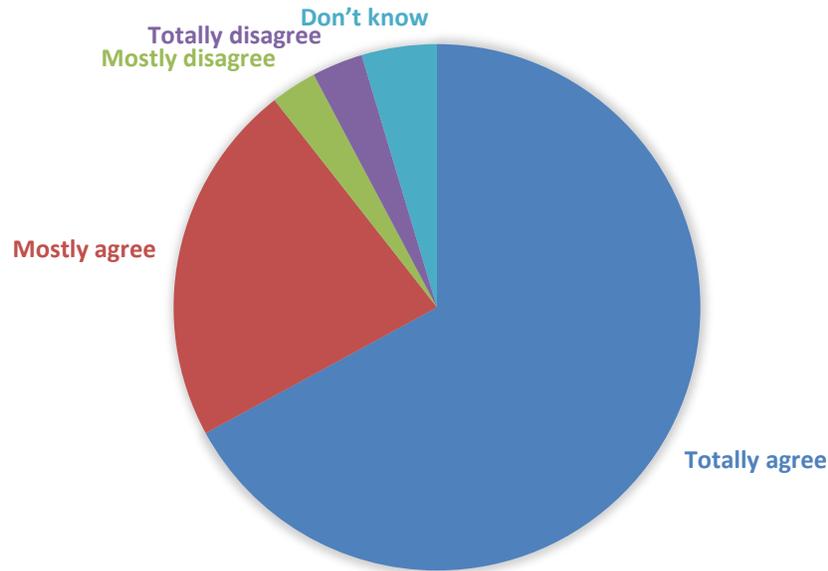
*“The phone is likely to be engaged, especially during peak times. What happens if the service is overstretched, or if you require an emergency appointment and the system goes down – there will need to be a backup service in place.”*

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.”*

### 1.4.3 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.

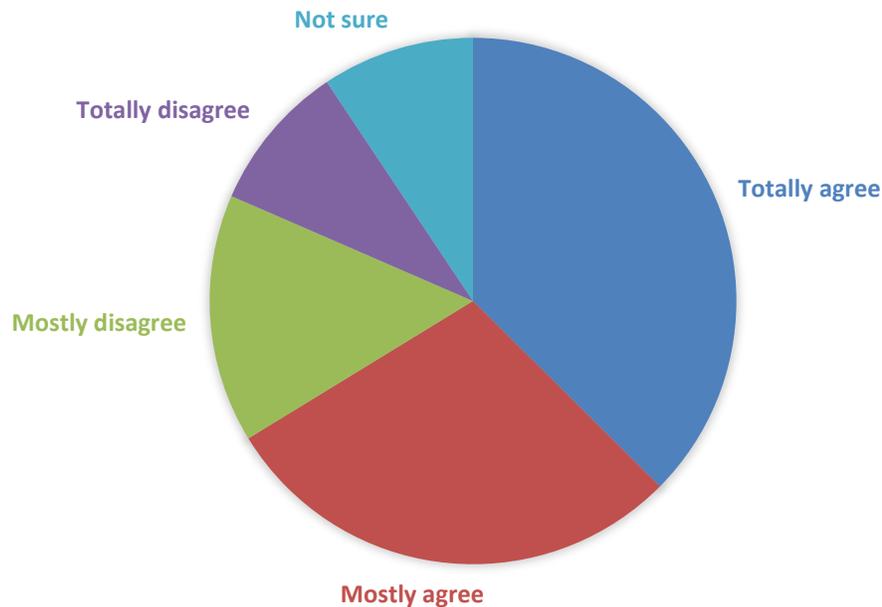


Respondents stated this proposed change would be particularly beneficial for improving patients' awareness about GP practices' procedures and services, as well as community services available in the area to enhance health and wellbeing.

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

### 1.4.4 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.”*

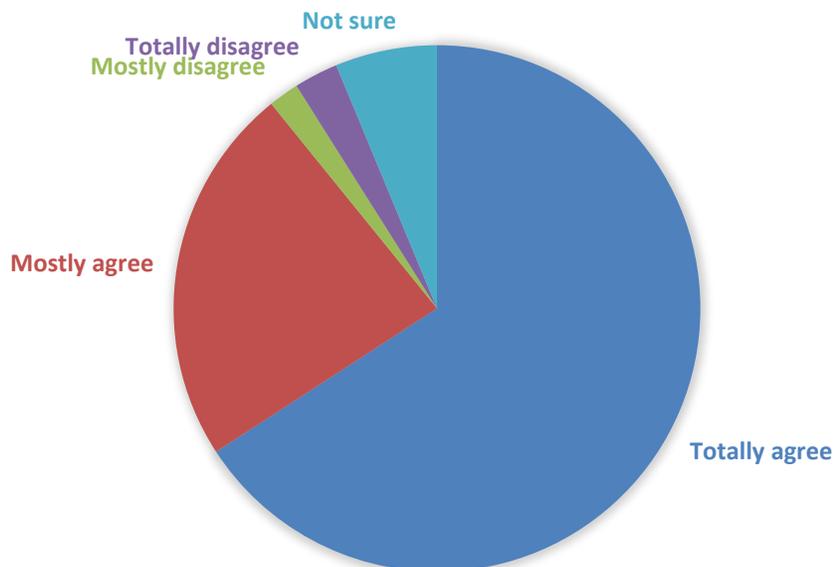
*“How much pressure is going to be on the GP at the hospital? They don’t want to overload A&E doctors so they would push it on GPs.”*

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.

### 1.4.5 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.

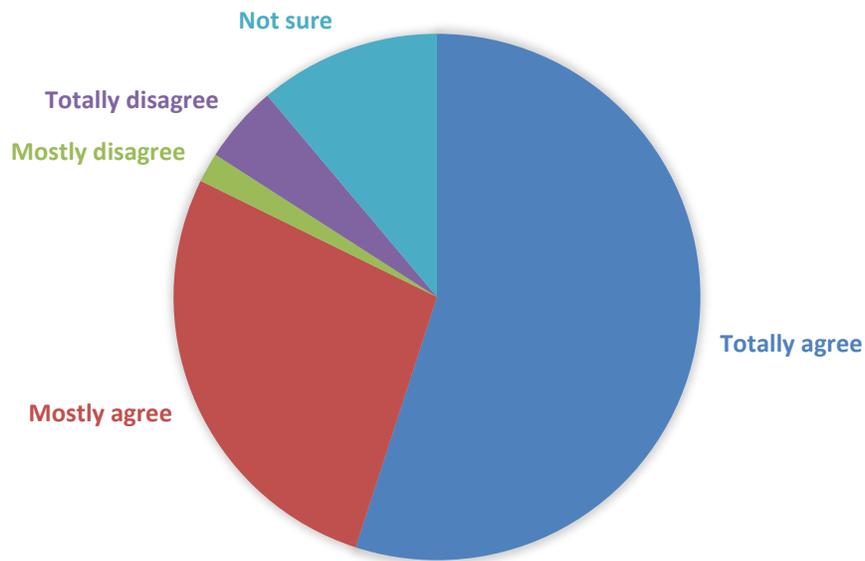
*“This will reduce the waiting time for people who actually need emergency care rather than minor health issues.”*

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

### 1.4.6 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.

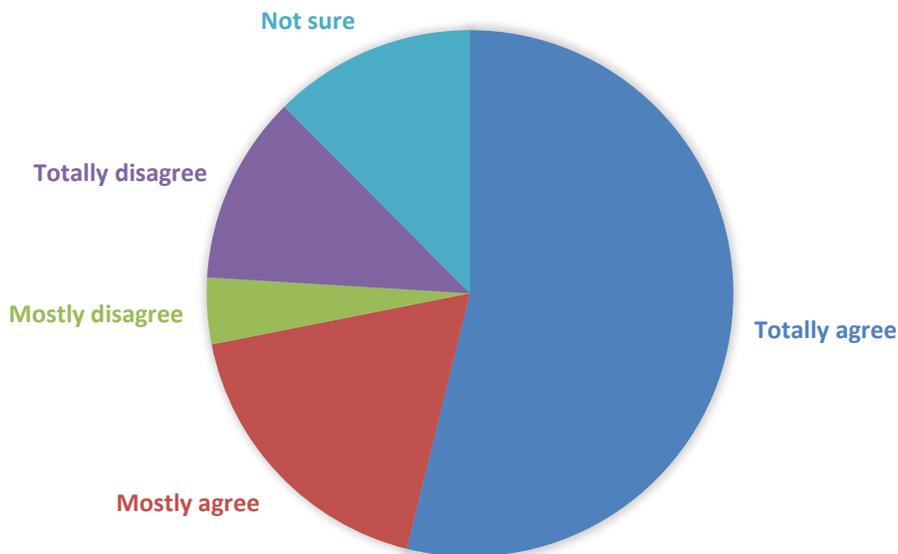
*“All doctors should be able to use all relevant equipment.”*



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.

**1.4.7 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.”*

#### **1.4.8 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.

## 2. Background

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.

However, we recognise there are still areas where primary care and urgent care could be better, in particular many of our residents aren't always able to 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.

Recognising these challenges and the importance of ensuring high quality primary care and urgent care services, over the past year the CCG have 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.

### 2.1 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.

## 2.2 Governance and responsibilities

The engagement was carried out under s242, NHS Act 2006 (amended by the Health and Social care 2012 s14Z2). This requires the NHS to: ensure individuals to whom services are being or may be provided are involved (by being consulted or provided with information or in other ways) in:

- planning commissioning arrangements
- the development of changes that would impact on the manner in which services are delivered or the range of health services
- decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

### **Primary Care Commissioning Committee**

Delegated commissioning arrangements took effect from April 1 2015. Tower Hamlets CCG established a Primary Care Commissioning Committee as a Committee of the Governing Body with responsibility for delegated commissioning arrangements. The Primary Care Commissioning Committee is made up of the Lay chair, Lay vice chair, Board Nurse, Board Secondary Care Consultant, CCG Chief Finance Officer, Independent Clinical Adviser, and the CCG's Accountable Officer. It also includes non-voting members that include a Health and Wellbeing Board representative, a Public Health representative, Healthwatch representative, LMC representative, two additional CCG GP representatives and an NHS England representative.

The Committee is responsible for making decisions about the future of primary care in Tower Hamlets which includes the planning of primary medical care services in Tower Hamlets, undertaking reviews of primary medical care services, and co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Tower Hamlets where appropriate.

The primary care committee will be responsible for making any final decisions on the proposed changes as part of the primary care transformation programme.

### **Primary care reference group**

The primary care reference group was set up to test out new ideas for the future of primary care and ways to tackle our local challenges. A wide range of stakeholders were asked if they were interested in becoming a member of the group and final membership was decided based on their past experience, personal perspectives and/or their links to key stakeholders. The group was made up of a 16 local

stakeholders including GPs, practice managers, network manager, pharmacist, public health, mental health, practice nurse, NHS England, voluntary sector, and patient leaders.

Eight half-day workshops took place over a period of six months where a range of issues, data and scenarios were presented to the group to discuss and work through at each workshop. Members were asked to feed in information to support effective joint working.

The role of members of the group was to provide transparency about discussions by means of an agreed statement of outputs from each meeting. This included conflicting perspectives and disagreements where consensus was not reached. The primary care reference group held their last meeting in June 2016.

### **Urgent care reference group**

The urgent care working group helped to develop the key proposals to transform and improve urgent care services in Tower Hamlets. The group was made up of commissioners, clinical leads and other medical professionals. They helped develop the business case for change, reviewed the evidence and feasibility for change and identified the four key areas of transformation within the urgent care plan. They also reviewed patient experience data to inform the transformation plan and members of the group also attended a local engagement event where they spoke to local residents about their experiences of urgent care. The information gathered at this event also helped to inform the urgent care transformation plan.

### **Patient and Public Engagement Steering Group**

In January 2016 we established a Patient and Public Engagement Steering Group made up of representatives from Healthwatch and key local voluntary and community stakeholders to design the community engagement plans. The group supported in the development of the overarching engagement plan, the development of the questionnaires and the recruitment of the community organisations undertaking engagement on behalf of the CCG.

### **Community Commissioning Panel (CCP)**

The Community Commissioning Panel (CCP) was formed part-way through the year, and took over responsibility from the Patient and Public Engagement Steering Group in (September 2016). It brings together 11 local residents who help to steer the CCG's engagement work. The CCP co-produced the community engagement brief and tender specification, and helped to develop the questionnaire. It also helped to develop the wider engagement strategy. The CCP also helped to choose the community groups who were best placed to carry out the community engagement work and also provided their views on the proposed changes to urgent care services.

### **GP engagement**

The CCG have attended various meetings and events to update and gather feedback on the proposed changes from GPs and GP practice staff. Locality workshops were held in each locality to discuss challenges facing primary care and propose solutions. Members from the primary care team and corporate affairs team have attended locality meetings each month to hear more about what primary care staff think about the proposed changes.

The CCG have offered one to one meetings and practice visits with the primary care team and have given updates at clinical commissioning forums and have regular monthly updates in the In Brief newsletter and on the GP website.

## 2.3 Co-production with patients and local residents – Partners in Creation

In early 2016, Partners in Creation was commissioned to work with the CCG to undertake co-production research into people's experience of and views on the future of primary care in Tower Hamlets. This in-depth approach is different to what we have done in the past as local people have been invited, as equals, into the heart of decision-making to co-create a new vision for primary care.

Two workshops led by Partners in Creation were held at an event in May 2016. Twenty-two local people were able to give feedback on their personal experiences of primary care, and suggest areas for improvement or change.

Two full-day 'action-based co-creation' workshops were held with 41 local residents to give insight into problems and needs, and co-invent solutions to these problems. The participants represented a socio-demographic mix of local people from across the borough and were recruited to the workshops as 'naive participants' who were generally well and not previously involved in helping to design and develop health services.

Partners in Creation's action-based co-creation approach quickly enabled people to explore their personal and private relationships towards services, as well as giving them the confidence, tools and permission to construct detailed answers to the problems at hand.

## 2.4 The proposals

### 2.4.1 Proposed changes to primary care services in Towers Hamlets

Looking toward the future sustainability of primary care the CCG has been working to develop a future model of primary care. This will build on our strong history of innovation and the important quality improvement established through the networks.

Over the past year, hundreds of people across Tower Hamlets, including GPs, local residents, carers and voluntary groups, have been working together to think about how we can strengthen and improve GP services in our borough.

We hope that this new way of working will support the delivery of improved patient outcomes, offer more accessible services through working at scale, and incentivise a more preventive and holistic approach to healthcare.

**We think people in Tower Hamlets should have the choice to visit other GP practices in the borough if it is convenient for them.**

- **At the moment:** most people register with a practice in the borough and then use that practice for all their GP needs.

- **We think that in the future:** GP practices should be linked together, so after people have registered they can choose to visit another practice in the borough if they want to. For people with long term conditions or complex needs it will be important they still get to see the GP and team that knows them best, but for those with a one-off illness or injury it might be more convenient to visit a GP practice elsewhere, for example closer to your work or to your child's school. If you move to another part of Tower Hamlets you wouldn't have to re-register with another GP practice.

**We think everybody should book appointments in the same place.**

- **At the moment:** people book appointments by calling their GP practice, or using the practice's website. But not everyone knows or has been shown how to book services online so they don't have the same opportunity to book convenient appointments.
- **We think that in the future:** everybody in Tower Hamlets should be able to book appointments in the same place, for example, this could mean having one phone number and one booking website for all GP services in Tower Hamlets. This would help you to book an appointment that is more convenient.

**We think everybody who starts using primary care services in Tower Hamlets should be given the same support to use health and care services in the borough, and look after their own health.**

- **At the moment:** when people register with a GP in Tower Hamlets, the information and support they are given is often only related to that GP surgery, and varies from practice to practice.
- **We think that in the future:** everybody should be given the same support, regardless of which GP they register with. This should include:
  - information about all health and care services available in Tower Hamlets and how to access them
  - support and information so you can better look after your own health
  - being shown how to use digital services, like online bookings and online repeat prescriptions.

## **2.4.2 Proposed changes to urgent care services in Tower Hamlets**

We are thinking about making a number of changes to urgent care services in Tower Hamlets to improve access to out of hours care, access to specialists via NHS 111 and the Royal London Hospital and to reduce waiting times and pressure on A&E. We are hoping to provide a more joined up and comprehensive urgent care service that meets the needs of local residents.

### **A primary care-led service at Royal London Hospital**

- **At the moment:** the Urgent Care Centre at Royal London Hospital is run by hospital clinicians. They have a good understanding of hospital services, but aren't always as knowledgeable about health services outside of the hospital, which offer excellent care that is sometimes more appropriate for you than hospital treatment.

Not being given the option to use other health services outside of the hospital can cause problems: you may have a longer waiting time because other people who have more urgent problems need to be seen first. You may be given a more invasive treatment than you really need, which can be riskier to your health. It can also cost the NHS more money.

- **We think that in the future:** the Urgent Care Centre should be led by primary care staff, such as GPs and pharmacists. The majority of problems people come to an urgent care centre for are best managed by a primary care clinician, and these teams have more knowledge about other services outside of the hospital. This should mean you are given more choice about where to be treated, and are more likely to get the right type of care, in the right place, at the right time. Waiting times may be shorter, and it would be better value for money for the NHS.

### **Open the urgent care centre 24 hours a day, seven days a week**

- **At the moment:** the Urgent Care Centre at the Royal London Hospital is located within the A&E department, and is open from 8am to 10pm. This means that anybody who needs urgent care in the late evening or early morning will usually go to A&E instead, which should be for emergencies only. This means you may have a longer waiting time because other people who have more urgent problems need to be seen first, and it can cost the NHS more money.
- **We think that in the future:** the Urgent Care Centre should be open 24 hours a day, seven days a week. This means people who need urgent rather than emergency care will be able to get the right type of treatment any time of the day. It should also reduce waiting times at A&E, and be better value for money for the NHS.

### **Let the urgent care centre use more hospital equipment**

- **At the moment:** the Urgent Care Centre can't use some important hospital equipment, like an x-ray machine. That means if you need an x-ray you will have to be seen at A&E, which could have a longer waiting time.
- **We think that in the future:** the Urgent Care Centre should be able to use more hospital equipment, which would mean more people could be treated in the Urgent Care Centre, and waiting times should be shorter.

### **Access to more specialist clinicians through NHS 111**

- **At the moment:** if you need urgent care in Tower Hamlets you can call the NHS 111 number to get advice on where to go. The call handlers can get some clinical advice if they need it, but if you have a health issue that requires specialist clinical advice it is more likely that you will automatically be told to visit hospital, even if that's not the place you really need to go.
- **We think that in the future:** the NHS 111 service should have access to more specialist clinicians, such as a doctor or a mental health professional. That way, if you have a health issue that requires specialist clinical advice you are more likely to be given the right information and support. For example, someone who urgently needs medication for their diabetes may be able to get a repeat prescription over the phone.

### 3. Structure of the engagement

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.

#### 3.1 Engagement materials and ‘opportunities to see’

Tower Hamlets CCG developed and printed 2,000 engagement documents about the proposed changes to primary care that were sent to the 36 GP practices in Tower Hamlets. The engagement document also contained a printed primary care questionnaire and web address to the urgent care questionnaire. All GP practices were asked to display the documentation prominently in their reception and waiting areas. Further paper copies were available on request – none were requested.

The engagement document was written in plain English and was available in different languages and formats, such as Braille or ‘easy-read’, on request. No requests for alternative formats were made.

Tower Hamlets CCG also developed two online questionnaires for people to share their views about the proposed changes to primary care services and urgent care services. The engagement document and both the primary care and urgent care questionnaires were available on the CCG’s website ([www.towerhamletscg.nhs.uk/haveyoursay](http://www.towerhamletscg.nhs.uk/haveyoursay)) and was easily accessed from a link on the homepage.

For primary care, 148 people responded to the online and printed booklet questionnaires to share their experiences, suggestions for improvement and thoughts about the proposed changes. For urgent care, 27 people responded to the online questionnaire. No requests for printed versions of the questionnaire were made.

At the start of the public engagement period, emails were sent to over 500 stakeholders with a link to the CCG’s website, information about the engagement, links to both the primary care and urgent care questionnaires, and information on how to respond. These stakeholders included staff, MPs and councillors, health partners, and patient and voluntary groups. They were asked to share the information through their own channels.

A media release was sent to local press to publicise the opportunities to engage and respond, as well as directing people to the website and other sources of information. Follow up calls to journalists were made at the beginning and towards the end of the engagement period.

Tower Hamlets CCG and others tweeted about the engagement to hundreds of followers.

#### 3.2 Community engagement

Tower Hamlets CCG commissioned eight local community organisations to carry out in-depth engagement with people who are not often heard from when health and care services are being redesigned:

- 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 groups used a range of engagement methods including one-to-one interviews, focus groups, drop-in sessions, attending existing groups, community forums or events and home visits. At these engagement sessions, people were asked to complete the primary care and urgent care questionnaires. The community engagement gathered the wider views and feedback from approximately 1,800 people, of those 640 people responded to the questionnaires.

**Throughout the public engagement period, approximately 2,000 people** provided feedback and comments at meetings, focus groups, drop-in sessions, and events or got involved in the engagement in some way, talking with us at events or attending a presentation or completing a questionnaire.

## 4. How feedback on the proposals will be used

This report, along with all of the raw data and feedback collected during the public engagement period, will be shared with the primary care commissioning committee and urgent care transformation board for review. These groups have led the transformation programmes and will make any final decisions on proposed changes. The CCG will publish a report to highlight any changes that have been made, and will be published on the CCG website.

A public engagement is a valuable way to gather opinions about a wide-ranging topic. However when interpreting the responses it is important to note that whilst the engagement was open to everyone:

- the respondents were self-selecting, and certain types of people may have been more likely to contribute than others
- the responses therefore cannot be assumed to be representative of the population as a whole.

Typically there can be a tendency for responses to come from those more likely to consider themselves affected, and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals.

A number of suggestions were considered to be outside of the scope of the public engagement, as they would require changes in national policy or are not feasible for financial or other reasons, for instance:

### Primary care:

- Build new GP practices to cope with increasing population
- Hire more GPs and nurses so more appointments can be made available

### Urgent Care:

- Make the waiting time target in A&E even longer to discourage people from going to A&E
- Free transportation should be provided for vulnerable patients when they leave an urgent care service

## 5. Feedback on primary care transformation plans

### 5.1 Summary

The report below provides details on the responses and feedback about primary care services in Tower Hamlets, gathered through printed and online questionnaires, questionnaires completed via community engagement, and community based engagement.

The results from the paper questionnaire, online questionnaire, community engagement questionnaire have been combined in the tables throughout the report. Additional comments and feedback have been taken from the community engagement reports supplied by the eight community organisations who undertook engagement on the CCG's behalf.

Responses to the proposed changes on primary care raised some significant differences of opinion which appears to partly be based on:

- the age of the respondent

- whether or not the respondent, or their child, had a long term condition or complex needs
- whether they were responding as an individual or as a parent
- their current relationship with or experience of their GP practice

Younger people and those with less complex health needs seemed more excited by the changes and cared more about being able to have increased flexibility and choice. People who had experienced poorer service or difficulties with their current GP practice were more positive about the idea of being able to go elsewhere. There was also strong support from those who felt that the medical needs of children – especially toddlers, babies and children with special needs – required a greater sense of urgency and felt that being able to see another GP was a positive change.

Older people and those who have complex health needs or long-term conditions were more resistant to the changes, caring more about continuity and stability and their routines and the relationship with their GP. Those who are happy with their current GP practice and have no real need to want to go elsewhere were also less likely to support any changes.

## 5.2 The respondents

### 5.2.1 Are you registered with a GP in Tower Hamlets?

The vast majority of respondents were registered with a GP practice in Tower Hamlets.

Yes	690	94.9%
No	27	3.7%
Don't know	10	1.3%
<b>Total # of respondents</b>	<b>727</b>	

Of those who said they were not registered, the most common reasons given for this was that they didn't know how to register, that they were registered with a GP practice in a neighbouring borough, or that they had recently moved houses and were yet to re-register at a new GP practice.

### 5.2.2 Do you use any of the following online services? If you use any of these services, please comment on your experience. If you haven't used any of these services, please explain why.

There were 110 respondents who said they used online services. Most respondents commented that they didn't use any of the services as they weren't aware of them, especially skype consultations.

Online GP appointment booking	79
Online repeat prescriptions	30
Online e-consultation (skype)	1
None	583
<b>Total # of responses: 693</b>	
<i>Respondents were able to answer more than one option this question.</i>	

Older people commented that they feel less comfortable using online services, while the younger population seem more familiar with them and more likely use them. Of those who have used online booking or repeat prescription facilities all commented that they were efficient. In particular they commented that *“online GP appointments are excellent and easy to access – saves so much time.”* One participant with mobility issues was pleased to be able to get repeat prescriptions easily using the online process.

The young adults interviewed said online services were:

- “Easy to access”*
- “Easy to check-up online your appointments and prescriptions”*
- “Quick way of booking appointments”*
- “Provide more convenience, is faster and made it easier to arrange appointments”*

Of those who did not use the services the main reasons given were that there was a lack of information about how to access these services, language barriers and learning difficulties, age-related issues (i.e. older people), not having access to internet or smartphone, and a preference for personal interaction.

### 5.3 Responses to proposal questions

#### 5.3.1 People in Tower Hamlets should be able to visit any GP practice in the borough

Overall, respondents agreed with the proposed change of being able to visit other GP practices in the borough. The majority of respondents (411) ‘totally agreed’ and ‘mostly agreed’ with this proposal.

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Don’t know	Total # of respondents
People in Tower Hamlets should be able to visit any GP practice in the borough	253	158	76	130	37	<b>654</b>
	38.6%	24.1%	11.6%	19.8%	5.6%	
<b>Total</b>	<b>411</b>		<b>206</b>		<b>37</b>	
	<b>62.7%</b>		<b>31.4%</b>		<b>5.6%</b>	

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.

Although many respondents recognised that these changes would bring more flexibility to the service, some respondents were concerned that it might lead to a less personalised approach. The consistency of one GP was very important to those who felt their needs benefitted from a personal relationship. Reasons for this included avoiding having to repeat stories and feeling more comfortable sharing information with the same GP. This was expressed both for people's physical health but also for their mental health and wellbeing.

There were also significant differences between those who were in a position to travel to appointments in other practices and those who weren't. Those who were able to travel on their own (without children) or had the time to do so were more supportive of the proposal. Those with children, issues travelling, or mobility issues felt that this proposal would make it more difficult for them to see a 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.

**People who agreed with the proposal** felt that, if implemented, this change would make it more convenient to see a GP closer to work, at a time that suits and fits around schedules and would give patients greater choice. A parent, for instance, mentioned that this change would be particularly beneficial to children – *“with kids it is all about time, you want to see a GP quickly.”*

The notion of being able to get a more flexible and convenient appointment at another practice was appealing and respondents felt this would offer more accessible and efficient care. Respondents also liked the idea of not having to re-register if you move within the borough.

Other comments include:

*“I think it is a good idea, it would be more convenient for me to see a GP closer to my work if possible.”*

*“Good to have more options to make sure you get appointments quickly.”*

*“Avoids long waits which is great.”*

*“Sounds accessible and efficient – this would give me more confidence in the system.”*

*“Hopefully I will be able to book an appointment faster – I'm sick of having to wait two to three weeks for an appointment.”*

*“I found very positive if I can choose to see my GP even if I move to a different area.”*

In particular, this change was perceived as an alternative to help reduce the long waiting times faced at some practices at the moment. Being able to go to any GP practice would increase the chance of being seen quicker by a doctor and be rapidly reassured about a health issue.

Although it is positive being able to go an alternative GP practice in an emergency situation, some respondents would still prefer going to their usual practice.

*“Even within the doctors in the practice, some of them are there for years and they know me, they know who I am. I feel safe and secure.”*

This preference seems to be common among adults, older people and family members as they feel safer and reassured about their concerns while going to their usual GP practice, where they have often been registered for long period of time.

**Respondents who disagreed with the proposal** felt that going to a new GP practice would place time constraints on appointments:

*“If I go to a different practice they need to go through all my history, you only have ten minutes, while they are there trying to catch up. When they manage to catch up, they don’t really have time to talk what you really need to talk about”.*

Other themes of the feedback from those who disagreed with the proposal were:

- for those with a chronic condition it is important to see the same GP (for either a child or parent) as that GP builds up the knowledge and knows the problem well
- parents and carers who have children with special needs and challenging behaviours are worried about having to travel and having to explain their story to a strange GP
- some respondents worry about data protection and sharing personal information among practices – *“I don’t think this is a good idea. I don’t want to bring my case records from one practice to another. I don’t want to share my personal information with any other doctor”*
- some respondents felt concerned that this proposal would mean even more people turning up at their surgery where waiting times were already long – *“I understand that other people are not happy with their surgery but I don’t want to give up my brilliant medical support system”*
- those with mobility issues and the elderly felt they might find it difficult finding new surgeries.

### **5.3.2 Everybody should book appointments in one place**

There were 157 respondents who ‘totally agreed’ with this proposal and 167 respondents who ‘totally disagreed’. Although the number of respondents who totally disagreed slightly outweighed the number totally agreeing, the number of those mostly agreeing (179) was double the number mostly disagreeing (94).

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Don't know	Total # of respondents
Everybody should book appointments in one place	157	179	94	167	52	649
	24.1%	27.5%	14.4%	25.7%	8%	
<b>Total</b>	<b>336</b>		<b>261</b>		<b>52</b>	
	<b>51.6%</b>		<b>40.1%</b>		<b>8%</b>	

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.

Booking appointments in the same place was welcomed to help reduce the amount of calls the GP practices need to deal with. Participants, nonetheless worry about how it might impact their relationships with the practice and a central service might not have enough staff to deal properly with the amount of calls from the whole borough. Many people did not trust online services and were concerned that an overload of calls or people accessing the online booking services would result in the system crashing.

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.

**Those who agreed** with this proposal felt that having either one number or website to book appointments would make things more convenient and save time, they also felt it would make it simple and clear to everyone how to book appointments, and would ensure all patients to have the same level of assistance.

The majority of respondents mentioned problems reaching their GP practices by phone, with constantly busy lines. They felt that this proposal could help reduce some of the work of busy reception staff.

In addition, many respondents mentioned that the reception area lacked privacy, as it is possible to hear receptionists discussing private information while waiting for an appointment.

*“It’s quite annoying when you are standing up in front of the receptionist and they are on the phone for 5, 10 minutes [...] and you are in front of them listening to the conversation”.*

The GP reception area was often mentioned as one of the main areas in need of improvement. Sometimes referred as “not friendly” or “laidback”, it was felt this important front line facility might significantly benefit from a centralised appointment system and dealing with fewer calls would enable receptionists to deliver a higher quality service to patients.

*“If they [receptionists] are so busy, if they are taking calls and dealing with people at the same time, it might be difficult to keep the quality of the work”.*

**Feedback and comments from those who disagreed** with the proposal focused on concerns around a centralised system not being able to cope with high levels of calls/website visits, translation and learning difficulty issues and either not having access to internet or smartphone, or not knowing how to use them – especially for older residents in the borough.

There were also concerns about certain services becoming overbooked and people not being able to see their own GP if they were too popular with one participant in particular commenting – “it is hard enough to get an appointment already, I fear that this will make it even harder, waiting on a phone line that never gets answered and no one to talk to if you don’t get what you need.”

Respondents were concerned to what extent the communication with their surgeries will be affected. Some respondents drew attention to the close relationship they have with the member of staff from their surgery, which enables them to have more personalized assistance.

*“When people call directly to their own practice they are more likely to get personalized assistance according to their needs. Sometimes you call and because the receptionist knows you and sometimes know your problems, she helps you with specific information, for example, ‘call in an hour and I will see if there is any cancelation that I can book you in’”.*

Accessibility was the biggest issue with many respondents commenting that not everyone has access to a computer so if only online booking is available then it would not be accessible to everyone. Language barriers, people’s ages and also their economic and educational status also influenced respondent’s views on this proposal. They felt that having one option would negatively impact them if they were unable to use online services, or if translation services were not available.

Website and phone booking services need to be easy to use as older people, for instance, were especially concerned with “computerized systems”:

*“A problem with centralized numbers is that there are too many options when you call – If it is a computerized system it might be complicated to talk to people. Press one for that, two for this...too complicated”*

### **5.3.3 Everybody who starts using primary care services in Tower Hamlets should be given the same support to access health and care services in the borough, and look after their own health**

The proposed change to have the same support to access healthcare services in the borough had very strong agreement with respondents with 450 totally agreeing with the proposed changes.

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Don't know	Total # of respondents
Everybody who starts using primary care services in Tower Hamlets should be given the same support to access health and care services in the borough, and look after their own health.	450	150	19	21	31	671
	67%	22.3%	2.8%	3.1%	4.6%	
<b>Total</b>	<b>600</b>		<b>40</b>		<b>31</b>	
	<b>89.3%</b>		<b>5.9%</b>		<b>4.6%</b>	

Respondents stated this proposed change would be particularly beneficial to improve patients' awareness about GP practices' procedures as well as community services available in the area.

*"This will provide more efficient use of services, it would also ensure people feel valued and everyone benefits equally, it is a fairer system, more services will be accessed and used, it would also empower people to take control of their own health and be more independent."*

**Respondents who agreed with the proposals** felt that ensuring everyone had the same access and information about services in the borough would help people gain confidence in navigating the health system which can be confusing and that it will make it fairer for all people in Tower Hamlets.

Respondents felt that receiving a booklet when patients register with a GP practice is the easiest way to inform patients about all the procedures they need to know about the health care service.

The respondents recommended that all GP practices adopt the same policies and procedures. According to the respondents it would be much easier to inform the community of how to proceed (e.g. how to complain) if only one procedure was adopted throughout Tower Hamlets.

*"[...] If my neighbour needs some help and we're not from the same practice, today I wouldn't be able to help him because the procedures are different, but if we had the same procedures everywhere it'd be easier to help each other"*

Other comments include:

- Everyone should be given the same amount of information and access to health care services –  
*"Yes, everybody should have the same access and support to primary health care. Patient education is so important, health information and encouraging healthy behaviours is crucial. People need to understand that they have a responsibility for their health and should feel empowered to learn how best to manage a condition, or understand why certain drugs have been prescribed, what they can do to have a healthier lifestyle."*
- Fairness and equality is very important. Some patients who have a good GP practices receive better care than at practice a few roads away – care is not consistent across the borough –

*“There is a vast difference in the standard of GP practices across the borough as such, being assigned a single GP surgery you can attend can result in having to access a surgery that is not adequate for your needs.”*

**Those who had concerns with the proposal** were not convinced that 'same support' would translate into application and commented that one size/same support, does not fit all.

*“I'd be interested to see the benchmark for 'same support' where that support comes from and how it is measured.”*

Other concerns were around how changes in services would be communicated across the borough as communications from GP practices varied across borough – they felt this would lead to certain patients at certain GP practices knowing more about what services are available, and any services being introduced.

## 5.4 Additional questions

### 5.4.1 What is more important to you, seeing the same GP every time you have an appointment, or getting an appointment at a time that suits your needs?

The overall theme coming from respondents was that if they needed to see a doctor regularly or frequently then they would want to see the same GP every time, but if it is for a one-off issue and they need to see someone quickly then the choice would be to get an appointment at a time that suits their schedule and they would be fine seeing a different doctor.

*“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”*

Seeing the same GP every time I have an appointment	281	43.3%
Getting an appointment at a time that suits my schedule	298	45.9%
Not sure	69	10.6%
<b>Total # of respondents</b>	<b>648</b>	

18 respondents felt they couldn't answer this question as a preference as they would like to have both options.

**Respondents whose preference was to see the same GP every time** were more likely to be older people, people with long terms conditions, complex needs to had a child or cared for someone with a long term condition.

For these people, building and maintaining relationships with a named GP is key – *“you build a relationship with the same GP and feel comfortable confiding in them”*. They would not feel comfortable having to explain their issues to a different GP every time they needed an appointment and want someone who knows their history – *“I don't want to be telling my story over and over again.”*

Many respondents also felt that 10 minute consultations aren't long enough already, so if they had to see a different GP and explain their medical history to them there wouldn't be enough time left to talk about the real issue or reason they made the appointment for.

Many parents and families wanted the same GP because they felt it is important that they know about them and their family’s needs. One respondent commented:

*“My son has autism so it is very important to have a GP who knows him well and knows how to talk to him so that he doesn’t get anxious.”*

Respondents also felt that, for certain issues, they wanted a GP who already has an understanding of their individual issues. For example, mental health concerns. For the LGBT community, a concern raised by many respondents was the fear of having to continually come out to different GPs, and feeling extremely uncomfortable discussing LGBT-related issues with different GPs, as some don’t know how to handle gay or lesbian couples or patients.

**Respondents who preferred being able to get an appointment at a more convenient time** felt that this option was positive because it gave them more choice. These respondents were focussed on getting appointments to fit around work or getting an appointment sooner for urgent or emergency cases, especially for younger children.

*“I work out of the borough so early or late appointments are what I value most.”*

*“All doctors are qualified so seeing one at my convenience is the most important aspect.”*

*“If you’re in pain you need to see someone straight away. If they have access to the same records then you won’t lose anything by going to a different doctor.”*

*“When you have children and they have an urgent issue you can’t wait two weeks to see your GP so I would like to have the choice to see other GPs.”*

*“My children have special needs so it’s really important to me that I get an appointment when things can’t wait.”*

**5.4.2 If you were offered a GP or nurse appointment at another GP practice in Tower Hamlets at a convenient time, how far would you be prepared to/be able to travel?**

The majority of respondents said they would be willing to travel 0-10 minutes from their current practices. Over half of respondents would be willing to travel up to 15-20 minutes from their current practice for an appointment at another practice.

I would not travel to another practice	71	11.4%
10-15 min from my current practice	177	28.6%
15- 20 min from my current practice	102	16.5%
20-25 min from my current practice	71	11.4%
<b>Total # of respondents</b>	<b>618</b>	

Responses to this question focused on whether or not respondents would be willing to see another GP or if they were happy with their current GP and didn’t want to see anyone else.

**Respondents who were willing to travel** commented that at their current GP practice the earliest appointment is always two weeks away so they would definitely travel a bit to get an earlier appointment – *“If it meant being seen sooner I would definitely travel.”*

Parents also commented that they would be willing to travel in an emergency if it is for one of their children.

**Respondents who wouldn't travel** said that it may not be possible for people with disabilities or mobility issues who already have issues travelling to travel greater distances. Parents with young children and older people or those with mobility issues were also more likely to not be willing to travel.

Parents commented that it would be difficult for them to travel with young children – *“I have three children so I cannot travel far.”* They would also be unwilling to take sick children on public transport.

Many respondents who have built up a strong rapport with their GP are less likely to want to travel to see another GP – *“I like my GP and don't want to go anywhere else.”*

#### **5.4.3 What information would you expect to receive when you register with primary care services in Tower Hamlets?**

Most respondents wanted information on the services available in Tower Hamlets, how to access these services and information to help them navigate the local health system. Respondents also felt that the information should be the same across all practices.

*“An information pack should be provided with contact details about all the health and social care services and support available in Tower Hamlets. All the primary services available to you, information about health choices and more detailed information about things the people within the community can do to take more control and empower them to improve their health and wellbeing.”*

Respondents also noted that people usually search for information when the need arises. In this way, it was suggested that all relevant information should be available and accessible whenever patients have the need for it.

*“At my GP there is a folder, with basically all the information about cold, flu, rash ... but it actually says what it is, what you can do to prevent it, to treat it, what could cause it. When I go to my GP I flip through it and I always want to walk out with it, because it has everything in it [...]. It would be interesting to have one of those at home”.*

The most common information respondents wanted were:

- what services are available: including online services, blood tests, vaccinations – alternative services too such a weight management, nutrition and diet advice
- what constitutes an emergency and where to go or what to do in an emergency – similarly what to do/where to go when it isn't an emergency
- information about the walk in centres
- self-care information

- opening times of all services, GP practices, pharmacies, urgent care centre, walk in centres etc.
- contact details
- how to book appointments – online, phone – and how to cancel appointments
- additional services – community services, voluntary groups, to help with health and wellbeing
- information on mental health support available
- who to see for what – i.e. what do I need to see a doctor for and what can a nurse help with
- signposting information
- data protection – how information is used and kept
- translation services – what is available and what to people need to arrange themselves
- patient rights and responsibilities
- information on quality of services, reviews and how to make complaints.

#### 5.4.4 Which formats would you like to receive information in when you register with primary care services in Tower Hamlets?

The most common format that respondents wanted was an initial face-to-face discussion with an experienced staff member. The next most common response was a letter. Respondents were able to pick multiple options for this question.

Face-to-face discussion with a staff member	264
Skype discussion with a staff member	11
Letter	240
Phone	118
Text message (SMS)	133
Email	120
An app on my smart phone	33
Other (please specify):	15 – home visits and information pack
All	6

There was a shared view from **respondents who preferred a face-to-face discussion** that they would like to have an initial conversation with someone as they valued human interaction and the chance to seek clarification or ask questions. This conversation would then be followed by or supported by some kind of letter or document, as they liked to have something to take away with them, refer to later or share with others.

*“Somebody could help people to get the information they need or the GP should tell the patients what there is available to them. My GP already knows me and could provide more precise*

*information about things happening in the area that might meet my needs. Or they could post information based on my medical records.”*

**Respondents who preferred letters** commented that perhaps having other written documents would be helpful. Printed materials seemed to be the most commonly source requested by older people, those with a potential language barrier and those not familiar with online services.

*“I want to have something I can take with me and read or refer to later.”*

*“I can’t read much and need to have someone translate it for me and explain.”*

*“Good to have written information to hand at home to refer to.”*

*“It’s good to have something on hand so you can share it with relatives and friends when they need help.”*

*“How to guides’ would be useful – e.g. How to get repeat prescriptions online but information needs to be in other languages.”*

**Respondents felt that online information** only suited those who were able to access the internet or smartphones – *“I don’t have the internet or a smart phone – it’s an expense we cannot afford.”* It was also more difficult for older people, people with language barriers or learning difficulties to access information online without the support of a friend or family member.

*“You need to consider how older people are going to be able to use digital or online services – they need help in using these.”*

Nevertheless, it was still felt to be an indispensable tool to access information and people like the idea of being available online – *“I’d look on my practice website, but my mother wouldn’t. She would prefer a booklet.”*

Many respondents made the point that language barriers, learning difficulties and age needed be considered when determining how information is shared across the borough.

*“Translation and literacy issues need to be taken into account – not everyone can read so there needs to be an alternative way of sharing information rather than having everything online or in leaflets.”*

Respondents also mentioned that there should be a number of ways people can access information in a way that suits their needs so they can determine for themselves what is important or relevant to them.

*“I want a combination of communication options so I can go through it thoroughly, see what’s relevant and what has an impact on me.”*

A suggestion was made for an information pack or booklet to be developed that people are given when they register with a GP practice, one respondent commented:

*“Booklets might be the best way [...] phones can die and you can lose the information and not everybody have access to internet. I think if you can grab a booklet and leave it in the drawer and you can go to it whenever you need.”*

A leaflet display was also identified as a useful source of information when visiting a GP practice. It was felt that while waiting for an appointment, patients are more likely to look around and find useful information about, for example, community services, health care leaflets and local newspaper, and therefore, spot information relevant to them.

*“Leaflet rack displays seem to be a good way for people reach information they need. While you are registering for the first time at a practice or you are a long term patient. Relevant information should be put into this displays so people can browse and get the information they need.”*

#### **5.4.5 Is there anything else that we need to consider or you would like to tell us?**

There were five key feedback themes from this question:

1. **People value options:** most people want to have more than one option – choice is key.
2. **Equal access for everyone:** asylum seekers reported how difficult it was to register with a surgery because they have no proof of address. Trans-gender people said they do not feel supported by the current system.
3. **Appointment lengths need to be more flexible:** many respondents felt that a 10 minute consultation is not long enough for proper examination and diagnosis. By only allowing patients to talk about one thing it was felt that critical information could be missed – *“[one issue] may be related to other issues and if they listened they may get a better idea of what is wrong and not over prescribe antibiotics.”*
4. **Staff can create barriers:** respondents mentioned that reception staff need to be trained to be more sympathetic and friendly – *“Sometimes I don’t like going to my GP practice as the reception staff are miserable.”*
5. **Mental health support:** a lot of respondents felt that getting mental health support through primary care services was difficult to understand. They believe a better understanding between GP practices and mental health services is needed.

## 6. Feedback on urgent care transformation plans

### 6.1 Summary

The report below provides details about the responses and feedback about urgent care services in Tower Hamlets gathered through the online questionnaires, questionnaires completed via community engagement, and the community based engagement.

The results from the online questionnaire, community engagement questionnaire have been combined in the tables throughout the report. Additional comments and feedback has been taken from the community engagement reports supplied by the eight community organisations who undertook engagement on the CCG's behalf. Please note the urgent care questionnaire was only available online, there were no paper copies distributed.

The majority of those who provided feedback about urgent care services agreed with the proposed changes and suggestions for improvement, as many people highlighted that the current system often does not work well, is overwhelmed with demand and is not sustainable into the future.

However, not all respondents agreed with the suggested changes and raised concerns over the cost to the NHS, not being able to see the right medical specialist when it is needed and GPs in the primary care led centre being overwhelmed with demand.

It was also clear from the feedback that many people did not understand the difference between urgent and emergency care and felt they did not have enough information about the urgent health care services available to make an informed choice about where to go.

### 6.2 Respondents experiences of urgent care services

#### 6.2.1 Please tell us where you would go to get help if you or someone you care for had

	Persistent chest pain	High fever	Bad rash	Total # of Responses
GP	87	151	143	<b>967</b>
GP out-of-hours	36	16	21	
Pharmacy	0	52	79	
Walk-in services	1	20	15	
NHS 111	8	26	12	
Ring 999	4	1	1	
Urgent Care Centre	5	1	2	
A&E	207	55	9	
Self-care	0	12	3	

### 6.2.2 In the past two years have you or someone you cared for needed urgent treatment? If yes, please tell us which services you used

The table below suggests the most used services by respondents were A&E, GP out-of-hours, and pharmacies, while the least used services were walk-in centres, the urgent care centre at the Royal London Hospital and NHS 111.

No	194
GP out-of-hours	128
Pharmacy	93
Barkantine Walk-in Centre, Bow	30
St Andrews Walk-in Centre, Isle of Dogs	40
NHS 111	36
Urgent Care Centre at Royal London Hospital, Whitechapel	72
A&E department at the Royal London Hospital, Whitechapel	179
Other: Moorefields Eye Hospital	1
<b>Total # of responses</b>	<b>773</b>

While some respondents did use dedicated urgent care services, such as walk-in centres and the Urgent Care Centre, there was lower uptake. When asked about why they chose the GP out-of-hours service or A&E, many respondents stated that they were not aware of other services in Tower Hamlets that could meet their urgent health care need.

It was also clear that people did not understand the distinction between 'urgent' and 'emergency'. This highlights the need for more information about where to go for a non-emergency health need

### 6.2.3 Overall, how was your experience of using these services? Please explain why you gave this rating for your overall experience of these services?

The majority of respondents reported that their experiences of using urgent care services in Tower Hamlets were either '**quite good**' or '**excellent**'. This was contradictory to many of the conversations that community groups had around the perceived decline in quality of NHS services.

<b>Poor</b>	18	5%
<b>Quite poor</b>	43	11.9%
<b>Quite good</b>	188	52.3%
<b>Excellent</b>	110	30.6%
<b>Total Number of Responses</b>	<b>359</b>	

Many respondents reflected that their own personal experiences were largely positive, but experience of friends and experiences that they see in the news are often negative which might contribute to the wider (but not personally held) view that urgent care services are poor quality. Those respondents who reported that their experiences were either 'quite good' or 'excellent' cited efficient staff members, good knowledge of specific medical conditions, good follow up care and easy access to the treatments they needed.

**Walk-in centres:**

*"I was able to get an appointment when I needed one and was seen quickly."*

**Urgent Care Centre:**

*"We were seen within an hour and the care was very good."*

*"They were very good at dealing with the actual problem and followed up with great after care."*

**GP Out of Hours:**

*"I find this service very helpful."*

*"GP out of hours dealt with my situation urgently – I was very happy with the service."*

**A&E:**

*"Staff were very kind and caring."*

*"I find the treatment very good in A&E."*

*"A&E was very helpful when I needed it during my pregnancy."*

*"Overall parents /carers taking children to A&E spoke highly of the service they received."*

**Pharmacy:**

*"My local pharmacy provides a very good service – I'll often go here before I try to see my GP."*

**Respondents who reported that their experiences were either 'quite poor' or 'poor'** cited long waiting times, lack of staff to support services running effectively, lack of empathy from staff, issues around accessibility and knowledge of working to accommodate language barriers and disabilities. However, many respondents did say that despite the long waiting times, when they were seen they were given good quality care by a compassionate staff member. There was also a consistent theme that interpreters and language support was needed by many people using urgent care services.

**NHS 111:**

*"My experience of 111 was quite poor – I was told to wait overnight until I felt better."*

*"111 has very little local knowledge of the services available in Tower Hamlets."*

**Walk-in centres:**

*"I waited five hours in the walk-in centre to be sent home by the GP, this was very frustrating."*

**Urgent Care Centre:**

*"Services are not accessible, it is complicated to know what to do, too much information is required."*

*“Urgent Care Centre does not always give the right treatment, I went three times to urgent care with my little girl and they wouldn’t give her antibiotics, but the GP did as soon as I could get an appointment.”*

*“I waited for 6 hours to be seen.”*

#### **A&E:**

*“There was no support when taking my son with autism to A&E – we were still made to wait, which he finds very hard. Plus it was a new environment with lots of new people and was very busy. We did not have a very good experience.”*

*“We waited for 4.5 hours, they did not thoroughly investigate my problem or give the right care.”*

*“A&E was very busy, the waiting time was too long and there were not enough staff.”*

*“A&E staff did not listen to me, did not want to help me and did not give me any follow up information.”*

#### **Pharmacy:**

*“Pharmacists are often too busy to spend the right amount of time to help you.”*

*“My Pharmacist does not use the consultation room, so people hesitate to ask him personal questions.”*

### **6.3 Responses to proposal questions**

The below information reflects the responses given during the community engagement where the questionnaire was completed and used as a prompt to gather more in-depth information from specific groups.

Due to a technical issue, the online questionnaires were unable to capture multiple choice information, therefore 27 online responses have been left out. However, the majority of online responses were supportive of the proposed changes:

*“I chose strongly agree for all of these, but my computer will not allow that to happen for some reason.”*

*“I would like to select ‘agree’ for all 4 questions, but the questionnaire will not allow me to! I agree that having staff on duty with more specialist knowledge could only be a good thing.”*

*“It would only allow me to select on one option. I strongly agree with all of the changes as A&E is always a nightmare with everyone in one place with long waits. If more people can be sent to the right place this will mean less pressure on A&E.”*

*“The computer will only let me make ONE choice.”*

*“This form is broken and won’t let you select more than one type of answer. I actually agree with all these ideas.”*

### 6.3.1 A primary care led service at Royal London Hospital

Of the 406 people who responded to this question, 152 respondents 'totally agreed' and 117 'mostly agreed' with the proposed changes of having a primary care led service at the Royal London Hospital.

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Not sure	Total # of Responses
A primary care-led service at Royal London Hospital	152	117	62	37	38	406
	37.4%	28.8%	15.2%	9.1%	9.3%	
Total	269		99		38	
	66.2%		24.3%		9.3%	

**Respondents who agreed with the proposal** felt it could help improve access, reduce waiting times and fill a much needed gap for non-emergency care out of hours. Other common feedback from those who agreed include:

- improve access to the right care at the right time
- take pressure off A&E
- more non urgent appointments available
- make it easier to see a GP when you need to
- better treatment available
- reduce stress for staff and patients.

**Respondents who disagreed with the proposal** expressed concerns over staffing, access to the right services and being prevented from seeing a specialist if they needed one. Common feedback from those who disagreed include:

- GPs and staff in the urgent care centre might be overwhelmed
- long waiting times
- GPs in the urgent care centre might not have access to patients' medical records, creating frustration for those with complex health needs
- uncertainty about the quality of care available
- lack of access to specialist care if needed.

It is worthwhile noting that many respondents felt they did not have enough information to make a decision on this question and raised concerns that they were missing information or misunderstood the proposal.

### 6.3.2 Open the urgent care centre 24 hours a day, seven days a week

The majority of the 480 people who responded to this question agreed with the proposed change, with 316 totally agreeing and 112 mostly agreeing.

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Not sure	Total # of Responses
Open the urgent care centre 24 hours a day, seven days a week	316	112	9	13	30	480
	65.8%	23.3%	1.8%	2.7%	6.2%	
Total	428		22		30	
	89.1%		4.5%		6.2%	

**Respondents who agreed** felt that this change would enable them to access the care they needed when they needed it. Parents with young children were particularly in favour of this idea as they felt it would help them to access the care their children need and reduce pressures on A&E from parents bringing in sick children who could now be seen by a GP. Other common feedback from respondents include:

- improve access to non-emergency care
- provide a preferred option to visiting A&E
- provide a good option for parents of young children
- access to the right treatment regardless of the time of day
- fills a gap in current urgent care provision.

**The 22 respondents who disagreed** with the proposal raised concerns around staff recruitment and retention, particularly over the night shifts. Other common concerns raised include:

- the location of the urgent care centre and accessibility in terms of travel and disability access
- increased pressure on services – *“There's enough pressure on emergency services without opening 24hrs. Some people might abuse the system if the unit is open 24 hours.”*

### 6.3.3 Let the urgent care centre use more hospital equipment

Of the 440 people who responded to this question, 242 ‘totally agreed’ and 120 ‘mostly agreed’ with allowing the urgent care centre access to more hospital equipment.

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Not sure	Total # of Responses
Let the urgent care centre use more hospital equipment	242	120	8	21	49	440
	55%	27.2%	1.8%	4.7%	11.1%	
Total	362		29		49	
	82.2%		6.5%		11.1%	

**Respondents who agreed** with the proposal felt that it would save time, save money and reduce the amount of appointments before getting a correct diagnosis. Common themes of feedback from respondents include:

- all staff should have access to the right equipment when they need it
- reduced pressure on other services and the wider system

Other respondents felt they were not able to make a decision on whether they agreed or disagreed with this proposal as they were not aware of any equipment issues faced by the urgent care centre, knew what equipment was already used by the urgent care centre, or what additional equipment was needed.

**6.3.4 Access to more specialist clinicians through NHS 111**

Of the 466 people who answered this question, 251 respondents totally agreed with the proposal and 84 mostly agreed. There were 58 respondents who were ‘not sure’ about this proposal, and 54 respondents who totally disagreed.

	<b>Totally agree</b>	<b>Mostly agree</b>	<b>Mostly disagree</b>	<b>Totally disagree</b>	<b>Not sure</b>	<b>Total # of Responses</b>
Access to more specialist clinicians through NHS 111	251	84	19	54	58	<b>466</b>
	53.8%	18%	4%	11.5%	12.4%	
<b>Total</b>	<b>335</b>		<b>73</b>		<b>58</b>	
	<b>71.8%</b>		<b>15.5%</b>		<b>12.4%</b>	

**Respondents who agreed** with the proposal felt that having access to someone who could provide specialist knowledge about their health problem would reassure them and in some cases prevent them from going to A&E. Other common feedback included:

- reduce waiting times in A&E if the right advice can be given
- help to address concerns of parents/carers of young children over the phone and save unnecessary trips to out of hours services or A&E
- reduce pressure on other urgent care services in Tower Hamlets.

**Respondents who disagreed** raised concerns over the cost of access to specialists, feeling uncomfortable about getting a diagnosis over the phone and a wider distrust and lack of confidence in NHS 111 as a useful and safe service. There was also concern over the ability of NHS 111 to help people with complex health needs.

## 6.4 Additional questions

### 6.4.1 When you visit the main urgent and emergency care reception at Royal London Hospital, who would you expect to provide you with information about where to go?

While most (175 out of 393) respondents said they expected a receptionist at the Royal London Hospital would provide them with information about where to go, **109 respondents (out of 126) agreed** that having a reception where doctors and nurses give them information on where to go would be helpful.

Receptionist	175	44.5%
Doctor	55	13.9%
Nurse	51	12.9%
Trained medical professional/Specialist	43	10.9%
Don't Know	64	16.3%
Other	5	1.2%
<b>Total # of Responses</b>	<b>393</b>	

	Totally agree	Mostly agree	Mostly disagree	Totally disagree	Not sure	Total # of Responses
Have a reception where doctors and nurses give me the information where to go	87	22	2	8	7	<b>126</b>
	69%	17.4%	1.5%	6.3%	5.5%	
<b>Total</b>	<b>109</b>		<b>10</b>		<b>7</b>	
	<b>86.4%</b>		<b>7.8%</b>		<b>5.5%</b>	

Comments also indicated that people would prefer a medical professional at reception to give them advice on which service to use:

*"[I would expect to see] someone with a medicine background, like an NHS staff member, who would be able to give me the information that I need."*

*"The person at reception should be the equivalent of a concierge at a five star hotel who knows all the services and makes suggestions on where to go to get help. This person should have a background in medicine, such as a nurse or a specialist."*

Many respondents highlighted that the current reception set up is confusing and there are no staff available when you walk in to tell you where you should go.

A suggested solution to this was better signage in the hospital and staffed reception desks at the main entrances. There was also an emphasis on the need for interpreting and language support being available on reception.

### 6.4.2 Is there any information that would be useful to receive after you have used an urgent care service?

The most common theme in response to this question is that respondents would like to be given a clear summary of what was diagnosed or discussed, and what the next steps are for treatment and care.

Some other common suggestions were:

- aftercare information with clear instructions about what to do and where to go for support
- a treatment plan and easy to understand information about the medication prescribed and any lifestyle advice that will support recovery
- provide evidence of illness/diagnosis that can be shown to families or employers
- information on how to self-care at home and prevent illness in the future
- summary of what was discussed and the prognosis
- information on where to go if further treatment and support is needed
- if the right service was used, and if not, where to go in the future for a similar problem
- information about what to do if the problem does not improve
- confirmation that the details of a patients visit have been shared with their GP or health visitor
- a feedback form to rate the quality of the experience
- information in a variety of languages or interpreter support available.

### 6.4.3 What format would you like to receive this information in?

Printed information was the most common format that respondents wanted follow up information provided in, followed by text message and a phone call.

Printed information	152	41.9%
Phone call	50	13.8%
Text message	81	22.3%
A link to a website	33	9.1%
Information on an app, which you need to download to your smart phone	21	5.8%
Other (please specify) <ul style="list-style-type: none"> <li>• Leaflets in Bengali</li> <li>• Face-to-face Discussion</li> <li>• Interpreters available to translate face-to-face conversations</li> <li>• Email</li> </ul>	25	6.9%
<b>Total # of Responses</b>	<b>362</b>	

Respondents highlighted the need for this information to be clear, free from jargon and tailored to their particular health need. Many respondents also highlighted the need for follow up information in languages other than English.

#### **6.4.4 Have we missed anything or is there anything else you would like to tell us about urgent care?**

There were five common themes for this question:

- 1. A need for communications in other languages:** respondents highlighted the need for multi-language support and interpreters available in reception areas to improve communication and understanding and also suggested that clear signage be put in place to direct patients where to go once they've left reception.
- 2. Available resources needed to implement changes:** respondents raised concerns over if there were enough resources to make the proposed changes a reality.
- 3. Staff could be a barrier:** respondents felt that in some cases staff were not sensitive to their needs and could improve their empathy and listening skills. Respondents also felt that receiving non-judgemental care was a key priority and this extended to partners and carers who accompanied people on their visit.
- 4. More information about urgent care services is needed:** respondents suggested that more information about urgent care services and how to access them was available (printed formats was the most preferred method to receive this information).
- 5. Additional support for vulnerable patients:** respondents felt that more support in urgent care should be available for vulnerable patients like the elderly, people with special needs or those who are homeless.

## 7. 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>				