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HEALTH AND WELLBEING BOARD

Date: WEDNESDAY, 7 SEPTEMBER 2022 at 3.00 pm

Council Chamber
Civic Suite
Lewisham Town Hall
London SE6 4RU

Enquiries to: Mark Bursnell
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MEMBERS

Mayor Damien Egan
Councillor Paul Bell
Tom Brown
Val Davison
Pinaki Ghoshal
Michael Kerin
Dr Faruk Majid
Dr Catherine Mbema
Dr Simon Parton

Members are summoned to attend this meeting

Kim Wright
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Tuesday, 30 August 2022

ORDER OF BUSINESS – PART 1 AGENDA

MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 9th March 2022 at 3.00pm

ATTENDANCE

PRESENT: Damien Egan (Mayor of Lewisham); Cllr Chris Best (Cabinet Member for Health and Adult Social Care); Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Healthwatch Lewisham); Dr Faruk Majid (Lewisham Member of South East London CCG); Dr Catherine Mbema (Director of Public Health, LBL); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); Val Davison (Chair of the Lewisham and Greenwich NHS Trust); Martin Wilkinson (Director of Integrated Care and Commissioning, LBL/South East London Clinical Commissioning Group); Helen Buttivant (Public Health Consultant, LBL); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Cllr Chris Barnham (Cabinet Member for Children's Services and School Performance); Barbara Gray (Advisor to Mayor of Lewisham on Health Inequalities of Black and Minoritised People); Michael Preston-Shoot (Chair, Lewisham Adult Safeguarding Board); Karl Murray (Kinaraa); Hamza Husseina (Guest); Leon Thompson (Guest) ; Rose Euphrase (Guest); Lesley Mukenge (Guest); Joseph Oladosu (Guest) and Livia Royle (Guest)

APOLOGIES: Sam Hawksley (Lewisham Local); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Sam Gray (South London & Maudsley NHS Trust)

Welcome and introductions

The Acting Chair opened the meeting and invited attendees to introduce themselves.

1. Minutes of the last meeting

1.1 The minutes of the last meeting on 15th December 2021 were agreed with no matters arising.

2. Declarations of interest

2.1 There were no declarations of interest.

3. Local COVID-19 Outbreak Engagement Board

3.1 CM updated the Board that as of 11th February 2022 there have been a total of 82,477 confirmed cases of Covid-19 in Lewisham. Since December 2021 there had been a significant increase in confirmed cases of Covid-19 in Lewisham due to the Omicron variant. There has since been a decline in cases nationally and locally, which alongside a number of other factors has led to a change in the national response to Covid-19.

3.2 The Lewisham Covid-19 Health Protection Board had considered the implication of the government's new 'Living with Covid-19' guidance, which came into effect on 24th

February, on the Local Outbreak Management Plan (LOMP) for Lewisham. As further guidance is issued partners will maintain a state of preparedness to respond to future variants and health protection threats.

3.3 The remaining non-pharmaceutical interventions (NPIs) will form the basis of local communications to residents. These include:

- Vaccination
- Staying at home if unwell
- Test if you have symptoms
- Face coverings in crowded places when rates of transmission are high

Tailored messaging for complex settings e.g. schools and care homes will be developed as further government guidance is issued.

3.4 Free symptomatic and asymptomatic Covid-19 testing is due to be stood down from 1st April. Free testing will remain in place for social care and (a small number of) at-risk groups. Testing leads will be making preparations to stand down testing in the borough and await clarification from government on the groups that will still receive free testing. Local contact tracing was stood down on 24th February 2022.

3.5 The local outbreak response support is to be refined and streamlined with prioritisation for complex settings: care settings, supported living, schools and childcare settings. This will be supported by further guidance issued by the UK Health Security Agency (UKHSA).

3.6 Lewisham will continue to encourage those yet to complete their course of Covid-19 vaccination to do so via a number of primary care network, hospital and pharmacy vaccination sites in the borough. Planning for ongoing engagement and vaccination provision particularly for those aged 5-11, 12-15 and over 75 (for a further booster dose) are underway via a weekly Lewisham Covid-19 vaccination group.

3.7 CM confirmed the future direction of the Covid-19 Champion programme will be decided in the coming months to build on the success of the programme to engage and communicate with Lewisham residents around health. This will be aligned with community engagement planning via the emerging South East London Integrated Care System (ICS).

3.8 The Acting Chair thanked the local contact tracing staff for the invaluable work they had carried out over the course of the pandemic.

3.9 **Action:**

The Board noted the content of the report.

4. Lewisham Health Inequalities Toolkit

4.1 CM introduced the report which provided an update to the Board on the Lewisham Health Inequalities programme. The report included updates on the spectrum of work that has been undertaken to address Inequalities in Lewisham: achievement of the existing Black, Asian and Minority Ethnic Health Inequalities work streams (mental health, obesity, cancer and Covid-19); a presentation of the Birmingham and Lewisham

African and Caribbean Health Inequalities Report (BLACHIR) and BLACHIR engagement report; and the proposed approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

4.2 Overseeing this work were:

- Nine external advisory board members and elected members across Lewisham and Birmingham who brought a range of knowledge, skills and lived experience via their community networks;
- An external academic board that consists of a network of fifteen academics.

Both the external academic and advisory boards had provided outputs on all topics following meetings of the respective boards for each review theme. These board outputs had been used to develop actionable solutions i.e. opportunities for action that have been collated to be included in the final review report.

4.3 Seven key themes have been outlined for action alongside 39 opportunities for action.

The seven key themes include:

- **Fairness, inclusion and respect**
- **Trust and transparency**
- **Better data**
- **Early interventions**
- **Health checks and campaigns**
- **Healthier behaviours**
- **Health**

4.4 Community engagement activities were commissioned for the wider community to check and challenge findings and refine the opportunities for action. This work has been led by KINARAA, A Black and Minority Ethnic Third Sector organisation, with experience of engaging people from Black African and Black Caribbean communities on issues related to the determinants of health and wellbeing and health inequalities. KM gave a presentation to the Board on the BLAHIR programme. The community consultation took place with Lewisham residents over January/February 2022. The engagement involved 88 participants from the three approaches adopted:

- Online questionnaire survey (55 participants)
- Focus groups (28 participants)
- 1-2-1 interviews (5 participants)
- The top three themes identified as priorities by respondents were:
  - Structural racism and discrimination;
  - Mental health;
  - Staying healthy as you age (40yrs+). These priorities resonated with the overarching summary findings in the main report and reflected in the Lewisham Health Inequalities and Health Equity Plan for 2022- 24.

4.5 Priorities for engaging in community-led service design and delivery were:

• Greater work with local community groups to gather information to arrive at positive changes which will educate and improve lifestyle;

• Training and awareness raising - better customer care and culturally appropriate considerations;

• GPs to spend more time with patients;

• Health hubs in the community;

• Mental health and early help support space for young people.

Based on the characteristics of the respondents the key features were:

• 54% were Black African and 40% Black Caribbean

• 78% were female, 16% male and 6% non-binary

• 41% were in the age range 41 - 55yrs, 32% within the broader 56 - 64yrs age and 20% within the 25 - 40yrs age band

• 49% were employed (full/part-time) while 30% were unemployed with the rest being students and retired (21%)

• 18% of respondents lived in SE6 post code, 14% in SE13 and 10% SE8, while 10% lived in Catford and New Cross wards.

4.6 Among the key findings from the consultation were: many respondents felt there were being prescribed before they had the opportunity to describe their illness; health professionals need to be better trained to understand the differences between communities in their health needs; fear of crime and high crime levels contribute towards higher incidences of illness; and there should be a greater focus on 'community bridging' in how different communities are engaged, to work through differences in perception and interpretation of health needs.

4.7 Representatives from the community organisations that had contributed towards the work of Kinaraa (360 Life Support Network; Red Ribbon Living Well Project; and Action for Community Development - AfCD) commented on their experiences of local health services and the problems they had encountered in accessing specialist services. All speakers expressed the view that urgent action was needed to improve health outcomes for Black, Asian and Minority Ethnic communities in Lewisham and the importance of organisations like theirs to ensure the health inequalities gap was closed.

4.8 A refreshed plan of action is being developed to tackle health inequalities across the different work streams in and work towards achieving health equity in Lewisham. This work will be informed by the Health Inequalities Community day which had been held on 2nd March. This plan will cover the next two years, taking learning from the challenges identified from the existing work, in addition to building on the achievements and opportunities to take the work forward with stakeholders.

4.9 Funding from Health and Wellbeing Board partners has been secured to develop, co-produce and implement the plan. A community-centred approach to tackling health inequalities and achieving health equity in Lewisham will be developed, building on community-centred approaches taken to date in line with those outlined in the Public Health England (PHE) Community-centred public health: taking a whole system approach. The plan will be used to inform the development of a future Lewisham Health and Wellbeing Strategy.

4.10 Cllr Best thanked Barbara Gray and the community organisations for their hard work

and valuable insights, which have greatly assisted the programme. Other Board members congratulated Kinaraa for their reports and the contribution of the community organisations. The hope was also expressed by the Board that the community insight heard at the meeting would be reflected in the next iteration of the Health Inequalities Toolkit.

4.11 **Action:**

Members of the Health and Wellbeing Board agreed to:

- Note the achievements from the existing Black, Asian and Minority Ethnic Health Inequalities work streams (mental health, obesity, cancer and COVID-19).
- Approve the BLACHIR report and note the contents of the BLACHIR engagement report.
- Approve the approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

5. Lewisham Safeguarding Adults Board Annual Report

5.1 MP-S introduced the report and stated that in response to the pandemic the work of Board had focused particularly on: domestic abuse and the delivery of local services; adult mental health services; and the voice of the adult-engaging with Lewisham adults living with a learning difficulty, who have been disproportionately affected by Covid-19.

5.2 Key actions taken by the Board have included: revising the Self-Neglect and Hoarding Multi-Agency Policy, practical guidance and toolkit; launching the Lewisham Adult Safeguarding Pathway including the publication of a revised Single Agency Adult Safeguarding Policy and a series of new leaflets and posters to spread the message; the review of the Statutory Advocacy Service which started in March 2021and will be completed in September.

5.3 MP-S stated that current priorities included mental health and establishing deeper links with all the diverse communities in Lewisham, to develop a better understanding of the work of the Board and ensure equal access to the services provided and move towards co-production. Another priority was to improve synergies between partners in terms of delivery and to improve the lines of communication between the different agencies involved in safeguarding activities.

5.4 **Action:**

The Board agreed to note the content of the report and thanked the Chair of LSAB, Michael Preston-Shoot, for all his hard work.

6. Healthwatch Lewisham Digital Exclusion Report

6.1 MK introduced the report based on the findings of research which engaged with people who are more likely to be digitally excluded to gain a better understanding of how

this might impact on their experience with health and care services. The research focused on primary care as this is the first point of contact for people accessing services. However, the findings were also relevant to all services which are using or moving towards digital delivery.

6.2 Phone interviews were carried out with 45 residents either by staff, volunteers or community organisations as part of the project. Those contacted included older people, people who speak English as their second language, and people with disabilities. These groups were chosen because they traditionally experienced barriers before the pandemic, and Healthwatch wanted to understand whether these barriers had worsened as a result of the Covid-19 lockdowns. The findings from the report were mixed with some people finding remote GP consultations to be beneficial and understanding the need to shift to digital care methods whilst the pandemic was spreading rapidly. Others were unhappy with access barriers and the quality of care and treatment received using remote consultations and didn't feel confident with the diagnosis and/or treatment plan they received. The report found that people with a disability were particularly badly impacted by the loss of face to face services. Another key finding was many people expressed concern around having to share personal information over the phone with a receptionist as part of the triage process. They were also uncomfortable with discussing private health matters with anyone other than trusted health professionals. MK set out that contact networks would be used to develop the findings into definite proposals which could be reported back to a future meeting of the Health and Wellbeing Board. A Task & Finish Disability Group will be set up to establish the extent that the pandemic caused service users to feel excluded and disadvantaged and what practical steps could be taken to prevent this from happening in the future.

6.3 **Action:**

The Board supported the summary of recommendations set out in the report:

- Services to clearly outline and communicate to their patients all appointment types available and how to access them. Additional efforts should be put in place to communicate with adults most at risk

- Services must look to re-establish the option of booking appointments in-person to ensure residents who cannot engage with the digital systems are able to access care

- Training for front line staff on digital isolation and how to sensitively support people access appointments

- With the expansion of digital services, local systems should provide clear and comprehensive support and a digital training offer for service users

- When services are developing new appointment models, they should always seek to capture patient feedback to shape services that meet the needs of digitally excluded residents

- Services should look to capture information on whether a resident is digitally excluded or has a basic level of IT skills, in order to better understand if they have additional communication or access needs and what support is needed

7. Joint Strategic Needs Assessments

7.1 HB introduced the report and informed the Board that forthcoming JSNAs were planned for the impact of Covid-19 and the Pharmaceutical Needs Assessment (PNA). The broad purpose of the Covid-19 Impact JSNA was to identify the effect of Covid-19 on the Lewisham population and inequalities in terms of their vulnerability to Covid-19, their experience of the disease and outcomes including the impact of Long-Covid, mortality from Covid-19 and impacts on life expectancy. The JSNA will also look at how the response to the pandemic impacted other areas of health including; access to care/delays in diagnosis, mental health and wellbeing, pregnancy and child-birth. This will help inform the development of the new Health and Wellbeing Strategy and other strategies relating to the boroughs recovery from Covid-19.

7.2 The assessment will look to use Lewisham data wherever possible but will use regional/national information when needed, giving context as and when it is considered that the Lewisham population is likely to be similar or different to the population for which the data applies. It is intended to complete this JSNA by July 2022.

7.3 The 2022 PNA has been contracted out due to continued pressures of Covid-19. The final document will provide an assessment of the need for pharmaceutical services within Lewisham; as well as outlining the current provision and considering what may be required in future. There are over 50 pharmacies in Lewisham, providing a range of services, including three core levels of services categorised as Essential, Advanced and Enhanced. As a minimum, all community pharmacies are required to provide Essential Services which include dispensing, signposting and promotion of healthy lifestyles.

7.4 The PNA is due to be published by October 2022. In many local authorities the HWBB defers the sign off of the finished assessment to the PNA Steering Group. If agreed by the Lewisham HWBB this could then be added to the PNA Steering Group's Terms of Reference, with the final assessment coming back as an information item. HB confirmed an LGTB+ JSNA will be the next topic to be assessed and work will start in July, when the Impact of Covid-19 JSNA is finalised.

7.5 Action:

The contents of the report was noted.

The delegation of the 2022 Lewisham PNA to sign off to the PNA Steering Group was agreed.

8. Annual Public Health Report

8.1 HB introduced the report on the theme of the next Annual Public Health Report (APHR). As Lewisham is the Mayor's London Borough of Culture 2022 and will be home to a range of cultural activity over the year through a programme created by and with the people of Lewisham, the Public Health team therefore proposed the topic of 'Culture and Health' for the APHR for 2021-22. There are several clear links between aspects of culture and health and wellbeing.

8.2 The proposed 2021-22 APHR on 'Culture and Health' will aim to cover:

- An overview of the role of culture on health and wellbeing

- Best practice examples (national and international) of how cultural activities and initiatives can impact positively on health and wellbeing of Lewisham residents
- Local examples of how cultural activities and initiatives impact positively on the health and wellbeing of Lewisham residents
- Case studies of London Borough of Culture activity and health
- Recommendations for further local work on culture and health building on recommendations from the last APHR on 'Health in all Policies'
- Overview of health and wellbeing indicators for Lewisham

8.3 In line with the Borough of Culture ethos, HB said the team will take a community-centred approach to develop the report. The completed report will be presented to the Lewisham Health and Wellbeing Board in December 2022.

8.4 Action:

The Board supported the proposal that the theme of the 2021-22 Annual Public Health Report would be 'Culture and Health' to complement the year of culture

9. Integrated Care System Update

9.1 MW introduced the report setting out the progress achieved in establishing the ICS NHS Body from July 2022 and the key actions which remain to be completed. A chief executive and Chair for the South-East London ICS have now been appointed and key governance and structure actions that remain include: the appointment of an Executive Place Lead; the appointment of Chair for Lewisham LCP; representation from all partner organisations to the place leadership team; Primary care representation agreed for primary care networks (PCNs), LMC and GP alliance (One Health Lewisham). Further engagement with the voluntary and community sector to identify members for the LCP to provide strategic representation and a voice for the sector and clinical and care professional leads, are also being recruited to develop a strong multi-disciplinary leadership network within the partnership.

9.2 A task group has been established with senior leadership from the partnership to implement recommendations for an improved approach that embodies co-design and effective co-ordination, around achieving better citizen and community engagement.

9.3 **Action:**

The Board noted the progress made so far and the actions outstanding.

10. For Information items

10.1 It was agreed that information on the South London Listens Programme, the development of the Be Well Hubs and an update on progress against Lewisham pledges will be circulated to the Board following the meeting.

10.2 The centres below are considering becoming Be Well Hubs:

- Lewisham Refugee and Migrant Network (LRMN)
- St Mary's CE Primary School, Lewisham
- New Testament Church of God, Lee
- Lewisham Islamic Centre
- Sydenham Girls School

There were no further for information items.

11. Any other business

11.1 No other business was raised.

The meeting ended at 16:43 hours

Health and Wellbeing Board

Declarations of Interest

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive (Director of Law)

Outline and recommendations

Members are asked to declare any personal interest they have in any item on the agenda.

1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. There are three types of personal interest referred to in the Council's Member Code of Conduct:

(1) Disclosable pecuniary interests

(2) Other registerable interests

(3) Non-registerable interests.

1.2. Further information on these is provided in the body of this report.

2. Recommendation

2.1. Members are asked to declare any personal interest they have in any item on the agenda.

3. Disclosable pecuniary interests

3.1 These are defined by regulation as:

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either:

(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

4. Other registerable interests

4.1 The Lewisham Member Code of Conduct requires members also to register the following interests:

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25.

5. Non registerable interests

5.1. Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

6. Declaration and impact of interest on members' participation

6.1. Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

6.2. Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph 6.3 below applies.

6.3. Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

6.4. If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

6.5. Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

7. Sensitive information

7.1. There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

8. Exempt categories

8.1. There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)

(b) School meals, school transport and travelling expenses; if you are a parent or

guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor

(c) Statutory sick pay; if you are in receipt

(d) Allowances, payment or indemnity for members

(e) Ceremonial honours for members

(f) Setting Council Tax or precept (subject to arrears exception).

9. Report author and contact

9.1. Suki Binjal, Director of Law, Governance and HR, 0208 31 47648

Health and Wellbeing Board

Report title: Local COVID-19 Outbreak Engagement Board update

Date: 7th September 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

Outline and recommendations

The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report

Timeline of engagement and decision-making

1. Recommendations

1.1. The purpose of this report is to provide an update to the Lewisham Health and Wellbeing Board in its role as the Local Outbreak Engagement Board.

1.2. The Health and Wellbeing Board are recommended to note the contents of the report.

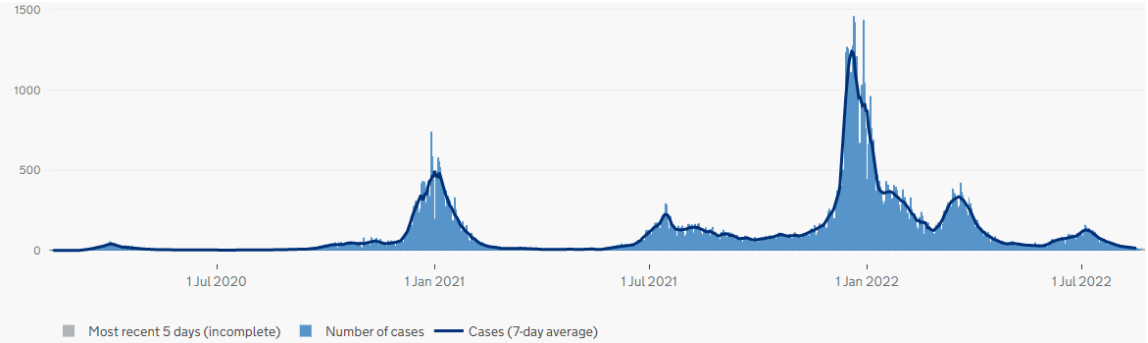
2. Background

2.1. At the September 2020 meeting of the Lewisham Health and Wellbeing Board, it was agreed that the Board will act as the Local Outbreak Engagement Board as part of the governance of the COVID-19 Local Outbreak Management Plan.

3. COVID-19 Cases in Lewisham

3.1. As of 23rd August 2022 there have been a total of 101,605 confirmed cases of COVID-19 in Lewisham. Since the last Health and Wellbeing Board update, there had been an initial decrease in confirmed cases of COVID-19 in Lewisham following the introduction of the 'Living with COVID-19' guidance. A subsequent increase and peak in cases was seen at the end of June 2022 with cases now declining. This is demonstrated in Figure 1.

Figure 1. Daily number of new lab confirmed cases in Lewisham until 23rd August 2022



Source: https://coronavirus.data.gov.uk/cases

4. Living with COVID-19: Recent updates to the response

4.1. Lewisham Acute Respiratory Infection (ARI) Plan 2022

Owing to the implementation of the 'Living with COVID-19' plan nationally and other respiratory communicable diseases that may become prevalent this winter, a Lewisham Acute Respiratory Illness plan will replace our Lewisham Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. This plan will be circulated to Health and Wellbeing Board members ahead of the next meeting of the Health and Wellbeing Board in December 2022.

4.2. COVID-19 autumn booster

People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff will be offered a booster of coronavirus (COVID-19) vaccine this autumn. The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. As the number of COVID-19 infections increases over the winter, this booster should help to reduce the risk of being admitted to hospital with COVID-19 for those in eligible groups for the autumn booster.

4.3. Those eligible should be offered an appointment between September and December 2022, with those at highest risk being called in first. Those eligible should have their booster at least 3 months after their last dose of vaccine.

4.4. For more information about the autumn booster please see: https://www.gov.uk/government/publications/covid-19-vaccination-autumn-booster-resources/a-guide-to-the-covid-19-autumn-booster

4.5. Changes to asymptomatic testing for health and social care

Regular asymptomatic testing for COVID-19 in all remaining settings in England is being paused from 31 August. This change is being implemented as COVID-19 cases, deaths and hospitalisations continue to decline.

4.6. Free testing for the public ended on 1 April as part of the government's 'Living with COVID-19' plan, but asymptomatic testing continued to be used in some settings during periods of high case rates.

4.7. Settings where asymptomatic testing of staff and patients or residents will be paused include:

- the NHS (including independent healthcare providers treating NHS patients)
- adult social care and hospice services (apart from new admissions)
- parts of the prison estate and some places of detention
- certain domestic abuse refuges and homelessness settings

4.8. Testing will remain in place for admissions into care homes and hospices from both hospitals and the community, and for transfers for immunocompromised patients into and within hospital to protect those who are most vulnerable.

4.9. Testing will also be available for outbreaks in certain high-risk settings such as care homes.

4.10. Year-round symptomatic testing will continue to be provided in some settings, including:

- NHS patients who require testing as part of established clinical pathways or

those eligible for COVID-19 treatments

- NHS staff and staff in NHS-funded independent healthcare provision
- staff in adult social care services and hospices and residents of care homes, extra care and supported living settings and hospices
- staff and detainees in prisons
- staff and service users of certain domestic abuse refuges and homelessness services

For more information about this change please see: [COVID-19: testing during periods of low prevalence - GOV.UK (www.gov.uk)]

5. Other communicable disease concerns

5.1. **Monkeypox**

Monkeypox is a rare infectious disease, usually associated with travel to west and central Africa. Since May 2022 there has been an increase in the number of cases within the UK. However, the overall risk to the UK population remains low and there have been no deaths in the UK to date.

5.2. The World Health Organisation (WHO) has been carefully monitoring the situation and declared the current outbreak a public health emergency of international concern on 23rd July 2022 with recommendations for all countries to follow. The implications for the UK strategy to control the outbreak are being reviewed in the light of this announcement but most measures are already in place.

5.3. Monkeypox can be passed on from person to person through:

- any close physical contact with monkeypox blisters or scabs (including during sexual contact, kissing, cuddling or holding hands)
- touching clothing, bedding or towels used by someone with monkeypox
- the coughs or sneezes of a person with monkeypox when they're close to you

5.4. Anyone can get monkeypox, but currently most cases are in men who are gay, bisexual or have sex with men, so it's particularly important for those in these groups to be aware of the symptoms of monkeypox.

5.5. After contact with an infected person it can take 5-21 days to develop symptoms. The illness usually starts with flu like symptoms and then a rash which changes as it develops and eventually forms scabs.

5.6. The infection is usually mild and self-limiting but a person remains infectious to others until their lesions are fully healed. Most people will not require treatment. A few individuals may develop a more serious illness or a secondary infection which requires treatment.

5.7. Since monkeypox is caused by a similar virus to smallpox, vaccination against smallpox can be used to provide protection against monkeypox. The NHS is offering smallpox (MVA) vaccination to people who are most likely to be exposed to monkeypox and local NHS services will contact those eligible to offer them a vaccine if they are at risk of exposure. Further details about the vaccination can be found at: https://www.nhs.uk/conditions/monkeypox/

5.8. In Lewisham, we are working with colleagues in the UK Health Security Agency (UKHSA) and South East London Integrated Care System (ICS) to ensure that there is a robust local response for any cases and for those eligible for vaccination.

5.9. **Polio**

Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years. Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003.

5.10. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. The number of children vaccinated in London is lower than it should be, so boosting immunity in children should help protect them and reduce the risk of the virus continuing to spread.

5.11. For some children this may be an extra dose on top of their routine vaccinations. In other children it may bring them up to date with their routine vaccinations. This will ensure a high level of protection from any risk of paralysis, though the risks to the general population are still assessed as low due to high vaccine coverage rates overall.

5.12. In Lewisham, we are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme.

For further details please see: https://www.gov.uk/government/publications/polio-booster-campaign-resources/have-your-polio-vaccine-now-information-for-parents

6. Financial implications

6.1. Resourcing of the ongoing local response to COVID-19 and other communicable diseases will be met from existing public health and Lewisham Local Care Partnership budgets.

7. Legal implications

7.1. There are no legal implications arising for Lewisham Council, from this updating report.

8. Equalities implications

8.1. COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic groups. Health and Wellbeing Board Members' attention should be drawn to the following reports regarding these inequalities:

- Disparities in the risks and outcomes of COVID-19, PHE, 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)
- Beyond the data: understanding the impact of COVID-19 on BAME groups, PHE, 2020(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

9. Climate change and environmental implications

9.1. There are no significant climate change and environmental implications of this report.

10. Crime and disorder implications

10.1. There are no significant crime and disorder implications of this report.

11. Health and wellbeing implications

11.1. The health and wellbeing implications for this report are outlined in the main body of text.

12. Report author and contact

12.1. Dr Catherine Mbema

Catherine.mbema@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Mental Health in Lewisham			
Contributors	Natalie Sutherland - Interim Assistant Director - Adult Mental Health, Autism and Community Health Services Polly Pascoe – Integrated Commissioning Manager, Mental Health Pathways & Autism Caroline Hirst – Head of Service, Children & Young People's Joint Commissioning Johanna Davis – CYP Emotional and Mental Health Commissioner Dr Pauline Cross – Consultant, Perinatal Health Dr Naheed Rana – Consultant, Public Health		Item No.	
Class	Part 1	Date:	26 August 2022	
Strategic Context	Please see body of report			

1. Summary

- COVID19 has had a detrimental impact on the mental health and wellbeing of our residents. Data following the lifting of lockdown restrictions demonstrates a return to pre-COVID levels of demand on services, however the current national economic situation poses a risk to mental health recovery post COVID19. This report has been broken down into separate operational areas to provide a whole system overview.

- A great deal of work is underway in the borough that seeks to improve our services and support offer within significant financial constraints. The cost of living crisis poses a number of risks related to the level of demand we may experience in wellbeing and mental health services, as well as the capacity and capability of our services to manage growing demand with worsening recruitment and retention of staff. A number of services (including our primary care and IAPT service) are already experiencing difficulties in this respect.

- Prevention and community-focused work continues to work with our ethnic minority

communities to improve access and experience of services, in recognition of the strong inequalities experienced by this population.

- Following the COVID19 recovering period, officers have been able to focus again on the strategic needs within the community and a number of strategies and action plans will be launched in Autumn 2022. The working groups that underpin these stood back up to full capacity. Work will be required to ensure these groups are managed in the most efficient way to ensure a lack of duplication across workstreams.

2. Recommendations

- This report provides an overview of the state of mental health in Lewisham throughout the COVID19 recovery period (2021/22). The report also provides a summary of key work planned for 2022/23. It is recommended that members take note of the key findings of the report.

3. Policy context

- The wider Emotional and Mental Health work programme is consistent with the Council's Corporate Strategy. Specifically, the priorities, "Delivering and defending: health, social care and support" and "Giving children and young people the best start in life."

- Our Health & Wellbeing Strategy priority objective, "improving mental health and wellbeing", which outlines the following ten year goals:

    - BAME representation in IAPT service will be representative of the local population;
    - Families unable to access CAMHS services will receive alternative support to prevent the escalation of mental health issues
    - Children who will benefit from support to protect their mental health will be identified at a younger age.
    - Mental wellbeing will be recognised as a key component of good health
    - The physical health of those with mental illness will have improved.
    - Suicide rates to be below the national average.
    - An improvement in under 75 mortality for those with mental illness.

- Our Children and Young People's Plan (2019-22), establishes how we will continue to work to improve outcomes for our children and young people so that:

    - Children and young people have the best start in life and are protected from harm
    - Children and young people have good physical and emotional health
    - Children and young people develop, achieve and are ready for adulthood
    - Children and young people feel listened to and respected

4. Delivery

- The Lewisham All Age Mental Health Alliance (LMHA) is the main planning and delivery vehicle for NHS Long term Plan deliverables and Borough Based priorities across Lewisham. Established with a focus on services for working-age adults, the alliance is now all-age, including children, young people and older adults to support full integration across the system.

5. Residents' mental health

- Lewisham has a population of over 305,000, making it the 13th largest borough in London by population size and the 6th largest in Inner London[1]. Lewisham is within the top 20% most deprived local authorities in England, with residents experiencing higher rates of non-secure accommodation, unemployment, domestic violence, crime and single-parenthood compared to national averages[2],[3].
- It is estimated that 21.8% of working-aged adults and 13% of older adults in Lewisham live with a common mental disorder (e.g. depression, anxiety, add another one here), both rates significantly higher than in England. Rates of depression in Lewisham are higher (8.7 per 100,000) than in England (7.6) and growing at a faster rate in Lewisham (1.56) than in London (1.19).
- Secondary age school pupils with social, emotional and mental health needs in Lewisham in 2020 was reported at 1.9% which is lower than the rate in London (2.6%). Despite this, the estimated number of young people aged between 16 and 24 years with a potential eating disorder in Lewisham is 4,380 or approximately 15% of that age group. Hospital admissions as a result of self-harm aged 10-24 years during 2018/19 were higher in Lewisham (291 per 100,000) than London (195 per 100,000).
- In March 2020, the UK was placed under a series of restrictions in relation to the identification and spread of COVID19. These restrictions caused significant disruption to people's lives and the risk to the populations' mental health was a concern from the outset.
- Research conducted by South London Listens indicated that concerns regarding financial stability and job security was high amongst Lewisham residents during COVID19 restrictions, with 38% of respondents worried about the security of their employment[4]. Research undertaken in partnership with Healthwatch demonstrated a higher level of concern regarding employment and financial security amongst our ethnic minority population in comparison to their white British counterparts[5]. Half of ethnic minority residents surveyed reported struggling to pay the bills at some point during the pandemic. This is of particular concern considering the current and projected economic climate and should continue to be monitored closely over the next year.

6. Promoting wellbeing

[1] ONS (2021) Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland.
[2] PHE Fingertips
[3] Ibid.
[4] https://www.slam.nhs.uk/media/news/south-london-listens-nhs-survey-reveals-toll-of-covid-19-on-south-londoners-mental-health/
[5] https://www.healthwatchlewisham.co.uk/wp-content/uploads/2020/12/Snapshot-study-of-Feedback-Forums-with-Black-Asian-and-Minority-Ethnic-Communities-in-Lewisham-during-COVID-19.pdf

- Following the lifting of restrictions, preventative services have now transferred to hybrid ways of working, with delivery both virtually and face to face. This hybrid model is supporting increased access during this period for two reasons: many individuals find online services more convenient, particularly if they are in employment, or have caring responsibilities, and many remain vulnerable to COVID19 and therefore continue to avoid face to face contact where possible. Services continue to undertake risk assessments where necessary to ensure service users' wishes, concerns and safety remain at the forefront of activity.

- The majority of our voluntary sector services experienced the highest number of referrals seen since they were launched during winter 2021/22. These numbers have now returned to expected rates; however, services are aware that the cost of energy crisis may cause referral numbers to peak again, particularly related to advocacy and supporting residents to manage the wider determinants of health.

- Advocacy services in Lewisham have seen the numbers of referrals for statutory advocacy (IMCA, IMHA, CAA and RPRR) decrease from 415 in 2020/21, to 362 in 2021/22. Work has been undertaken to streamline the process of accessing advocacy in the borough and we hope to see the new referral process support more timely access to help and support.
- The percentage of BAME service users accessing the Lewisham Community Wellbeing service has risen year on year, from 47.5% in 2019/20, 54% in 2020/21 and 60.25% in 2021/22. Our other preventative services continue to serve predominantly white population, with 45% of service users identifying as an ethnic minority.
- During the COVID19 recovery period, services have continued to have a positive impact on service users' wellbeing, with the majority of service users reporting positive outcomes following interaction with services. Services continue to monitor the tools they use to measure outcomes and work with commissioners to effectively implement and utilise them.
- Within the CYP partnership various preventative measures have been taken over the years and continue to develop in house services and voluntary sector partners to enhance the therapeutic offer to Lewisham's children and young people and their families.
- In July 2022, the Lewisham Dementia Hub launched a Dementia Befriending pilot that seeks to improve quality of life for those with Dementia and their carers, primarily by improving independence. Findings of the pilot will inform future service provision and delivery in this area.
- The Better Mental Health Fund continues to financially support projects that promote better mental health and wellbeing in the borough. Projects include:
    - Wrap around support for expectant and new parents from an ethnic minority background with mental health needs
    - Delivery of culturally appropriate Mental Health First Aid training across a range of services
    - The appointment of a school wellbeing lead to promote good wellbeing practices among our children and young people
    - The development of community support offers for minoritised and vulnerable groups including mentoring, advocacy and befriending

    - Delivery of anti-stigma campaigns and mental health promotion using different media forms.
- Lewisham has been working closely with South London Listens to enact, and align with the four key prioirites of the South London Listens Action Plan Nov 21 – Nov 23. The priorities are:
    - Loneliness, social isolation and digital exclusion
    - Work and wages
    - Children, young people and parental mental health
    - Access to mental health services for migrants, refugees and diaspora communities.

7. Primary care

- The number of patients registered to a Lewisham GP receiving a depression diagnosis fell in 2020/21, however approximately 1-1.5% of the population continue to receive a depression diagnosis each year. There is significant variation in the rates of depression diagnosis across the borough, with some practices diagnosing 4% of patients and some diagnosing less than 0.5%[6]. Work continues in primary care to improve access to GP services and reduce inequalities in access and diagnosis across the borough and South East London more broadly.
- IAPT exceeded referral targets during Q1 2021/22 and over the year received a total of 11,622 referrals. This is a decrease of 2,487 compared to 2020/21, where there was a siginificant dip in referrals during the first three months of COVID19 lockdown. The service continues to manage a high turnover of staff related to supporting workplace training and progression; work continues nationally to improve staff retention in IAPT services to improve care continuity and ensure maximum capacity for treatment.
- A higher proportion of the Lewisham working age population continue to be referred to IAPT (1127 per 100,000) in comparison to national figures (953 per 100,000) and higher proportions are also entering IAPT services and completing their treatment with them. Similar differences are seen among our older age adults[7]. Patients in Lewisham continue to report poorer outcomes through the IAPT pathway than their national counterparts[8].
- The proportion of BAME service users within IAPT has declined from 50% in 2020/21, to 39% in 2021/22. Work is underway to understand how to better tailor interventions for a culturally diverse population and improve outcomes for our ethnic minority population.
- Referrals to Primary Care Mental Health teams recovered following an initial decrease in the early stages of the pandemic and have increased during 2021/22. Difficulties in recruiting across the PCMHTs has meant high use of agency staff, impacting the timeliness of triage due to additional training needs. Agency staff recruitment is

[6] https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000003/pat/165/par/E38000098/ati/7/are/G85104/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-ao-1_car-do-0

[7] https://fingertips.phe.org.uk/profile/common-mental-disorders/data#page/0/gid/1938132720/pat/222/par/E40000003/ati/165/are/E38000098/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-do-1

[8] https://fingertips.phe.org.uk/profile/common-mental-disorders/data#page/0/gid/8000043/pat/222/par/E40000003/ati/165/are/E38000098/yrr/1/cid/4/tbm/1/page-options/tre-do-1_ovw-do-0

expected to rise over the next year due to numbers of staff leaving substantive employment within public sector organisations to agency services due to the cost of living crisis.

- Dementia diagnosis rates have improved from 67.9% in 2020/21 to 68.1% in 2021/22. This rate has continued to improve throughout 2022 and both the SLaM Dementia Strategy and Lewisham Dementia Strategy will seek to deliver further improvements in rates of diagnosis in the borough.

8. Recovery services

- Demand for community mental health services has increased during the COVID19 recovery period. Waiting times have also increased in some of the CMHTs. This was largely effected by the closure of the MAP Treatment Team and this service user were redirected to the CMHTs. The discharge rates are low and we are working with the CMHT using OMS to improve this.
- There are increased rates of new referrals coming from our inpatient and crisis services. There are also increased transfer of care from other boroughs in SLaM due to being housed in the Lewisham area. Lewisham has many more supported living accommodation than other boroughs.
- For CAMHS, the accepted referral rate continues to improve from 75% for quarter 1 in 21/22 to 79% in 22/23. This also means that we have exceeded the accpeted referral target rate of 77%. Significant work has been carried out to reduce the numbers waiting longer than 52 and 39 weeks (2 and 25 respectively), this is a significate reduction on the 21/22 end of year figure and also sees Lewisham significantly below other boroughs within the South East region. Work continues to further reduce waiting times and is a key priority area within the CAMHS transformation plan.
- Work is being undertaken to determine the impact of virtual or face to face assessments in identifying and supporting vulnerable expectant/new parents.
- There is now a well-established Dynamic Support Register in CYP, which provides multi-agency oversight of young people with complex mental health and ASD / LD diagnoses, this offers identification and support to this cohort to prevent escalation. There is appetite to expand this model to include lower levels of need to prevent escalation.
- The Positive Behaviour Support Service, which supports young people up with ASD and/or learning disability in additional to mental health challenges, who are at risk of a hospital admission or placement / family breakdown continues to be expanded to a wider range of clients and by Autumn 2022, will be expanded to include those up to 25 years of age.
- The Emotional Support Service continues to support children and their families affected by child sexual abuse, with work underway to further expand this service over 22/23.
- Work continues to strengthen Lewisham's 'edge of care' services, designed to support families in difficulty so that children do not have to come into care unless absolutely necessary. This includes the introduction of therapeutic clinicians in the children's social care workforce, to provide consultation to social work practitioners so that practice is therapeutically informed, and delivers responsive and flexible therapeutic services direct to families.
- South East London Integrated Care Board is currently delivering a vanguard project

that seeks to improve access to mental health support and interventions to those who have commited violent acts. As part of this project, funding has been allocated to recruit two violence reduction case managers to work with young people aged 18-24.

- The Youth Offending Service Therapy Hub known as LYFT is co-located with CAMHS and offers coordinated therapeutic interventions, emotional and mental health support to young people and their families, with a trauma informed approach at its core.
- Further development of the therapeutic / multi-disciplinary skill set in Family Thrive has enabled earlier identification of emerging mental health and emotional wellbeing needs.

9. Crisis services

- In 2021/22, there was a lower number of Mental Health Act Assessments (1463) than in 2020/21 (1719). Approved Mental Health Practioner (AMPH) contact by age appears to show that the both COVID19 lockdown and recovery period has affected the 18-34 age group the most clearly, however numbers of those between the ages of 35-49 and 65+ are both higher in 2021/22 than in 2020/21.
- Working age adult bed use has fluctuated during the COVID19 recovery period, with services currently working over the target of 85% occupied bed days, with this currently at 105%. There are a number of measures including transformation and QI work being undertaken to achieve the set target.
- While Home Treatment Team caseloads did initially increase in late 2020 / early 2021, these have now returned to pre COVID19 levels and have stayed within expected variation during 2021/22.
- Liaison meetings with key stakeholders from UHL and SLaM continue to enable partnership management of operational challenges leading to A&E waiting time breaches. Data validation continues across partner systems to ensure our breaches data is correct.
- There has been little change in the average length of stay over the last twelve months. This area has remained a keen daily focus for the operational teams throughout the pandemic and SLaM's quality centre is working to increase flow and reduce length of stay aross all four boroughs.
- The Crisis Collaborative, launched in July 2021, commissioned a new community crisis café in Deptford, which will open in November 2022 and be delivered by voluntary sector partner 999 Club. The café will deliver time-limited, crisis-solution focused interventions to those experiencing mental health crisis, away from the accident and emergency department.
- Numbers of children who attend local police stations and require an appropriate adult has reduced slighly from 204 in 2020/21 to 181 in 2021/22. The numbers of aduls however has risen, from 499 in 2020/21 to 560 in 2021/22. Due to external funding pressures, the council will no longer commission a provider to deliver appropriate adult services for those over 18 in the borough. The system impact of this change will be monitored by the Crisis Collaborative.
- Lewisham has a lower suicide rate than the national picture, and while suicide rates in the borough have remained within expected varation, they have continued to increase over the past four years. In Lewisham, the peak of male suicides occur between the ages of 25 and 45; for females, this is between the ages of 45-49. In the borough, approximately three quarters of those who take their life through suicide in the are

male.

- The Lewisham Suicide bereavement service opened in August 2021 and supported 17 people impacted by suicide for the remainder of 2021/22. As the service is now fully up and running it is expected referral numbers will rise over 2022/23.
- The Lewisham Bereavement Service have been providing support to those whose loved one(s) has died of COVID19 and have seen a steady decline in the numbers of referrals after a peak in Q1 2021/22. The complexity of the grief process means these numbers could rise in the future, however these are being monitored closely.
- Teams in Lewisham have been working to map the 0-24 self-harm pathway against the i-thrive framework. This includes developing definitions and thresholds of need, co-created with input from professionals and children and young people. This work will be expanded upon by mapping pathways for groups known to be at high risk of experiencing mental health difficulties.

10. Future work

10.1. The Mental Health Alliance will continue to work on its agreed key aims including:

- Reducing Health Inequalities; working to improve access, experience and outcomes and increase the support available for our BAME community
- Enhance and expansion of the community and primary mental health services including increasing the workforce through national and local transformation programmes, working to improve the number of people with SMI who receive a physical health checks and re-procurement of our community wellbeing service and dementia hub.
- Improve our Crisis Care pathway including opening of the new crisis café in Deptford, implement two crisis houses in the borough; CYP and adults, work with acute care colleagues to improve flow for people who attend A&E
- Continue to work with South London Partnership (SLP) to improve the offer of care for patients in the complex care, rehabilitation pathway by ensuring there is the right provision for step up and step down.

10.2. The South East London CAMHS Transformation Plan is currently under development. Ten key priorities have been identified for children and young people's mental health, with local deliver plans in development for implementing improvements. The ten priority areas are:

- Waiting times
- Transition to Adult Services
- Inequalities in Access
- Parental Mental Health
- Schools
- Supporting Children Responding to Trauma and Distress
- Young Offenders
- Children and Young People Eating Disorders
- A&E Presentations

- Crisis Stepdown

10.3. The Lewisham All Age Autism Strategy was developed throughout 2021/22 and is due to be published Autumn 2022. The strategy was coproduced with over 200 residents, carers and professionals aross the borough. The strategy outlines our commitment to becoming an autism inclusive borough and details the standards autistic people should expect from those who live and work in the borough.

10.4. The Lewisham Suicide Prevention Strategy (inlcuding a ten year suicide audit) is in development and is due to be published Autumn 2022. The strategy and action plans have been coproduced with service-user representatives, voluntary services and professionals across the boroughand set out the strategic directionover the next three years. The work outlined in the strategy will be overseen by a borough wide Lewisham Suicide Prevention Partnership group, where professionals work in equal partnership with service-user representatives and voluntary services to improve outcomes across a range of areas.

10.5. The Lewisham Dementia Strategy is being developed collaboratively with our stakeholders across Lewisham and is due to be launched in February 2023. The strategy will outline the commitment to support people living with dementia to live well including; involving them in decisions about their care, dying well with dementia, supporting carers, training and education.

10.6. The Lewisham Carers Implementation Plan will seek to improve the quality of life for our unpaid carers living and working in the borough, with a focus on improving wellbeing and preventing mental ill health through three agreed priorities; visible, valued and supported. The Implementation Plan is due to be published in Autum 2022 and has been coproduced with unpaid carers across the borough.

10.7. Teams will work to support the dvelopment of a GP-led clinic for young people, delivered in partnership with CAMHS and Youth First, which will focus on improving emotional health outcomes for young people at risk.

10.8. Lewisham teams are involved in a range of initiatives and programmes across Sout East London including, suicide and self-harm, violence reduction and improving ADHD/ASD support and UEC MH Discharge.

10.9. Mental Health continues to be a priority within the Health Inequalities workstreams led by our Public Health Teams. This is particularly important considering the compounded impact the cost of living crisis may have on our ethnic minority residents.

10.10. A wellbeing service designed to support our Syrian and Afghan resettled population will launch in autumn 2022. The service will provide stepped care to resettled residents and encourage mainstream service access through training for professionals and translation/befriending services. This work seeks to make a significant contribution to the work underway to make Lewisham a borough of sanctuary.

11. Financial implications

11.1. The services mentioned in this report are delivered through the agreed identified budget.

12. Legal implications

12.1. There are no significant legal implications of this report.

13. Climate change and environmental implications

13.1. There are no significant climate change and environmental implications of this report.

14. Crime and disorder implications

14.1. There are no significant crime and disorder implications of this report.

15. Health and wellbeing implications

15.1. The services in this report have a positive impact on health, mental health, and wellbeing by providing direct mental health and wellbeing interventions in addition to indirect support regarding the wider determinants of health.

16. Equalities implications

16.1 COVID-19 has had a disproportionate impact on specific groups including older adults, and those from Black, Asian and Minority Ethnic groups.

16.2 Reducing health inequalities is a key workstream within the all-age mental health alliance. Key areas of work being undertaken to reduce health inequalities are outlined in the main body of text.

17. Report author and contact

17.1. Natalie Sutherland – Interim Assistant Director, Mental Health, Autism and Community Health.

17.2. Natalie.sutherland@selondonics.nhs.uk

HEALTH AND WELLBEING BOARD				
Report Title	Integrated Care System Update			
Contributors	Ceri Jacob, Lewisham Place Executive Lead, South East London ICB Charles Malcolm-Smith, People & provider Development Lead, Lewisham System Transformation Team, South East London ICB		Item No.	
Class	Part 1	Date:		

1. Purpose

1.1 This paper provides an update on the development of the South East London Integrated Care System (SEL ICS) including the Lewisham Local Care Partnership (LCP).

2. Background

2.1 The Board previously received updates at its December 2021 and March 2002 meetings.

2.2 Following a period of locally led development, recommendations of NHS England (NHSE) and passage of the Health and Care Act (2022), 42 ICSs, including the South East London ICS, were established across England on a statutory basis on 1 July 2022.

2.3 ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

2.4 ICSs are made up of:

- Integrated care partnership (ICP) - A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area.

- Integrated care board (ICB) - A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

- Place-based partnerships - Within each ICS, place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods.

- Provider collaboratives - Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

3. South East London Integrated Care Partnership

3.1 The ICP is a broad alliance of leaders from partner organisations across the South East London ICS. The Partnership sets strategic direction, provides leadership and support of key South East London-wide programmes, and holds system partners to account for delivery of the priorities in the ICS strategy.

3.2 The membership of the ICP includes the Elected leaders or nominated cabinet members of the six local authorities, chairs of NHS provider trusts, a lead director for each of Adult Social Care, Children's Services and public health, and representation from primary care, the voluntary, community and social enterprise (VCSE) sector and Healthwatch.

3.3 From the Lewisham partnership this includes Cllr Paul Bell as the council representative, Michael Bell as chair of LGT, and Dr Catherine Mbema as lead Director of Public Health.

4. South East London Integrated Care Board

4.1 The ICB will develop a plan to meet the health needs of the population within south east London and deliver the Integrated Care Partnership's strategy. It will also allocate NHS resource to deliver this plan.

4.2 The membership of the ICB includes lead executives and non-executive directors of the ICB, and representatives from local authorities, acute services, mental health services community services and primary care.

4.3 From the Lewisham partnership this includes David Bradley (CEO, SLAM) as mental health provider member and Ceri Jacob (Lewisham Place Executive Lead).

5. Provider Collaboratives

5.1 Two 'formal' Provider Collaboratives have been established for SEL, one for acute care providers and one for mental health service providers, and a community services providers network.

5.2 South East London Acute Provider Collaborative (APC) is made of LGT, GSTT and KCH.

5.3 The APC will have delegated responsibility for elective and diagnostic recovery. It is also overseeing the development of the Community Diagnostic Centre plans on behalf of SEL.

5.4 The mental health provider collaborative is the South London Partnership Mental Health Services Collaborative (SLP), made up of SLAM, Oxleas and South West London and St Georges NHS Foundation Trust.

5.5 The SLP works across the south east and south west London ICSs. The SLP has taken on delegated responsibility for NHSE commissioned specialised services and for ICB funded complex care.

5.6 South East London Community Services Providers Network (CPN) (LGT, GSTT, Bromley Healthcare CIC, Oxleas) is an informal network rather than a formal collaborative, focussed on working together to define and implement common standards and a core community offer for SEL residents

6. The Lewisham Local Care Partnership Strategic Board

6.1 The Lewisham Local Care Partnership Strategic Board has been established as a committee of the ICB and held its first formal meeting in July 2002. The supporting governance is shown in Appendix 1.

6.2 The Strategic Board is responsible for the overall leadership and development of the Local Care Partnership to ensure it can operate effectively work as a collective and collaborative partnership and secure its delegated responsibilities.

6.3 The Core members of the board are:

- Local Care Partnership Place Executive Lead
- Executive Director for Community Services (DASS), LBL
- Executive Director for Children & Young People, LBL *
- Director of Public Health, LBL
- Healthwatch representative
- VCSE representation x 2
- SLAM – Executive organisational representative
- LGT – Executive organisational representative
- Primary Care x 2 representatives (of which 1 is representative from PCNs)
- Social care provider representative
- Community/public representative
- Clinical & Care Professional Lead*
- One Health Lewisham – Executive organisational representative

* Interim joint chairs

7. The Lewisham Place Executive Group

7.1 The Lewisham Place Executive Group has also been established. It is a sub-group of the Strategic Board and its purpose is to drive delivery of the

strategic plans and priorities and to hold the programme and project groups to account.

7.2 The membership of the Place Executive Group is:

- Lewisham Place Executive Lead (SEL ICB)
- Director of Adult Social Care, LBL
- Director of Families, Quality and Commissioning, LBL
- Director of Public Health, LBL
- Lewisham Service Director, SLAM
- Deputy Director of Ops of Allied Clinical Service and Cancer, LGT
- Deputy Director of Ops for Lewisham Medicine and Community, LGT
- Director of Integrated Commissioning, SEL ICB/LBL
- Director of System Transformation SEL ICB/LBL
- Primary Care x 2

8. Lewisham LCP Priorities

8.1 Addressing inequalities has always been emphasised throughout the work of the Lewisham Health & Care Partnership. Issues around inequalities and disparities have been highlighted both as a result of the emergence of an understanding of populations most likely to suffer from COVID-19 and the profile of deprivation being linked to higher numbers of BAME people ~~A~~ddressing inequalities and disparities in risks and outcomes, with a specific focus on the BAME population, will continue to be the overarching priority for the Lewisham LCP.

8.2 The LHCP vision for community based care forms the basis for selecting priority focus areas, that community based care is:

- Proactive and Preventative
- Accessible
- Co-ordinated

8.3 A seminar for the LCP Strategic Board and other senior leaders from the partnership is being scheduled for September 2022. The seminar aims to explore and agree shared priorities as well as establishing guiding principles for priority setting in the new partnership arrangements with a view to developing a specific Lewisham Plan that fits within the overall ICS plans.

9. Community & Citizen Engagement

9.1 The partnership is committed to ensuring that the lived experiences of all our citizens and communities demonstrably drive the direction of the LCP. Development is underway to establish a ‘People’s Partnership Committee’ that will be integral to the governance of the LCP.

9.2 A stakeholder workshop will review the potential operating model for the ‘People’s Partnership Committee’, including leadership, membership, frequency, location, decision-making and resources.

9.3 A further programme of work to improve community engagement will include co-ordination, sharing resources, and developing workforce skills.

10. Financial Implications

10.1 There are no additional financial implications arising from this report.

11. Legal Implications

11.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

12. Crime and Disorder Implications

12.1 There are no specific crime and disorder implications arising from this report

13. Equalities Implications

13.1 There are no specific equalities implications arising from this report.

14. Environmental Implications

14.1 There are no specific environmental implications arising from this report.

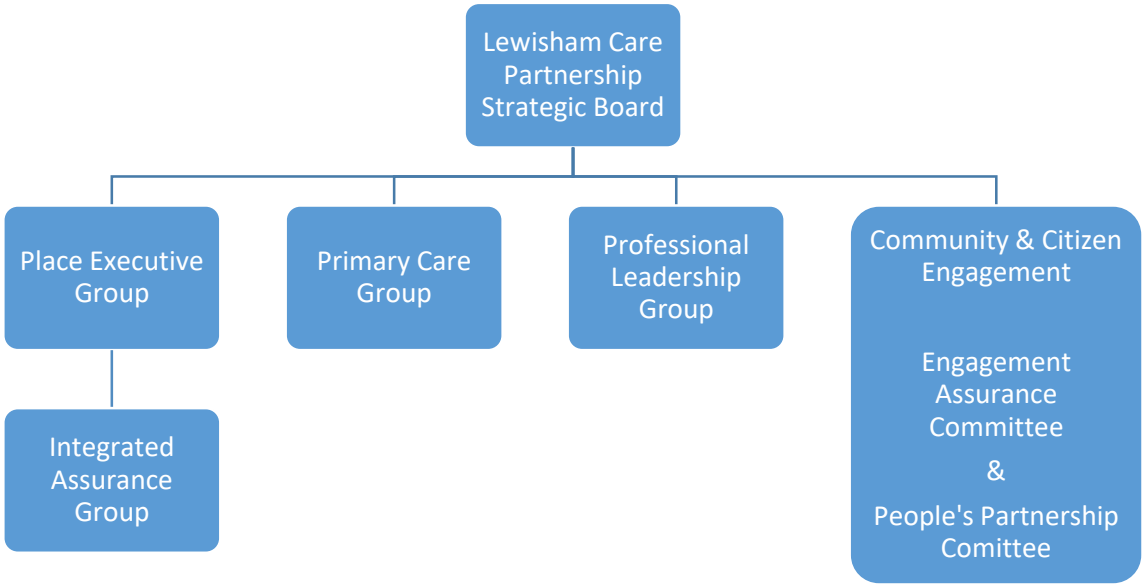
If there are any queries on this report please contact Charles Malcolm-Smith, People & provider Development Lead, Lewisham System Transformation Team, charles.malcolm-smith@selondonics.nhs.uk

Background information

Further information on the functions and structures of ICSs can be found on the NHS England website here

Arrangements for the SEL ICS can be found here

Appendix 1 Lewisham Local Care Partnership Governance



HEALTH AND WELLBEING BOARD				
Report Title	Better Care Fund (BCF) Plan 2022/23			
Contributors	System Transformation and Change Lead and Associate Director of Finance, NHS South East London Lewisham: Director of System Transformation (LBL/NHS); Group Finance Manager for Community Services LBL		Item No.	
Class	Part 1	Date:	24 August 2022	
Strategic Context	Please see body of report			

1. Summary

1.1 Better Care Fund (BCF) planning guidance for 2022/23 was published on 19 July 2022. Plans must be submitted to NHS England by 29 September 2022 and local areas are required to seek formal approval of the plan by the Health and Wellbeing Board before its submission to NHSE.

1.2 This report provides members of the Health and Wellbeing Board with an overview of the BCF plan for 2022/23 (which includes the Improved Better Care Funding) which will be submitted by 29 Septembers and seeks members' approval of the recommendations set out in paragraph 2.

1.3 Following its submission to NHSE, the BCF plan will be subject to a national assurance process. South East London Integrated Care Board (Lewisham) (SEL ICB) and the Council will be notified of the outcome of this process in due course.

2. Recommendations

2.1 Members of the Health and Wellbeing Board (HWB) are asked to:

- Note that the detailed information and data for inclusion in the final report is currently being collected but that the schemes for inclusion in the Better Care Fund Plan 2022/23 are set out in paragraph 5.3.
- Delegate final approval of the Better Care Fund Plan to the Chair of the Health and Wellbeing Board before it is submitted to NHSE.
- Note, for information, the Q4 return on the BCF Plan 2021/22 which was made on 27 May 2022. Please see appendix A.

3. Strategic Context

3.1 The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

3.3 The BCF is a joint health and social care integration fund managed by Lewisham Council and SEL ICB (Lewisham). The strategic framework is set out in the national BCF policy framework and planning guidance.

3.4 There are a number of proposed reforms to the health and social care system, including the Integration White Paper: Health and social care integration: joining up care people, place and populations, the Adult Social Care Reform White Paper, People at the Heart of Care. These, alongside the Health and Care Act 2022, will provide an important context for the BCF going forward.

4. BCF Plan 2022/23

4.1 On 19 July 2022, the Government published the Better Care Fund Policy Framework for 2022/23. The document set out the national conditions, metrics and funding arrangements for the BCF in 2022/23.

4.2 The Policy Framework stated that a full planning round would be undertaken in 2022/23 with areas required to formally agree BCF plans and fulfil national accountability requirements.

4.5 The BCF 2022/23 plan is being developed by SEL ICB (Lewisham) and the Council. The BCF Plan covers one financial year and will continue to fund activity in the following areas:

- Prevention and Early Action
- Community based care and Neighbourhood Networks
- Enhanced Care and Support
  Population Health and IT

4.6 Recognising that the BCF Plan 2022/23 will be submitted in Q2 of this financial year, the S75 Board will continue to support delivery against the current BCF Plan.

5. Funding Contributions

5.1 In 2022/23 the financial contribution to the BCF from SEL ICB (Lewisham) is £25,971,817. The financial contribution from the Council in 2022/23 is £773,989, in addition to the DFG contribution of £1,518,970. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £14,941,703. The total BCF pooled budget for 2022/23 is £43,206,479.

5.2 The financial contributions to the BCF have been agreed by the ICB and Council and agreed through the ICB's and Council's formal budget setting processes.

5.3 The table below shows the planned areas of expenditure within the BCF and IBCF plan for 2022/23.

Schemes	Areas of Expenditure	2022/23
Integrated Care Planning	Telephone Triage, Single Point of Access, Transition planning, additional Winter Capacity for care planning	£5,454,303
Community Based Schemes	Extended primary care and urgent care access, Medicine Optimisation and Enablement	£11,635,938
Assistive Technologies	Equipment and Telecare	£1,051,986
Prevention and Early Intervention	Community Falls Service Sail Connections Self-Management support Social Prescribing	£1,209,875
DFG	Adaptations to the home	£1,518,970
Residential placements	Extra Care Provision Transition support Maintaining level of mental health provision	£4,117,272
Personalised Care at Home	Neighbourhood Community Teams	£4,380,844
High Impact Change Model for Managing Transfer of Care	Social Care Delivery Hospital Discharge Provision Continuing Health Care Assessments Home First and D2A Trusted assessors	£4,556,295
Enablers for integration	Population Health System Connect Care Integration programme and Alliance resource Contingency	£1,789,746
Carers services	Advice, information and support	£589,971
Housing Related	Learning disability supported accommodation	£164,000
Home Care or Domiciliary care	Demographic growth Protection of current level of packages of care Local Care Market Stability	£5,837,279
Care Act Implementation	Deprivation of Liberty Safeguards support	£900,000
Total BCF/IBCF		£43,206,479

6. National Conditions, Capacity and Demand Plans and HICM

6.1 The **national conditions** for this planning year are similar to those for the 2021/22 planning period. The conditions are:

1) A requirement for a jointly agreed plan between local health and social care commissioners, signed off by the HWB.

2) NHS contribution to adult social care to be maintained in line with the uplift to the minimum contribution.
3) Requirement for investment in NHS commissioned out-of-hospital services.
4) Implementing the BCF policy objectives, which are to:
   a) Enable people to stay safe, well and independent at home for longer and
   b) Provide the right care in the right place at the right time.

6.2 The BCF plan is required to demonstrate that these national conditions have been met.

6.3 For the first time, the BCF submission also requires development of a local **Capacity and Demand plan** for intermediate care. This plan must also provide detail on local expenditure on intermediate care, whether this is funded via the BCF or other finance sources.

6.4 Intermediate care is defined as "a multi-disciplinary service that helps people to be as independent as possible" which "provides support and rehabilitation to people at risk of hospital admission or who have been in hospital" (NICE, 2022)

6.5 Local areas are also required to self-assess against the High Impact Change Model. This element of the BCF submission does not form part of the assessment by NHSE of the BCF plan.

7. Metrics

7.1 Final BCF plans must include ambitions for each of the national metrics. Planning templates must include plans for achieving these as a condition of approval. The metrics for 2022/23 have changed slightly and are now:

a) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
b) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
c) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
d) Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.

7.2 In previous years, the BCF included a metric for hospital length of stay. This metric has been removed from the BCF for 2022/23.

8. Governance

8.1 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner.

8.2 The Section 75 Agreement Management Group (Adults) continues to oversee the 2022/23 BCF plan and expenditure.

9. Financial Implications

9.1 There are no financial implications arising from this report. Monitoring of the activity supported by the Better Care Funding continues to be undertaken by the

Section 75 Agreement Management Group (Adults).

10. Legal implications

10.1 As part of their statutory functions, members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

10.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 of the NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

11. Crime and Disorder Implications

11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

12. Equalities Implications

12.1 Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF has regard to the need to reduce inequalities in access to care and outcomes of care. An equalities assessment/analysis is undertaken as part of the development of any new proposals to assess the impact of the new services on different communities and groups.

13. Environmental Implications

13.1 There are no specific environmental implications arising from this report or its recommendations.

14. Conclusion

14.1 This report provides an overview of the development of the Better Care Fund 2022/23 plan and seeks Members approval on next steps as set out in the recommendations. Members are asked to note the contents and agree the recommendations set out in the report.

14.2 If you have problems opening or printing any embedded links in this document, please contact mark.bursnell@lewisham.gov.uk.

14.3 If there are any queries on this report please contact sarah.wainer@selondonics.nhs.uk

Appendix A - Better Care Fund 2021-22 Year-end Template

BCF 2021-22
Year-end Template F

Health and Wellbeing Board

Report title: Lewisham Sexual and Reproductive Health Local Action plan to deliver LSL Sexual Health Strategy - Update

Date: 4th August 2022

Key decision: No.

Class: Either Part 1

Ward(s) affected: All wards

Contributors: Vikki Pearce, Pearce Consulting, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham, Kenneth Gregory, interim Director of Joint Commissioning, Jason Browne, Public Health commissioner.

Outline and recommendations

Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and LSL Action Plan to deliver this strategy.

Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents.

The Health and Wellbeing Board are recommended to note progress in delivering both the LSL SRH Strategy and the Lewisham SRH Action Plan.

Timeline of engagement and decision-making

Extensive consultation was carried out in 2018 on the development of the Sexual and Reproductive Health Strategy 2019-24. The Consultation included engagement with the public, sexual health professionals and other stakeholders. The Strategy was considered at Healthier Communities Select Committee, Safer Lewisham Partnership and CYP Strategic Partnership Board. It was formally adopted at the Health and Wellbeing Board on March 2019.

Local Action plan consultation included working with representatives from SRH Clinic Service Providers, Primary Care, YP Service, Education, Abortion Services, London E-service, Council and Voluntary sector organisations working in and around sexual and reproductive health in Lewisham to develop the local Action Plan. This was agreed by the Health and Wellbeing Board in December 2020.

Ongoing dialogue and discussion with providers helps us to better understand the impact of Covid-19 on the services and patients and to inform future commissioning of Sexual and Reproductive Health Services.

1. Summary

1.1. Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and shared LSL SRH Action Plan.

1.2. LSL has a shared Action plan to deliver the LSL SRH Strategy 2019-24 which delivers strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL.

1.3. Lewisham recognised the need to have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents. This was agreed in December 2020.

1.4. This report sets out progress to date in delivering against the strategy and the Lewisham Local SRH Action Plan.

2. Recommendations

2.1. The Health and Wellbeing Board are recommended to :

- note the progress made to date in delivering the LSL Sexual Health Strategy

3. Policy Context

3.1. The sexual health services commissioned jointly across LSL support the priority identified in the 2018-2022 Corporate Strategy “Delivering and defending : Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need”. This year’s Mayor’s manifesto pledges to increase access to anonymous online sexual health services.

3.2. Sexual Health is an important public health priority at both a national and local level. In 2013, Lewisham’s Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham. Lewisham continues to experience high demand and need for

sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections. Contraception and sexual health services for diagnosis and treatment of STIs are currently commissioned from Lewisham and Greenwich NHS Trust (LGT).

3.3. The Health and Social Care Act 2012 ("the Act") introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

3.4. Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are:

- National Child Measurement Programme
- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

4. Background

4.1. LSL together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM) and black and minority ethnic (BME) communities suffering the greatest burden.

4.2. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024. The Strategy has the following four pillars:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- High quality and innovative STI Testing and Treatment
- Living well with HIV

4.3. Lambeth, Southwark and Lewisham (LSL) have been jointly commissioning sexual health services since April 2016. A specialist commissioning team, based at Lambeth Council, carries out a range of commissioning functions on behalf of the three boroughs, including overseeing a shared LSL Action Plan to deliver strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL. Progress to date includes the development of a sexual health e-service, the introduction of HIV Pre Exposure Prophylaxis (PrEP) across the borough and focussed work with specific population groups. A rapid review of the impact of COVID-19 on sexual health services identified areas that worked well, and areas needing additional focus during recovery.

4.4. Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents This was developed and agreed by the Health and Wellbeing Board in December 2020.

5. LSL Progress to date

5.1. This table sets out the achievements against the LSL Action Plan which supports the LSL strategy

Strategy Priority	Achievements to date
Healthy and fulfilling sexual relationships	• Introduction of Love, Sex, Life to build capacity in staff not working in sexual health services • Expanding the number of outlets who have signed up to Come Correct
Good reproductive health across the life course	• Training and support to primary care services • Introduction of LARC hubs across LSL • Oral Contraception now available 24/7 via E-service
High quality and innovative STI Testing and Treatment	• Continued use of the SXT partner notification system across all Trusts • PrEP awareness raising to try and increase numbers
Living well with HIV	• Tackling the stigma of HIV and increasing participation in BAME populations • Elton John Aids Foundation has been successful in introducing routine testing in A&E • Commissioning of PrEP community projects via Brook and AAF • Appointment of the HIV/BBV GP champions • Pilot of an e-service for adult and young people's substance misuse services to target the vulnerable, at risk communities

6. Post pandemic activity

6.1. The COVID-19 needs assessment identified a number of impacts from the pandemic. Pharmacy Reproductive Health Services, including Emergency Hormonal Contraception (EHC), Progesterone-only Pill (POP), and the C-Card scheme (free condom distribution for young people) remained available during lockdown, though total contraception activity in pharmacy was substantially lower in Q1 and Q2 of 2020 than in the same period for 2019 - activity in April 2020 was just over 10% of that of April 2019. This is driven mainly by large reductions in provision of Emergency Hormonal Contraception, but Long-Acting Reversible Contraception (LARC) referrals and Condom issuing also reduced, including used of C-Card (scheme giving free condoms for young people). GP Sexual and Reproductive Health services also remained available and though activity reduced in the first months of lockdown, this was not as substantial as reductions seen in specialist and pharmacy services. Contraception activity in GP recovered rapidly after the pandemic, but is still lower than we would like. Work with LSL colleagues continues to refresh pathways and promote throughout primary care.

6.2. Access to Long-Acting Reversible Contraception (LARC) in GP Practices was restricted during the first lockdown. A project to develop provision of LARC in

Lewisham began in January 2022 and is being led by APLOS. Marie Stopes International at St John's is offering LARC, and there are plans to open a pilot in the north of the borough. Continuing to improve community provision of LARC remains a priority in Lewisham.

6.3. As reported in the last update, the drop in STI testing in clinic was met with a corresponding - and planned - increase in use of the SHL - the London E-Service (STI testing kits ordered online). This activity was uncapped as part of business continuity measures, and clinics were encouraged to direct patients towards the service. E-service activity increased and 40% more STI tests were ordered through the platform in May to September 2020 than in January to April 2020. This change in service delivery has been maintained and now approximately 30% of all contact is via the e-service, with some return to face to face appointments for those who choose that option.

6.4. Abortion providers reported consultations are returning to pre-pandemic levels. The success of Early Medical Abortions ("Pills by Post") has seen an increase of 15% on pre-pandemic levels. Surgical abortions are still lower than they were before the pandemic. In 2021/22 Lewisham are the second highest spender on abortion services in South East London, after Lambeth.

6.5. Women's use of sexual and reproductive health services is typically higher than males, and numbers of women accessing services have now exceeded pre-COVID levels. The same is true of people aged 25-34. Whilst service data does not suggest that people of BAME ethnicities were disproportionately impacted by service changes during lockdown, use of SRH services by people of Black ethnicity has not resumed to pre-COVID-19 levels; use by people of all other ethnicities has broadly returned to previous activity levels. From May 2020, we have observed an increase in SRH service activity where the ethnicity of the service user is not stated. At this time, it is not known if this increase is distributed evenly across people of all ethnicities. If there was a bias towards Black people either declining to record their ethnicity when accessing services, or health professionals declining to ask, this may account for the apparent reduction in service activity in this group. Use of the E-Service started to rise in April 2020, with largely proportionate increases among users of all ethnicities.

6.6. Use of Emergency Hormonal Contraception (EHC) by women of Black ethnicity remained high during and after lockdown which continues to signify distinct unmet contraceptive need.

7. Sexual Health Commissioning

7.1. Commissioners will work with Public Health to ensure that services are developed, reviewed and where necessary renegotiated or reprocured. There is an opportunity to continue to move activity around the Sexual Health system to better deliver the shared LSL Sexual and Reproductive Health Strategy whilst reducing overall spend.

7.2. LSL Commissioners based at Lambeth continue to lead a programme of work to look at how services are recommissioned to meet the current and future needs of LSL residents with a focus on those services which they contract manage on our behalf through our Tripartite Agreement for Sexual Health which include the Sexual Health Core Clinic Contract with Lewisham and Greenwich Trust (LGT) which has been provisionally extended until 2023. However, there are onging discussions around the service offer between LGT and LBL which should be resolved by the end of 2022.

7.3. Sexual Health Services in Primary Care (Pharmacy and GP) have been extended until March 2024 and will allow continuity of Pharmacy EHC and POP and GP LARC Services. Lewisham accesses e-services for STI Testing and Treatment via an agreement with The City of London that provides greater access to SRH services and the contract ends 2026. The Young Person's Integrated substance misuse and

Sexual health service was awarded to Humankind – Lewisham Insight – and has been offering a service to the young people of Lewisham from April 2022.

7.4. Brook was contracted to co-create and deliver a support programme to develop capability, competence and confidence to deliver the secondary school Relationships and Sex Education (RSE) curriculum from April 2022 to March 2023.

7.5. Further decisions about commissioned services will go through the appropriate governance processes and come back to DMT if required.

8. Lewisham Sexual and Reproductive Health Action Plan

8.1. The below table highlights some of the activity that has taken place over the last 14 months against the four priority areas of the strategy. This is in addition to work which is going on across LSL, though some services which have contributed work across LSL.

Strategy Priority	**Activity**
Healthy and fulfilling sexual relationships	• Sexual Health in Primary Care training; XX people trained • Commissioning Brook to deliver additional support and guidance for PSHE in schools
Good reproductive health across the life course	• Provide training to new SRH Pharmacies and refresher training to existing SRH Pharmacies • LGT midwives are now giving contraception to new mums
High quality and innovative STI Testing and Treatment	• Tackling the stigma associated with STIs in BAME groups • The sexual services achieved Pride in Practice Gold Awards
Living well with HIV	• Recruitment of SRH HIV GP champion (Dr Grace Bottoni)

8.2. An LSL wide impact assessment was carried out in December 2020 which explored how Covid-19 and service changes had impacted on service users and made a series of recommendations. These were:

8.3. To undertake stakeholder engagement to undersand how and where people seek information about available services (this has been taken forward via AAF and Brook)

8.4. Continue to monitor the use of the e-service platform and ensure use remains equitable (ongoing monitoring continues and approximately 30% of all STI testing is now done via the e-service route in Lewisham). One of the consequences of this shift is an increase in the complexity of those being treated in person.

8.5. Monitor the availability of in person appointments and contraceptive counselling (this continues to be monitored and reported by commissioners)

8.6. Improving access to long acting reversible contraception (LARC) (this is monitored locally and the contract with pharmacy and primary care overseen by public health commissioners)

8.7. Action should be taken to identify and overcome the barriers to contraception that women of black ethnicity are experiencing (this continues to be discussed)

8.8. LSL have conducted an extensive engagement programme over the last year to understand residents experiences of access to services and the handovers from one service to another. Many Lewisham residents took part in an E-survey, in-depth interviews of co-creation workshops. Experience of services was reported very good but problems with access (finding services and booking appointments) were identified. A digital tool is in development to help residents better navigate the sexual health system.

9. Financial implications

9.1. None – for information only

10. Legal implications

10.1. None – for information only

11. Equalities implications

11.1. As with many health outcomes, sexual health is patterned by socioeconomic inequalities, with those from deprived areas at greater risk of negative outcomes, such as sexually transmitted infections and unplanned pregnancy. HIV rates are much higher in men who have sex with men, and in Black African communities.

11.2. An Equalities Analysis Assessment (EAA) was undertaken for the LSL Sexual and Reproductive Health Strategy. The Strategy and Local Action Plan aim to reduce health inequalities and improve health outcomes.

11.3. A Rapid Impact Assessment of Covid-19 was conducted in December 2020 and the findings and recommendations reported above.

12. Climate change and environmental implications

12.1. There are no climate change and environmental implications pertaining to this report.

13. Crime and disorder implications

13.1. There are no crime and disorder implications pertaining to this report.

14. Health and wellbeing implications

14.1. This report recommends that The Health and Wellbeing Board recognise the work undertaken as part of the Local Lewisham SRH Action Plan, which aims to improve sexual and reproductive health in Lewisham and to reduce health inequalities.

15. Background papers

15.1. LSL Sexual and Reproductive Health Strategy 2019-24.

15.2. 3 December 2020 Report to the Health and Wellbeing Board: Lewisham Sexual and Reproductive Health Local Action Plan to deliver LSL Sexual Health Strategy 2019-24

16. Report author(s) and contact

16.1. Kerry Lonergan, Consultant in Public Health, kerry.lonergan@lewisham.gov.uk

16.2. Comments for and on behalf of the Executive Director for Corporate Resources

16.3. [Type here, Arial size 11]

17. Appendices

Digital exclusion and access to health services

2021

healthwatch Lewisham

Healthwatch Lewisham
Waldram Place
Forest Hill, London
SE23 2LB

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Your Voice in Health and Social Care is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care provisions. YVHSC holds the contracts for running the Healthwatch services for Healthwatch Hounslow, Healthwatch Ealing, Healthwatch Waltham Forest and Healthwatch Bromley. HW staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch is to engage and involve members of the public in the commissioning of Health and social care services. Through extensive community engagement and continuous consultation with local people, health services and the local authority.

Contents

Executive Summary

For this research project, we wanted to engage with people who are more likely to be digitally excluded and gain a better understanding of how this might impact their experience with health and care services. We focused on primary care as this is the first point of contact for people accessing services. However, our findings will be relevant to all services which are moving towards digital delivery. We partnered with North Lewisham Primary Care Network (NLPCN), who have a shared interest in using patient experience to improve the offer and health of the community they serve.

We paid particular attention to people's experience of accessing services during the COVID-19 pandemic. In total, we carried out interviews with 45 residents as part of the project. Those we spoke with included older people, people with English as their second language, and people with disabilities. The reason why we chose these groups is because they traditionally experienced barriers before the pandemic, and we wanted to understand whether this had exacerbated as a result of the lockdowns.

Digital exclusion can be the result of a variety of factors, including affordability and limited accessibility because of disabilities, lack of support and language barriers. The stories we heard about people's access to health and social care were mixed. Some people found remote GP consultations to be beneficial and were understanding of the need to shift to these digital care methods whilst the pandemic spread rapidly. Others were unhappy with the quality of care and treatment received using remote consultations and didn't feel confident with the diagnosis and/or the treatment plan. Both groups advocated for a return to face-to-face appointments.

Feedback also suggests that many participants were disappointed with the level of service received, especially when it came to administration. Numerous participants highlighted the challenges they faced when trying to get through on the telephone. Waiting times for appointments were undesirable with some people not being able to receive appointments for over two weeks, which echoes similar experiences prior to the pandemic.

Some residents experienced multiple barriers when trying to access health care support (affordability, lack of IT skills, and language barriers) which caused high levels of stress and anxiety.

Primary Care professionals we engaged with as part of this project discussed the benefits of remote care but also acknowledged that a shift to remote consultations risked excluding a significant proportion of service users from health and social care services. As the NHS supports primary care to move towards a digital first approach it is essential that the needs of digitally excluded residents are embedded within delivery plans.

There is the danger that the drive for greater digital access leaves behind those who are unable to engage with technology and therefore deepens existing health inequalities. Through our engagement, it is evident that the majority of participants would prefer face-to-face appointments as they value them more than the digital approach. Services must ensure that they deliver a hybrid approach of in-person and remote consultations which meets the needs of the local population and which takes account of their access needs.

About Healthwatch

Our organisation is an independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. Under the General Data Protection Regulations (GDPR) and the Data Protection Act 2018, we have a lawful basis to process information that is shared with us by services and service users. Confidentiality is important to us, and we will only keep data for as long as is necessary. If you would like to know more about how we use the data we collect, our privacy statement is available on our website, www.healthwatchlewisham.co.uk

Introduction

The unprecedented COVID-19 pandemic forced services to adapt their service strategies in order to protect staff and patients as well as mitigate the risk of the virus spreading. As a result, services had to adapt quickly and introduced new models of access, which included remote access and a total triage system*.

The rapid changes meant that there was little time to research the possible impact on health outcomes, patient experience, or health-related inequalities when using digital platforms. There is a legitimate fear, that as a result, a 'one size fits all' approach may further widen local health inequalities. Twenty months on and digital exclusion remains a great concern and raises multiple challenges that need to be addressed urgently.

To help understand the impact of the changes, we carried out a research project looking to better understand the impact of a 'virtual by default' access model (with focus on primary care) implemented by health and social care services in response to the COVID-19 pandemic on a socially deprived and vulnerable population.

The aim of the research project was to deliver targeted engagement with residents who have limited access to or don't use digital technology to address the gap in local knowledge. The project aimed to understand how the change to a digital model has impacted on this cohort's experiences of accessing health and care services. Intelligence gathered has been used to help support the development of alternative methods and pathways for those who are digitally excluded to have equity of access to the care and treatment they need. The project helped us:

1. To gain an understanding of the needs and potential barriers people who do not use/or have limited access to technology when engaging with services, with a focus on GP practices.

2. To produce a series of recommendations to help address the needs of people who are digitally 'excluded' based on the feedback received.

The findings from our report will not only highlight issues residents have had with new remote models in primary care but will be applicable to all local health and care services which provide a digital offer. We want to work closely with partners to address the issue of digital exclusion and the challenges residents face.

* Total digital triage uses an online consultation system to gather information and support the triage of patient contacts, enabling care to then be provided by the right person, at the right time, using a modality that meets the patient's needs.' 15 September 2020. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf

Background

The COVID-19 pandemic forced health and care services to make changes to their models of care and how they support residents. There has been a shift towards a digital model of telephone and online appointment systems. The Covid-19: Lewisham system recovery plan shows that between March and June 2020, 85% of primary care appointments were delivered virtually. New precautionary measures were established to keep vulnerable people and staff safe during the pandemic, however these methods of delivering primary care may become the new normal.

We conducted research with over 1000 residents on their experiences of remote consultations and accessing health services as part of our 'Impact of COVID-19 on Lewisham' [1] report during the first lockdown with the aim to understand how this rapid shift was received in the borough. Many residents highlighted the benefits of the digital shift, such as greater ease in securing appointments. However, there were also concerns raised about the exclusion of residents who cannot use or afford digital technology to access primary care. It was evident that there was a gap in local information regarding the experiences of residents that are digitally excluded and a need for research to be carried out to understand the views of those that have limited or no access to digital devices.

The London Borough of Lewisham is extremely diverse with 46% of the population being from a Black, Asian and minority ethnic background and residents representing over 75 nationalities. It is the 10th most deprived borough within London and ranked in the top 20% most deprived Local Authorities in England [2]. Vulnerable people already experienced barriers to primary care pre-COVID-19, including poverty, language barriers and mistrust of the system, amongst others. Research that was conducted with GPs and support services for vulnerable patients indicates that these issues have likely worsened because of the pandemic [3]. Furthermore, new pandemic-related barriers have formed, which include issues around quality of information about changes to local service delivery, a hesitancy to share personal information via a triage system, removal of walk-in services and digital exclusion [4].

The NHS Long Term Plan outlines how the model of care found across the NHS will change over 10 years through the introduction of digital health technologies (DHTs).

Primary care services will adopt a 'digital first' system in which most patients are assessed through healthcare apps, telephone consultations, or through web-based platforms. This system would give GPs more time to have longer consultations with those in need [5]. The steady introduction of digital services enables feedback by patients and healthcare professionals to be incorporated, such that these services meet the demands of the communities that they serve.

COVID-19 resulted in the Total Triage (TT) model being implemented in a matter of days in March 2020 [6]. How each service incorporated the policy changes into their practice is still being examined, as is the impact of these changes on vulnerable groups [7&8]. The government planned for the changes enacted over the pandemic, such as TT to be embedded into services permanently [9]. However, the TT model ended in May 2021 as 'GPs were told the use of telephone and online consultations

can remain where patients benefit from them, but physical appointments must also be available' [10]. This report understands the experiences of digitally excluded residents and how they found these new systems. We have primarily focused on groups that historically have issues accessing healthcare, and those that could be at risk of digital services impeding their access.

Over the course of 2020 there has been a substantial increase in users of the NHS app [11], and the number of consultations conducted remotely in February 2021 was 40.9% [12]. Over the first lockdown positive reviews of GP consultations were reported, with people feeling that remote consultations fit more conveniently with their schedules [13]. However, reports also found that most participants highlighted a need for the availability of face-to-face appointments to support those who have issues accessing digital services.

According to the Consumer Digital Index Report, approximately 9 million people across the UK struggle to get online without assistance (16%), and 11.7 million (22%) lack the skills for everyday life. These values are compounded by factors such as age, disability, and ethnic minority, with elderly individuals, and those who are most disadvantaged, having higher levels of digital disengagement [14]. These findings draw concern as digital exclusion could worsen already existing health inequalities, and risk some people being left behind in a 'one size fits all' system.

Currently, studies have documented how those from deprived areas receive poorer access to primary care [15], and how marginalised groups, such as sex workers, homeless individuals, drug-users, and prisoners have poor health outcomes [16]. This risks the NHS mandate of everyone having equal and fair access to care not being met. While the national Healthwatch report 'GP access during COVID-19' highlights some positive experiences of service users, it found ongoing issues within health services that need to be addressed, and the need for a more detailed assessment of the aforementioned groups experience of digital healthcare at local level [17].

The Healthwatch Lewisham study and resulting report supports many of the Healthwatch England key findings and addresses areas that need to be improved when accessing health and social care services.

Methodology

Our engagement was delivered across the London Borough of Lewisham from March – July 2021. Research suggests that residents with language barriers and disabilities experience difficulties accessing services. We wanted to hear from residents that do not use or have limited access to digital devices and the internet. Our primary focus was engaging with residents who are at risk of being digitally excluded and whether the shift to remote access has exacerbated existing issues.

We focused our engagement on people who were likely to have no access or limited access to digital technology. This included:

1. Residents who do not speak English as a first language
2. Older residents
3. Residents with disabilities or sensory loss

We partnered with North Lewisham Primary Care Network (NLPCN) who share interest in reducing health inequalities exacerbated by the recent COVID-19 pandemic.

We developed accessible leaflets to promote the project and encourage participation. We worked with local organisations and food banks to help distribute the leaflets to residents from targeted groups. Examples of methods of distribution included local newsletters, community mailing lists, leaflets, and attending online engagement forums.

To engage with this cohort of people and reach residents who would not normally use digital devices, we aimed to carry out face-to-face and telephone interviews. To recruit suitable participants, and to encourage participation, we worked with community organisations, such as Lewisham Refugee and Migrant Network (LRMN), Age UK, Voluntary Services Lewisham, Lewisham Homes and Phoenix Housing. This required a lot of assistance from partners who actively recruited participants for the project and we would like to thank them all for their continuous support (Thank you, pg.31). On certain occasions, interviews and recruitment were conducted directly by partner organisations. This was the case where ethical considerations had to be considered. Some participants were reluctant to speak to external organisations. However, they felt comfortable sharing their experiences with organisations who supported them.

The Lewisham Refugee and Migrant Network (LRMN) empowers 'people and families who are destitute, homeless or have No Recourse to Public Funds (NRPF), from refugee, asylum seeker and migrant communities' [18]. Their team received consent and conducted interviews with 11 participants. We were also supported by Lewisham Council in identifying and facilitating conversations with Deaf residents.

Although our initial intention was to carry out face-to-face engagement, national lockdown measures meant that most interviews were carried out remotely to reduce the risk of spreading the virus and ensure the safety of staff, volunteers and residents. The interview questions were developed in partnership with the NLPCN using Healthwatch England's template from a similar study.

Participants were predominantly interviewed over the telephone. Zoom calls were also used in a small number of cases when requested by professionals and participants who felt it was more appropriate for residents that experience learning disabilities, language barriers and/or have long term health conditions. We also delivered several paper copies of the questionnaire to residents who preferred to fill it in by hand. This was mostly due to hearing difficulties when initially contacting them over the telephone.

The feedback collated consisted of both qualitative and quantitative data which was analysed to identify themes and trends. To mitigate bias, two members of the Healthwatch team (a Project Officer and Research Volunteer) analysed the data separately. We carried out two online engagement sessions that we promoted with the help of NLPCN to local primary care professionals. The sessions were attended by 10 participants. The aim of the first session was to better understand the impact of the new access models on patient experience from the perspective of primary care professionals, particularly hearing from GPs. A second session was set up to present the initial findings of this project and assist with co-designing the recommendations for this report.

Participant Profiles

Healthwatch Lewisham spoke to 45 residents between April – July 2021. In addition, we engaged with 10 primary care professionals to understand their perspective on this issue. These sessions took place in April and August 2021.

We gathered a substantial amount of monitoring information, and it is evident there is intersectionality. For example, several residents we engaged with would fall under the three traditionally disadvantaged groups we wanted to focus on: English as a second language, older residents, and people with disabilities.

People over the age of 55

25 people were over 55 years old (see Appendix 3). This group included:

- 65% women and 35% men
- 83% confirmed that they are 'Not in Employment/ not actively seeking work (Retired)'
- Several people had age-related conditions such as hearing or sight impairment

Disabled People

21 people identified themselves as disabled. This group included:

- 76% Women and 24% men
- People with physical disabilities, mental health issues, mobility and sensory impairment, long-term conditions, and learning disabilities
- Those that were happy to share their ethnicity identified as White British (38%), Black British (African/Caribbean) (38%), White Other (10%) and Asian British (Bangladeshi/Indian) (1%)

Primary care professionals

With the support of the North Lewisham Primary Care Network, we organised two engagement sessions open to all primary care professionals. The participants mostly consisted of GPs.

English is their second language

Of the 45 participants engaged with the research project, 16 people confirmed that English is their second language. This group included:

- People with varying levels of English proficiency. In some cases, we provided an interpreter to assist with carrying out interviews
- One Deaf person who uses Portuguese and British Sign Language (BSL). We organised an interview with the resident through Zoom with the support of a BSL interpreter.
- People who spoke Arabic, Igbo (also known as Ibo), Romanian, Maltese, Tamil, Twi (also known as Akan Kasa), and Spanish.

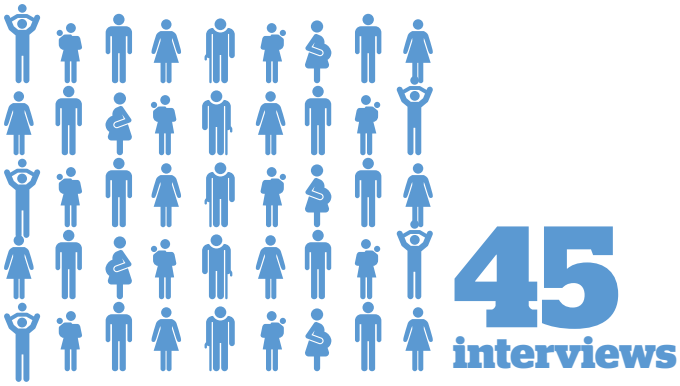
Ethnicity

Studying the monitoring information shared by most participants, we identified the following ethnic groups (see Appendix 4):

- 33% Black British (African/Black Caribbean)
- 31% White British (English/Welsh / Scottish / Northern Irish/ British)
- 9% White Other
- 5% Arab
- 2% Asian British (Bangladeshi/Indian)
- 2% Mixed Multiple (White & Asian)

Report Layout

The following chapters focus on analysis of the 45 interviews. We have highlighted the key issues which emerged through the conversations and have included several case studies which showcase the different experiences for participants when accessing services.



Key Findings: Limited or lack of Technology & IT Skills

Online appointments have created barriers for some of the residents we interviewed many of whom do not have adequate IT skills to access their GPs this way. This left them feeling unable to use the service after the introduction of new remote access methods because of the pandemic. The new model of access exacerbated by difficulties in contacting the practice via telephone, has led to some people giving up trying to seek help from their GP.

A participant explained that they can't get through when ringing their practice and due to poor health rarely feel able to attempt a call again. Another participant felt the new system was not inclusive as they were unable to access their GP because they didn't possess digital devices. When they called their practice, they were consistently advised to book appointments through the online system which they felt was discriminatory. They tried to get an appointment for months over the telephone and had no success, which caused a huge level of stress.

Feedback suggests that some respondents relied on family members to help with digital access and/or making steps to improve their IT skills by attending classes. Whilst some residents have had family members support them with digital issues, services should not rely on this support. They should take the necessary steps to empower all residents to have privacy for confidential discussions if necessary, and parity of access to their services.

The lack of digital skills has made it harder for some participants to access health information or know what services are available to them. This could be particularly challenging for those that are socially excluded for multiple reasons, such as learning difficulties or language barriers. During a NLPCN discussion, a primary care professional spoke about how "Our digital triage system has shifted the demographic of patients at the surgery. We have a university population close by so the demographic is young students. ...There is a shift away from patients who probably need services, because they can't use e-consult as well as younger professionals."

CatBytes is a non-profit organisation that support residents in developing their IT skills. We attended one of their technology workshops to get a better understanding of the work that they do and hear about their first-hand experience of working with individuals that want to develop their IT skills. Catbytes' Damian Griffiths said "I think the experience of helping people use digital devices has taught me that there are far more ways of getting things wrong than there are getting things right. They don't explain that in the instruction manuals. This is why person-to-person support will always be part of keeping people in the digital loop."

The above feedback suggests that change to new digital models may have had a negative impact on people who are used to accessing services in the traditional way. The difficulties in getting through on the telephone add further barriers for those who are unable to use digital technologies to access services.

"The advancement of technology makes you feel a bit alienated..."

".... I feel so restricted. I don't have a computer and they have an online app that is not working during the pandemic. There are no appointments available."

"I don't have access to online. There must be many in the same position as me."

Key Findings: Digital Poverty

Our aim was to engage with residents that are more likely to be digitally excluded. Whilst most participants we spoke with have access to a digital device (computer or smart phone), a few participants said that they don't have a computer or internet connection at home. 11% of participants confirmed they had used e-consult or had a video consultation with their GP practice (See Appendix 5). The findings suggest that some of the participants experienced significant barriers in accessing care remotely as a result of the lack of affordability. Some of the examples are outlined below:

- During an interview, a participant on low income asked if we could find them "a cheap computer" as they weren't sure how to locate one themselves and their financial situation has impacted access to technology.

- Several participants commented on phone bills being more expensive because of long waiting times when trying to get through to a GP practice. One participant doesn't own a landline or mobile phone. They had to use a phone box which they found exceptionally difficult as it costs more money. Although they eventually got through and had a positive experience getting a referral, they found accessing the service extremely frustrating and felt it was an overly complicated process. It took up a lot of their time, was more expensive and they would have preferred walking into their GP practice to book an appointment.

- Similarly, a participant highlighted the challenges they faced when trying to register at a GP practice. When engaging with a receptionist, they informed them that they didn't have access to a laptop and only have a telephone. The receptionist couldn't believe this and advised they go to a friend's house for digital support. The participant felt they were treated without empathy, and that their individual needs were ignored, which left them facing additional barriers registering with their GP.

Dr Al Mathers at Good Things Foundation says there has been a rise in data poverty during the COVID-19 pandemic. Approximately 10% of internet users have a smartphone to get online and 6% (down from 11% in 2020) of households were without access to internet and devices in March 2021 [19]. 55% of those that are offline earn under £20,000 [20].

"It also costs a lot.... you have to hold onto the line, and you are in a list of people. Then something goes wrong, and you go right back to the start again."

"You are made to feel like a second-class citizen if you don't use the internet."

Key Findings: Appointment availability & booking system

Prior to the pandemic, our organisation regularly found through our intelligence reports that access to GP appointments was the biggest issue for Lewisham residents in relation to health and care services. Overall, the findings from our digital exclusion project show that 90% of participants were able to access help from a primary care professional at least once during the pandemic. 59% confirmed they had managed to get a telephone consultation and 30% had received a face-to-face consultation. In most cases participants received face-to-face appointments if they were being seen by a nurse, having a blood test, or required urgent physical examination. This particular cohort of residents were grateful to receive their preferred type of appointment.

18 participants, however, highlighted that waiting times on the GP practice's telephone was the biggest barrier faced when trying to book an appointment. Other technical barriers were flagged such as people finding it difficult to use apps to book appointments, extensive phone queues and unreliable phone connections which would cause people to be cut off and must start the process again. The new remote system has not improved access to appointments for many residents. Difficulty engaging with services means that patients can choose to give up contacting the service and this could result in them interacting with services at a point of crisis.

Despite having access to a smartphone or the internet, the majority of participants rang their GP practice to get appointments. One person shared their story of being unable to get hold of their doctor and ringing NHS 111 for support. They were referred to a walk-in clinic in a neighbouring borough who managed to speak to their GP practice and arrange an appointment. It has been extremely difficult for them to get through to a person on the phone and they wished for better communication and more support.

Red Ribbon is a volunteer-led community organisation supporting people affected by HIV in the London Borough of Lewisham and surrounding areas. Most of the people they support are migrants, on low income and have no recourse to public funds. We attended a Zoom workshop with the organisation where participants shared their experience of healthcare access over the past 18 months. One of the key issues for Red Ribbon service users was the long waiting time trying to get through to a GP practice on the telephone. One participant said they tried calling and their GP practice was fully booked for the whole week. This is a concern for many Red Ribbon service users as they have a long-term health condition which can require regular medical attention but aren't always able to reach their GP when they need support.

The implementation of remote booking systems has also resulted in residents being unable to book appointments in-person within their GP practice. This provides an additional barrier for residents who either do not have access to technology or cannot afford to incur increased phone bills due to long waits on the telephone.

"They don't answer the phone and when you get through, they don't pay attention to you ..."

"You are fifteenth in line and there is so much jargon."

Key Findings: Communication

Several participants told us that a lack of communication from services during the pandemic meant they weren't aware of the access arrangements prior to engaging with the service. In some severe cases this led to hospital visits or a participant not addressing their health issues immediately causing further complications.

Internal communication between health and care services was also highlighted as an area for improvement. During an interview, a participant said that their prescriptions were delayed due to miscommunication between their GP practice and the pharmacy. This was an immediate concern as they have long term health conditions, which require regular medication. Another participant, that has Chronic Obstructive Pulmonary Disease (COPD), spoke about an issue concerning their repeat prescriptions. When they spoke to a GP at their practice, the doctor was unaware of their medical history and not a chest specialist.

The feedback we received shows that 33% of participants found out about changes to their GP's booking system when they rang the practice themselves. Whilst 20% of participants received a letter in the post and 11% received a telephone call from their practice to inform them of the changes being made. The other methods of communication, which received less than 10%, were email, leaflets, text, GP website and word of mouth (see Appendix 7).

A participant said that they have been registered for more than 8 years with their GP practice. They never received any correspondence related to changes at their surgery and only discovered the new triage system when calling the practice directly.

Another participant also was unaware of the changes accessing their GP until an LRMN advisor rang the practice on their behalf. Prior to this, the participant had made several attempts to call their GP and the line kept going to voicemail. Eventually they had to ring 111, which then led to them ringing 999 and being taken to a hospital.

Residents with sensory disabilities further highlighted challenges they faced including confidentiality, communication barriers and concerns around data protection.

A Deaf participant highlighted the barriers of accessing their GP as a result of interpreting services provided by the Council being paused. Prior to the pandemic they used the same interpreter at healthcare appointments which meant the professional was familiar with their issues and could communicate their concerns. During the pandemic, interpreter provision has been provided nationally which has prevented continuity and the resident found that some interpreters did not have the required skills to communicate their specific health issues with the doctor. Virtual appointments also meant that they couldn't meet with the interpreter beforehand to build a rapport.

Residents that access their GP practice regularly expressed their frustration in the lack of communication about changes in access during the COVID-19 pandemic. One patient, that has multiple health issues as well as being unemployed, described their current situation as "living through hell".

Key Findings: Communication (continued)

The lack of access to their GP has impacted their health and well-being because they have serious health issues that haven't been addressed. Due to not having a computer and limited technology skills, the patient has struggled to see a doctor over the past 18 months and resulted to visiting A&E when their health condition deteriorated.

During a NLPCN discussion, a primary care professional said that "Running a total triage system has given us increased capacity. But not having an open-door policy as well as poor messaging, makes some people think that our service is closed. Primary Care communication across multiple platforms is an issue." This finding was also identified in our 'Impact of COVID-19 on Lewisham Residents' report [21].

"My own GP would know me, and I have ended up in hospital when I don't need to go."

".... government needs to give more money to GPs so they can take longer to listen to people, especially now after we have the problems of Covid."

Key Findings: Face-to-face vs. remote appointments

The majority of participants said that their GP practice has been operating remotely since the start of the COVID-19 pandemic. 44% of participants felt the shift to phone, video or e-consultations had impacted their ability to access GP services in a negative way, with many expressing concerns that their health issues could not be addressed properly if they weren't physically seen by a doctor. 33% of participants expressed neutral sentiment, and felt their health needs were met, and 23% had a positive experience with remote consultations.

The majority of participants said that they weren't given a choice to choose between remote or face-to-face appointments. If given the option, most service users would choose face-to-face (See Appendix 6).

One of the reasons for preferring face-to-face appointments was the concern of being misdiagnosed, or the wrong medication being prescribed. People felt this was more likely to happen without a thorough examination in person. This indicates that the remote model reduces people's trust in the diagnosis and treatment plan.

Many participants felt that the face-to-face appointment was of better quality as it was 'easier' to communicate, especially for patients with multiple and/or complex conditions. The discussion with the primary care staff as well as feedback from participants suggests that face-to-face appointments creates a rapport between the patient and doctor and allows for more meaningful interactions.

One participant said they have multiple medical issues where it's only appropriate to talk to someone in person. They sometimes find it difficult to remember everything they wanted to say over the telephone. During a NLPCN discussion, a primary care professional spoke about the issues they had faced with remote consulting from a clinical perspective; "There are very few set things that remote consulting are good for, i.e., contraceptive pill. For the vast majority of problems, it is very difficult to do it in a satisfactory way for both a GP and a patient."

Similarly, a GP in Lewisham that attended one of our NLPCN discussion groups, told us that some asylum seekers have access to a telephone via their home office accommodation. However, language is often an issue, and they feel dissatisfied with the appointments they are receiving remotely. A telephone appointment, rather than face-to-face, is not valued and "acts as a deterrent to them booking appointments".

"You can't give a thorough examination without being in person."

"I would like to be able to have face-to-face....I can use Google translate on my phone to speak in person, I can't use this when I am on a phone."

Key Findings: Confidentiality

The issue of confidentiality was raised by several participants. People expressed their concerns around having to share personal information over the phone with a receptionist. They didn't want to be discussing private health matters with anyone other than their doctor. People also expressed concern around the use of personal data.

> **"I would prefer to have face to face ... You can sit down and tell them your griefs and it is confidential."**

One participant, who is visually impaired, spoke about the challenges they faced when accessing appointments. They don't have an internet connection at home and booking an appointment requires a support worker, which they were unable to get over the past 18 months. Therefore, accessing health services during the pandemic was exceptionally difficult for them. Out of good will, a neighbour stepped in to help read letters sent from their GP practice. However, this has resulted in them no longer having privacy or confidentiality.

Key Findings: Continuity of care

Several participants expressed their concern about how the new access models impacted on continuity of care and being able to book appointments and interact with the same health professional. A Red Ribbon service user said that sometimes they are afraid of trying to access a health care service because they can't guarantee they will see their GP. They commented that members of Black communities tend to rely on people they know and connect with and that there is a lot of action to be done to ensure continuity of care and avoid a lack of trust in health care services.

> **"If you live alone, it is hard. I have my daughter and a carer for support."**

Key Findings: Impact on mental health

Several participants said they felt incredibly anxious as a result of not being able to speak to a GP in person about their health conditions over the past 18 months. One participant commented that they found it difficult to trust what a GP said to them over the telephone and stressed how much more relaxed they would feel if they could be seen in person by a doctor.

"Last year I gave up contacting the GP for anything.... it was causing me more anxiety than usual. My advocate stepped in ..... and only then did I get an appointment."

On the other hand, another person said they felt safer speaking over the phone during the COVID – 19 pandemic. They thought it was better to only see a doctor in person if it was an emergency because they were worried about contracting the virus when visiting a practice.

"One is inclined to worry more about their ailments."

Another participant said they had a 'fear of germs' in the small waiting rooms with chairs that faced each other. They felt more wary and at risk of getting COVID-19 in their GP practice. The participant also felt there was a lack of mental health and wellbeing support for people that are digitally excluded. Whilst they had been made aware of online resources, they preferred to have in-person counselling and couldn't access this over the past 18 months.

During a NLPCN discussion, a primary care professional discussed their first-hand experience with healthcare access for refugees and asylum seekers; "I had a patient who was coming to see me, on the same day he completed an e-consult... He submitted it because he got really anxious.... it meant that someone else has got to look at that through a triage system. But he also had booked to see me face-to-face at the same time."

Positive Experiences and Good Practice

The key findings from our engagement highlighted a variety of different issues that digitally excluded residents faced when trying to access their GP practice during the pandemic. However, as previously mentioned within the report, 23% of participants commented on how much they valued the support they received from their health services during the COVID-19 pandemic. Their experiences incorporated themes such as good communication, convenient access arrangement and excellent service.

For example, a participant spoke about the positive experience they had had with their GP practice's triage system. They received a mixture of telephone and face-to-face appointments which they said were equally satisfactory. They thought the quality of care received over the telephone was good and they felt safe going into the GP practice when the surgery required an in-person examination. The participant had found access to primary care during the pandemic to be easy. However, they also said they were not attempting to get same day appointments, which meant they weren't attempting to call their GP when the service opens at 8am.

Another participant commented that their GP practice "understands my limitations and they have known me for years. They always support me, so when I call, I don't have to go online." This shows how some services understand the needs of their patients and ensure they have a good experience when accessing health services.

Finally, another participant said their practice gave them the option to choose between remote consultation or face-to-face appointments. At the height of the pandemic, their experience with a telephone consultation was comprehensive and effective, and they were happy with the quality of care they received from their GP.

A NLPCN discussion group identified that some health services have adopted strategies to better support those that are digitally excluded. These include:

- A direct phone line that is given out to vulnerable clients.
- Front of House Champions who support service users that need additional support i.e., online registration for a GP practice.

"They got in touch with me to let me know their telephone number has changed."

"The GP is round the corner from me so it was easy to commute."

"I have had both vaccines. The GP came to where I live and did them at my home. We had letters to inform us about it."

"I was quite happy speaking to the doctor over the phone."

Case Studies

For this report, we carried out extensive interviews with local residents. This enabled us to gain a greater understanding of people's experiences during the pandemic. We have collated a series of case studies, which showcase both positive and negative experiences.

Case Study: Participant A

Participant A is deaf and gave birth in late 2020. They primarily communicate in either Portuguese or British Sign language. Their experience of giving birth was complicated due to the number of people talking in the hospital and having no interpreter to translate for them. There have been multiple barriers, mainly due to poor communication, which has made accessing primary care more difficult for them over the past 18 months.

Participant A said that trying to access information remotely "has been quite upsetting at times". When they attended a remote consultation, technology wasn't always reliable; "...the picture kept freezing. They were wearing masks which made it harder to communicate. Those were the two main issues that were big for me".

They also told us that the interpreters provided by the GP practice had only basic British Sign Language (BSL) Level 1 or 2, which made it difficult to explain health issues.

Prior to the pandemic, Participant A had used an interpreting service provided by Lewisham Council to call a GP practice on their behalf and book a consultation with a BSL interpreter present. They also have experience using Sign Live, a service provider of online video interpreting services through its Video Relay Service (VRS) and Video Remote Interpreting (VRI). However, they explained that most council services supporting deaf people stopped when the COVID-19 pandemic spread rapidly. This lack of interpreting support created a substantial barrier to accessing healthcare services. Pre-COVID-19, it was easier to use GP services but since interpreting services have changed, face-to-face interpreting stopped. Participant A's GP practice made face masks mandatory which added additional stress as communication became more challenging. Participant A said that they would like face-to-face appointments to go back to how they were pre-COVID-19 as you could "meet with the interpreter beforehand and discuss my situation... and appraise them. Having an interpreter physically with you and accompanying you through the whole process is much easier."

Participant A felt that doctors had not taken responsibility and reception staff hadn't taken into consideration how to get an interpreter that's suitable for discussing primary care needs of a deaf person. Communication needs to improve dramatically so that information is passed on correctly between staff to ensure support from BSL services improve within health and social care services.

Case Study: Participant B

Participant B, a Spanish national, had only positive things to say about the treatment he has received over the past 18 months. Whilst English is not his first language, a relative was able to act as a translator and has helped arrange remote consultations as well as being seen in person for ongoing treatment. Participant B said the only issue he faced when visiting a hospital was that he had requested a Spanish speaking nurse beforehand. Unfortunately, this hadn't been organised, but staff managed to find someone to act as a translator very quickly and the participant felt well looked after.

Participant B said he was very satisfied with his GP practice; "I have been here since 2002 and had no problems at all." He received his COVID-19 vaccines in January and March 2021 and the appointments were conveniently arranged by telephone.

Case Study: Participant C

Participant C commented on the positive experience she has had with her GP practice since the start of the COVID-19 pandemic; "I would say I always thought they were pretty bad, but they were excellent over the past year from the beginning of COVID."

When asked if their practice was using a triage system, Participant C said that she was able to book an appointment over the phone and would receive a call back from a doctor the same day. Pre-COVID-19, Participant C said that sometimes she would wait on the phone up to 30 minutes to get through to someone, and that things had significantly changed over the past 18 months. Participant C did say that she was fortunate not to have to ring her GP for anything seriously wrong. It was typically smaller problems that could be dealt with over the phone. In the past, she had to visit her practice often and it was unpleasant sitting in the surgery's reception. She said that a telephone call with her GP practice was more suitable, and less time is wasted.

Case Study: Participant D

Participant D is partially sighted. They said that their GP practice has been okay' during the pandemic. They mostly spoke with their surgery over the phone but saw a doctor when it was necessary, and fortunately the practice is walking distance from their home.

Participant D said that their GP predominantly offers telephone consultations and has introduced Personal Protective Equipment (PPE) for patients visiting the practice. The practice didn't contact them directly to communicate the changes to their system. Participant D found out through exchanges with close friends.

Participant D doesn't have access to a smartphone as they are unable to use one due to their visual impairment. They have a mobile but can't see texts therefore cannot engage with health services via this method. They also don't have access to internet at home. The GP practice's reception staff have a good rapport with service users and Participant D said they had had a positive experience with telephone calls and that remote consultations had not affected the quality of care. They have also been able to walk-in and book appointments in person provided they are wearing PPE.

The patient said that if they had a health concern that was treatable using remote consultations, this wouldn't have been a problem. However, due to their health condition, it is necessary to have face-to-face consultations when the matter is serious.

Conducting an appointment over the phone would not be beneficial for them if they needed a thorough examination and their condition was causing distress.

Participant D's only negative comments referred to the hospital. Last year they had 6 appointments cancelled for tests to examine their eyes as well as waiting 3 months for an ultrasound. When their last appointment was cancelled, they received no letters or correspondence from the hospital about rescheduling a visit.

Case Study: Participant E

Participant E has diabetes, mobility, and mental health issues. Their main experience has been a lack of accessing health and social care services since the start of the pandemic. One of the main issues for them is difficulty in getting through on the telephone. The shift to remote consultations has impacted their ability to access GP services. An increase in the number of people trying to call the surgery makes it very difficult for them to speak to anyone. They said that they call their practice at 07:00, wait in a queue, and then get told by reception staff to call back another time. Due to their health issues, they don't always feel up to calling back and waiting again in another queue hoping to get through to a doctor.

Participant E said that they are unemployed and on benefits, which has impacted their access to technology and made it difficult to access a GP practice during the pandemic. They don't own a computer and struggle to use a mobile phone, which has made it more stressful trying to contact a doctor. They hate using a mobile phone because their eyesight is poor. On several occasions they have had to ring 111 to get antibiotics because it has been so challenging trying to get through to their GP and request a prescription.

Participant E received a letter inviting them to get a COVID-19 vaccine. However, they haven't been able to leave the house stating that they have been isolating "even long before the pandemic...because of family history issues". In addition to not having the vaccine, they haven't been to a diabetes eye clinic or had their flu jab.

When asked what they felt a GP could have done differently to help them access care, Participant E said that if the doctor would call and check on them, on a semi-regular basis, they would really appreciate this. Pre-COVID-19 they had monthly check-ups, but this stopped when the pandemic rapidly spread. They said more support in the form of communication from a doctor was needed to help vulnerable people access services.

Case Study: Participant F

Participant F, has chronic obstructive pulmonary disease (COPD). They said their main issue with health and social services is the negative experience they have had trying to access their GP practice; "you just get in a loop of recordings that go on and on repeating itself".

Since the start of the COVID-19 pandemic, Patient F said that their GP practice has changed their automated phone recording several times. Previously, it would inform you of your position in the queue. Currently, it lets you know your position when you first connect but then never updates your progress, which has led to them being on hold for 30 minutes not knowing where they are in the queue; "when do you give up cause you can't stand it any longer.... there are quite a few occasions where I have given up entirely."

Participant F also commented on the automated phone system continuously informing patients that online consultations are available. They found this very frustrating as they don't use a computer. When their GP text to let them know their first COVID-19 vaccination was ready to book, they were given the option to telephone or use the practice's website to arrange an appointment. With their second vaccination, the text message only gave them a website option. They had to ring the practice multiple times to try and book an appointment. After several failed attempts, they eventually spoke to a kind receptionist who managed to book their second vaccine over the telephone; "it did work beautifully after a hiccup."

When we asked Participant F what has changed in the way their GP operates since the start of COVID-19, they said "it had gone very impersonal even before the pandemic. It was difficult to get appointments anyway." Their practice had written to say that changes would be made, and leaflets were also distributed locally informing residents that they would be using an online system; "there were fewer appointments available over the phone."

Because of their health condition, Participant F said they normally would have an annual review. In 2020, their review was carried out over the telephone. However, they were not given the option to get tested. Their GP practice also doesn't appear to have a primary care professional with COPD expertise since one of their nurses retired; "I don't know if I am getting the best possible treatment." They believe their condition has deteriorated because they have been unable to do as much exercise as they normally would over the past 18 months.

Participant F said that they would not be happy if the changes to the system stayed the same after the pandemic. They would like to be treated like a "human being... we are patients and not customers. The current system turns you into a customer, like phoning an energy company."

Conclusion

Through our engagement, we found that digitally excluded participants had mixed experiences when accessing and using GP services. 27% felt that their experiences had been positive during the pandemic (Appendix 1) and were supportive of the changes brought by the total triage model. However, 47% felt that the new systems either exacerbated or created new barriers which impacted on their access to services. It is vital that local systems learn from these experiences and address the challenges highlighted by disadvantaged residents to ensure they are not excluded from accessing basic health and care services.

Services would benefit from improving communication around access arrangements with patients, especially those who are most vulnerable and do not have easy access to the internet. People should be given a choice on the type of appointment available to them which meets their accessibility needs.

Practices must take into consideration that not everyone is confident with digital technology or has access to the necessary devices. There is a need for services to identify those users who are/ are at risk of being digitally excluded to ensure that all patients can access care when they need it.

During our interviews, we spoke with several people that had sensory disabilities, including sight and hearing loss. These interviews further highlighted challenges these residents faced including confidentiality, communication barriers and concerns around data protection.

The majority of participants would prefer face-to-face appointments when accessing their GP practice. Whilst some participants valued remote consultations and, in some cases, thought it improved patient access, other participants felt that a high level of care and treatment could only be delivered in person. Participants shared their experiences of unsuccessful remote consultations leading to misdiagnosis and felt a physical examination would have been more effective. Lewisham Speaking Up, a local charity supporting people with learning disabilities outline in their 'Research on Digital Exclusion since the Covid-19 pandemic 2020' report, that "Digital technology should be available, but as one element of a range of options for people to choose from" [22] and this is similarly echoed by our findings.

Residents who had positive experiences with their GP practices during the pandemic were pleased at having a mixture of remote and in-person consultations depending on the severity of the issue. A primary care professional said they had "found a combination of different things in communication with the patient quite useful...from an IT perspective, offering different routes (languages) and a variety of access through the platform as well as different services.... allows them the choice."

Several participants highlighted the stark reality of digital poverty and the impact total triage and remote booking systems had on their access to care. Some were unable to easily engage because they couldn't afford digital technology. Others highlighted the increasing cost of phone bills due to long waits in telephone queues or faults with telephony systems which cut them off.

Conclusion (continued)

Being unable to book appointments in person meant that residents had to incur charges if they wanted to have an appointment. Services must ensure that their access models enable equity of access or otherwise they could discourage people seeking support for their health and care.

The NHS Long Term Plan outlined the intention for more appointments to be made available via digital methods and the increased delivery of remote consultations. However, the outbreak of the pandemic has seen rapid digital developments within primary care. Our digitally excluded participants felt that the changes had had a negative impact on their experience of GP services.

Feedback of service users must be taken into account as we move out of lockdown and systems are reviewed to ensure adequate service and parity of access. For the implementation to be ultimately successful, services must bring residents along with them by empowering them to use digital methods and most importantly providing alternative access options for those who cannot afford or cannot use digital solutions.

"I am really happy that I have had the opportunity to be interviewed and shared my concerns. There are people in the system who are responsible to check on the vulnerable and ensure they aren't left out."

Lewisham Resident

Recommendations

The feedback received from patients who participated in our research further endorses the idea that there is not a 'one size fits all' model for access to services. Based on our data analysis, we have made the following recommendations, with support from primary care professionals that attended our NLPCN discussion groups, on digital isolation.

Appointment availability & booking system

Finding:

Getting through on the telephone to a GP practice was the biggest barrier for digitally excluded residents when accessing services. In extreme cases, people chose to no longer access the service due to frustrations in getting through to their practice.

Recommendation:

1. Investment in improved telephone systems which are fit for purpose.

2. The adoption of telephone systems which can gather data on the number of people accessing the services would enable local services to have a greater understanding of the true demand on services and help them to monitor the issue.

3. Developing solutions to help reduce waiting times when residents are trying to access appointments through the telephone. One Lewisham practice has adopted a call back system which gives residents the opportunity to receive a call from the service rather than waiting on the telephone.

Finding:

The implementation of remote booking systems has meant that residents are unable to book appointments in-person within their GP practice. This provides an additional barrier for residents who either do not have access to technology or cannot afford to incur increased phone bills due to long waits on the telephone.

Recommendation:

1. Services must look to re-establish the option of booking appointments in-person to ensure residents who cannot afford to engage with the digital systems are able to access care.

Limited Technology & IT Skills and Digital Poverty

Finding:

For some of our participants, affordability and limited access to digital devices created significant barriers when trying to book appointments at health and social care services. Primary care professionals explained that they need to take into consideration that a certain cohort of patients may need different methods of access than others.

Recommendation:

1. Services to clearly outline and communicate to their patients all the appointment types available to them and how to access them. Additional efforts should be put in place to communicate the above with the most vulnerable patients.

2. Services to review telephone systems in place to ensure they are fit for purpose and do not disadvantage those that only have this access route as an option. For example, a Lewisham GP practice has set up a separate direct phone line that is given out to vulnerable patients. This has helped reduce the waiting times on their main service phone line and helped minimise the cost of some patient's phone bills. This model could be adopted by other services.

3. Services to ensure appointment systems allow for patient choice.

4. Healthwatch England (HWE) carried out a national research project 'Locked Out' which focused on people's experiences with remote GP appointments. Within their report they highlighted the need to further develop digital support on a national and local level to ensure everyone has access to public services. This is a key finding which was also evident from our engagement with Lewisham residents and therefore we would support the following HWE recommendations:
   I. Ensuring all GP practices are reachable by a freephone number
   II. Arrangements with telecom firms that no data charges will incur when accessing any NHS services.
   III. Including access to the internet in social prescribing schemes, funded by the NHS for those whose health may benefit from it.

Finding:

We found that the majority of residents we interviewed did have access to a digital device. However, most people used a telephone as the main method of accessing health services.

Recommendation:

1. With the expansion of digital services, local systems should look at supporting residents by providing a clear support and digital training offer for using their service.

Communication

Finding:

Several participants highlighted challenges communicating with front line staff when trying to access services. They told us that a default approach for certain services was to direct patients to book appointments through online systems such as Patient Access. On one occasion, a resident was advised to ask their family to help them book online appointments when they explained they couldn't do it themselves.

Recommendation:

1. Training for front line staff on digital isolation and how to sensitively support people to access GP appointments. This report and associated case studies could form a basis for this training.
   For example, a GP practice within North Lewisham has established Front of House Champions which support patients with registration and being able to identify people that might need further assistance when booking appointments. This is an example of good practice which could be rolled out across the borough.

2. Services should look to capture information on whether a resident is digitally excluded or has a basic level of IT skills, or their preferred appointment type, in order to better understand if they have additional communication or access needs.
   Research carried out by Healthwatch England found that patients and primary care professionals 'suggested that it would be helpful for practices to code patient records with information regarding a patient's language and communication needs or level of digital skills, so that staff can be proactive about offering people an appropriate consultation type or pre-empt requests for adjustments in future' [23].

3. Services should ensure that staff are aware and able to signpost service users to local digital support groups.

4 Many health and care organisations are increasingly using their websites and social media as their primary approach to communication with their clients or the wider public.
   We would encourage organisations to engage with people who may have difficulty accessing such digital media to identify alternative communication methods to reach people who may not have easy access to the internet.

Finding:

Participants had varying levels of awareness around current GP access arrangements. Some residents had been directly contacted by their practice (11%) whilst others had received no communication during the pandemic (Appendix 7).

Communication (continued)

Recommendation:

1. The COVID-19 pandemic has seen rapid developments with digital access. Services should actively communicate with patients, via texts, calls, or follow up letters, about changes to appointment and access systems. There should be additional focus on vulnerable groups who have barriers in engaging with online information. This will enable residents to be better informed when seeking to access treatment and care.

Finding:

A Deaf participant highlighted the barriers of accessing healthcare services as a result of interpreting services provided by the Council being paused. There were also challenges with interpreters provided not having the required skills to communicate the specific health issues or having the opportunity to discuss issues prior to the appointment.

Recommendation:

1. Services should look to reinstate interpreting services which enable deaf residents to have access to a designated interpreter. The automatic provision of face-to-face appointments for patients which need translation support would improve patient experience by reducing communication issues.

Choice

Finding:

The majority of participants explained that their GP practice has been operating remotely since the start of the COVID-19 pandemic and that they weren't given a choice between remote or face-to-face appointments. If given the option, most people would choose physical appointments. Several residents had positive experiences with accessing services as they were able to have a mixture of remote and face-to-face consultations.

Recommendation:

1. Services to offer a hybrid consultation system which embeds patient choice.

2. When services are developing new appointment models, they should always seek to capture feedback to help shape services that meet the needs of digitally excluded and vulnerable people.

Wider system recommendations

Finding:

Multiple participants told us that a lack of communication from services during the pandemic meant they weren't aware of the access arrangements prior to engaging with the service.

Recommendation

1. There is a need for a communication plan at national, regional and local levels to provide residents and professionals with clear and consistent information about changes to the health care system. Residents need to be informed about changes to access arrangements and the benefits of the different types of consultations.

Finding:

Primary care professionals informed us that there is a lack of data available indicating whether there has been increased demand on other services because of people being unable to access a GP.

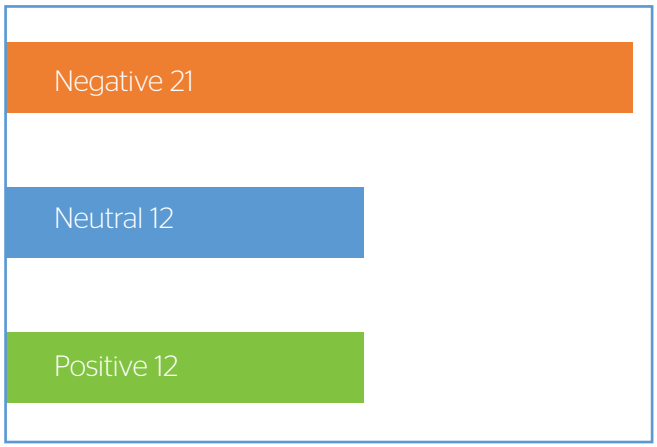
Recommendation

1. Local health and care systems should collate the different access data from GP services, GPEA, 111 and A&E departments to understand the current access demand on primary care services and impact on the rest of the system. The data can be used to identify where resources would be best used within the system to tackle the issue of demand on primary care services.

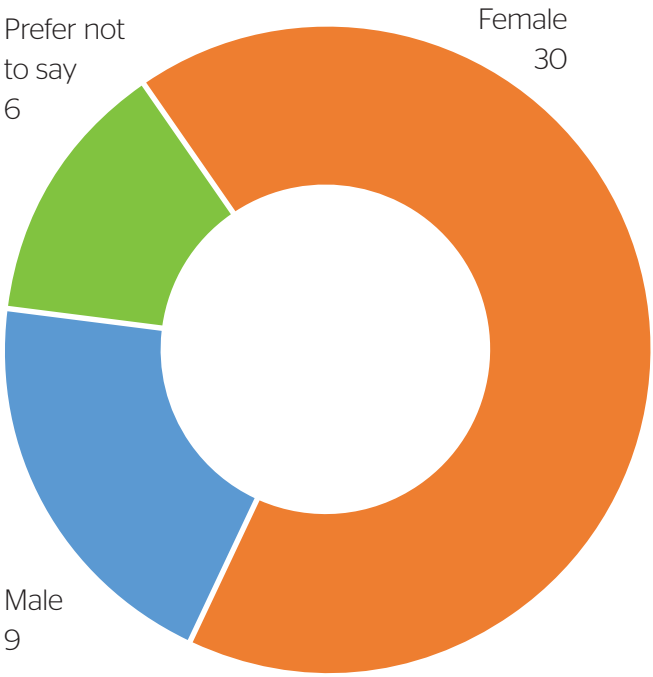
2. A&E departments should look to capture information from patients on whether issues accessing primary care services had led to them attending hospital.

Appendix

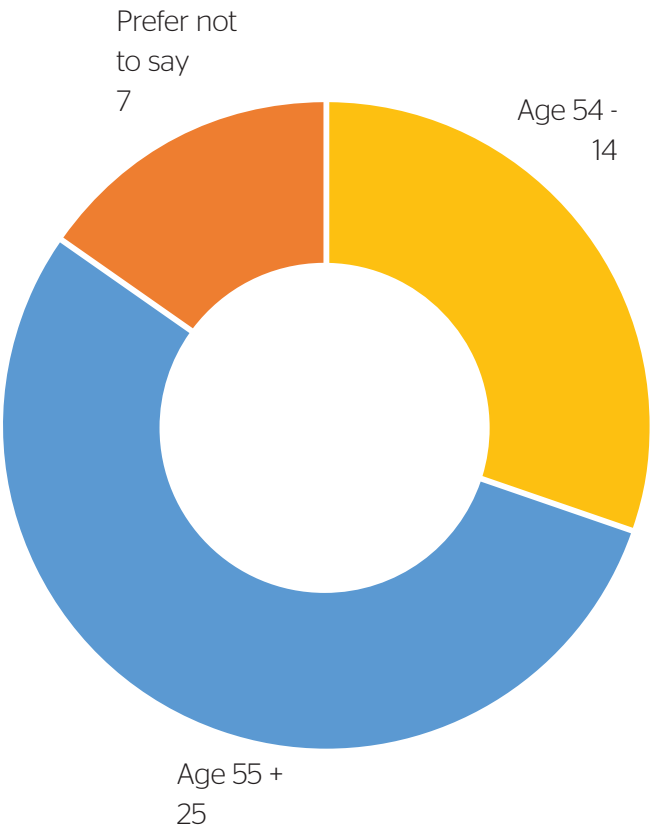
Appendix 1: What was your experience of trying to access primary care during the pandemic?



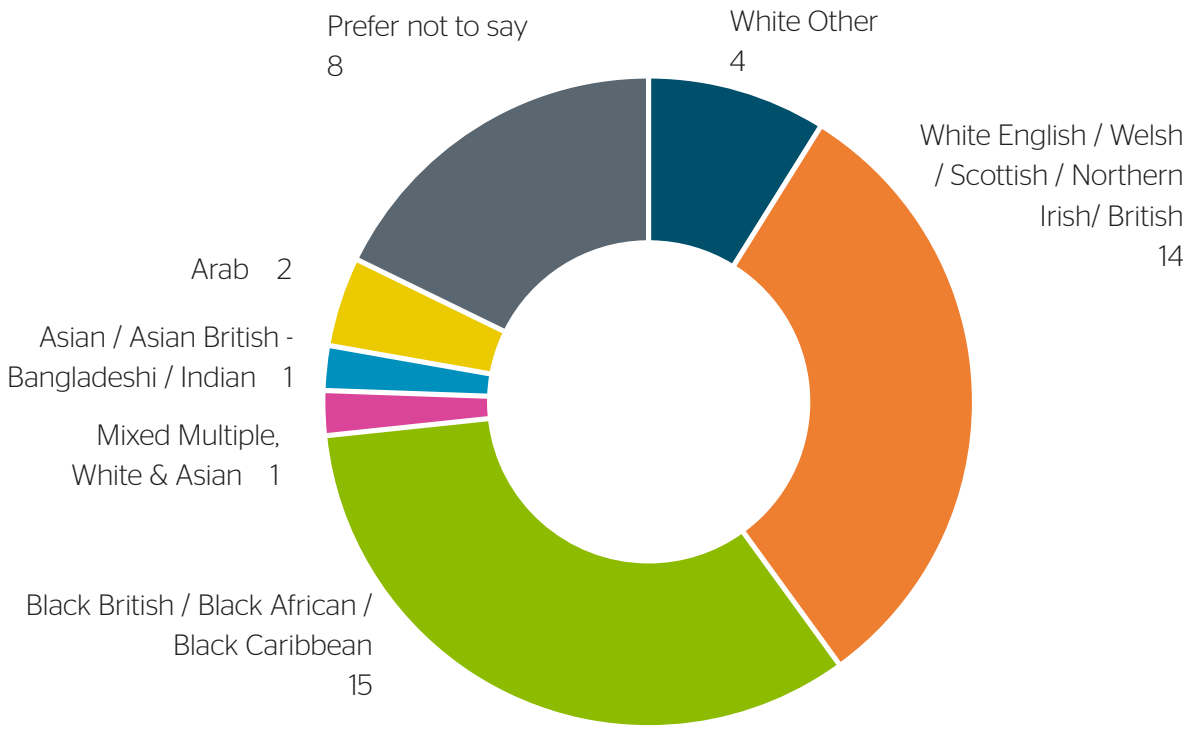
Appendix 2: Monitoring Information, Gender



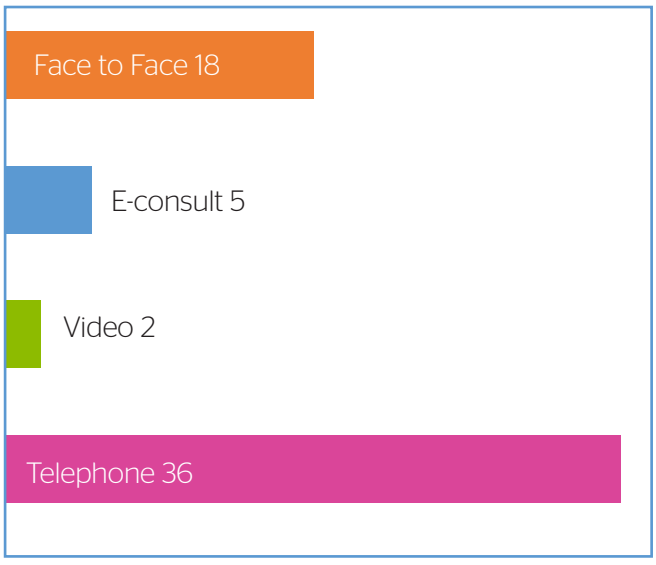
Appendix 3: Monitoring Information, Age



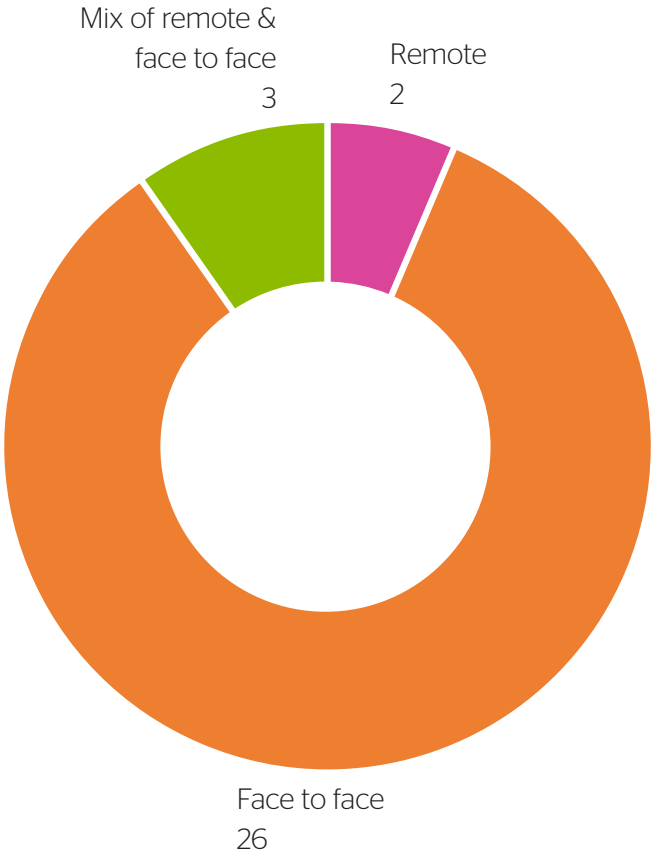
Appendix 4: Monitoring Information, Ethnicity



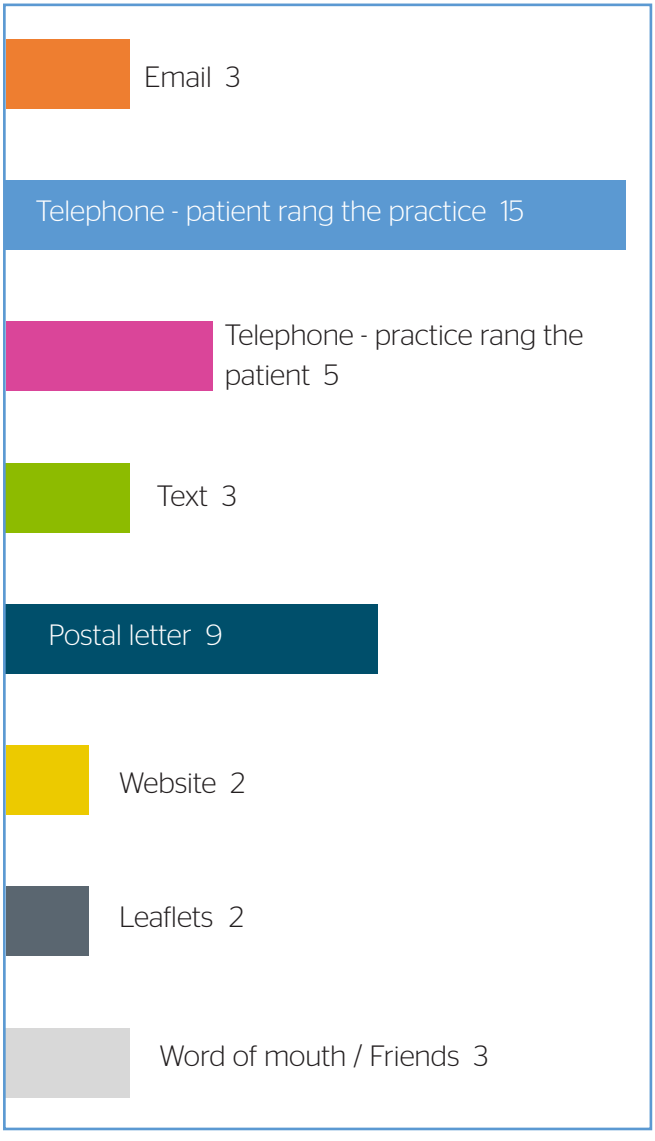
Appendix 5: What type of appointment did you have?



Appendix 6: If given a choice, would you have wanted a remote consultation or face-to-face appointment?



Appendix 7: How did you find out about changes to the system?



References

1. https://www.healthwatchlewisham.co.uk/wp-content/uploads/2020/10/The-Impact-of-Covid-19-on-Lewisham-Residents.pdf
2. JSNA (Joint Strategic Needs Assessment), Picture of Lewisham 2019.
3, 4. Aaminah Verity, Dharmendra Naidu, Victoria Tzortziou Brown. Impact of total triage and remote-by-default consulting on vulnerable groups: A pilot study. Authorea. February 27, 2021
5. NHS Long Term Plan 2019. Accessed April 06, 2021 https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf.
6. NHS England and NHS Improvement. Advice on how to establish a remote 'total triage' model in general practice using online consultations. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf. Accessed April 6, 2021.
7, 8. Aaminah Verity, Dharmendra Naidu, Victoria Tzortziou Brown. Impact of total triage and remote-by-default consulting on vulnerable groups: A pilot study. Authorea. February 27, 2021
9. NHS operational, planning and contracting guidance 2021/2022. https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf. Accessed April 6, 2021
10. NHS performs climbdown as all GPs must go back to offering face-to-face appointments. The Sun. 14 May, 2021 https://www.thesun.co.uk/news/14951707/nhs-face-to-face-appointments/
11. NHS App - NHS. https://www.nhs.uk/nhs-services/online-services/nhs-app/. Accessed April 6, 2021.
12. Appointments in General Practice - February 2021 - NHS Digital. https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/february-2021. Accessed April 6, 2021.
13. GP access during COVID-19 | Healthwatch. https://www.healthwatch.co.uk/report/2021-03-22/gp-access-during-covid-19. Accessed April 6, 2021.
14. Consumer Digital Index | UK Bank Accounts | Lloyds Bank. https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index.html. Accessed April 6, 2021.
15. Who gets in? | The Health Foundation. https://www.health.org.uk/news-and-comment/charts-and-infographics/who-gets-in. Accessed April 6, 2021.
16. Aldridge RW, Story A, Hwang SW, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. Lancet. 2018;391(10117):241-250. doi:10.1016/S0140-6736(17)31869-X
17. GP access during COVID-19 | Healthwatch. https://www.healthwatch.co.uk/report/2021-03-22/gp-access-during-covid-19. Accessed April 6, 2021.
18. Lewisham Refugee and Migrant Network website. Accessed August 11, 2021. Lewisham Refugee and Migrant Network (lrmn.org.uk)
19,20 Dr Al Mathers, Good Things Foundation, 'Digital divides and health services' presentation. July 2021
21. https://www.healthwatchlewisham.co.uk/wp-content/uploads/2020/10/The-Impact-of-Covid-19-on-Lewisham-Residents.pdf
22. W. Davies, 'Research on Digital Exclusion since the Covid-19 pandemic 2020'. Lewisham Speaking Up, p. 23. 2021
23. Healthwatch England, 'Locked out: Digitally excluded people's experiences of remote GP appointments'. July 2021, https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointment

Thank you

Healthwatch Lewisham would like to thank all those that agreed to participate and be interviewed at such a difficult time as well as North Lewisham Primary Care Network (NLPCN) for their research support and recommendations. Everyone spoke honestly about their experiences, be it personal or organisational, and of the ways they have had to tackle the past 18 months since the start of the COVID-19 pandemic.

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- Good Gym
- King's Church London
- Phoenix Housing
- Lewisham Homes
- Lewisham Local
- Lewisham Refugee & Migrant Network
- Lewisham Speaking Up
- Lewisham Visual Impairment Team, London borough of Lewisham
- Metro Charity
- London Borough of Lewisham, Senior Specialist Advice & Information Officer D/deaf and Deaf/ Blind
- London Borough of Lewisham, Adult Learning Lewisham Culture, Learning and Libraries
- LGBT Forum
- North Lewisham Primary Care Network (NLPCN)
- Red Ribbon Foundation
- Sign Language Interactions
- SLAM
- St Peter's Church, Brockley
- Table Talks
- Voluntary Services Lewisham

Digital exclusion and access to health services

Summer 2021

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us.

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Your Voice in Health and Social Care is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care provisions. YVHSC holds the contracts for running the Healthwatch services for Healthwatch Hounslow, Healthwatch Ealing, Healthwatch Waltham Forest and Healthwatch Bromley. HW staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch is to engage and involve members of the public in the commissioning of Health and social care services. Through extensive community engagement and continuous consultation with local people, health services and the local authority.

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Lewisham

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Championing what matters to you

Contents

Message from our chair

The Covid-19 pandemic has worsened health inequalities and increased the pressure on services; service providers have had to find new ways to deliver care and advice. Healthwatch Lewisham also had to adapt how we listened to local people's views and supported people to make complaints. Despite the challenges, we have gathered the views of local people in our regular performance reports and in special studies - notably on Covid locally, on access to GP services and on digital exclusion.

Whilst our reports include many favourable comments about services, they show that people have significant concerns about difficulties in contacting and accessing primary care services when they are needed. There is also anxiety about the impact of Covid on different parts of our local communities, and about the Covid vaccine. And people without easy access to the internet (made worse when public internet facilities were not available during lockdown), and people who are not comfortable using modern technology, have found it more difficult to access care. We seek to engage positively with the Council and the local NHS, and we look forward to working with them in the coming year to address these challenges.

In the latter part of the year, we have been able to resume much of our 'normal' activities, including our programme of Enter and View visits.

We are grateful for the commitment and resilience of our small staff team and our volunteers in continuing to support Healthwatch. We hope that this report will encourage more local people to volunteer – we have a range of roles to offer – so that we can continue our vital work of representing the views of our diverse local population.

Michael Kerin, Healthwatch Lewisham Chair

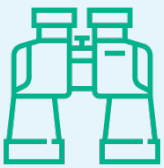
"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

Sir Robert Francis QC, Chair of Healthwatch England

About us

Your health and social care champion

Healthwatch Lewisham is your local health and social care champion. From Evelyn to Downham and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

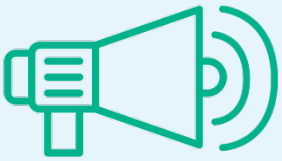
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



4,025 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

166 people

came to us for clear advice and information about topics such as mental health and COVID-19.

112,888 impressions

Made on our social media platforms and our website, indicating that many people in our community have interacted with us.

Making a difference to care

We published

10 reports

about the improvements people would like to see to health and social care services. The most popular report was our

Digital Exclusion report

which highlighted the barriers that digitally excluded people face in accessing health services..

Health and care that works for you

We're lucky to have an average of **28** outstanding volunteers each month, who gave up **883** hours to make care better for our community.

We're funded by our local authority. In 2021-22 we received:
£140,000

During this past year, we attended
92 meetings throughout the year, which helped us to build relationships and grow our knowledge base.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Covid | Young People

Our Youth Board engaged with 44 young people to understand their emotional wellbeing needs and how they would prefer to access support. Presented findings at SEL Quality and Safety Subcommittee.

453 people shared with us their experience of COVID-19 vaccination Programme. We provided the timely insight with local vaccination team to help maintain a good quality service.

Access | BAME

221 residents shared their experiences of using their GP. We shared the summary of findings with local partners including Lewisham Primary Care Commissioning team to understand its impact.

Patient experience data captured during 2020-21 was analysed to understand the experiences of Black, Asian and Ethnic Minorities when using local hospital services.

Digital | Priorities

We spoke to 45 people at risk of being digitally excluded to find out their experience of "virtual by default" access to services implemented as a result of the COVID 19 pandemic.

We engaged with residents to understand what issues matter to them currently and what our focus should be over next 18 months.

E&V | Engagement

We carried out five Enter and View visits to care homes. The Care homes that we shared our findings with found our reports insightful and created action plans based on our recommendations.

We delivered 8 Feedback Forums which saw us engage with 40 residents. The Forums are a platform for residents to discuss health and social care issues, leave feedback on specific services and seek signposting support.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve

GP Access project

Thanks to people sharing their experience of GP access with us over the last year, we've shared our findings and feedback with Primary Care Commissioners in Lewisham to help address the key issues.

South East London Healthwatch carried out a joint research project to understand the experiences of residents accessing GP services since the lifting of the lockdown in July 2021. Our organisation worked closely with the Lewisham Primary Care Commissioning Team to create additional questions which are of interest to the local system.

80% of people

we heard from found it to "not very easy" or "not easy at all" to get through to someone over the phone at their GP practice.

The key findings of the project were as follows:

- Only 42% of respondents thought they could currently access a face-to-face appointment.
- 56% of respondents found it to be either "not very easy" or "not at all easy" to use their GP's website to look for information to access services.
- 80% described it as "not at all easy" (52%) or "not very easy" (27%) to get through to someone at their GP practice on their phone.
- The majority of respondents (61%) described the process of making an appointment as "fairly poor" or "very poor".
- Respondents who had positive experiences of the triage process explained that they found phone consultations to be more convenient as they no longer had to commute to the service.
- Most respondents felt their last appointment had met their needs and thought the health professional had listened to them and clearly explained about their treatment/and or care.

What difference did this make

- A summary report was presented to the GP access task and finish group which has been set up by the Lewisham Primary Care Operational Group to address the key issues.
- The report will be presented at the Integrated Governance and Performance Committee at the SEL CCG.

Digital Exclusion Project

We undertook a research project to understand the impact of a "virtual by default" access model (with a focus on primary care) implemented by health and social care services in response to the COVID-19 pandemic.

As part of the project, we interviewed 45 digitally excluded residents about their experiences of accessing services. Our research was in partnership with North Lewisham Primary Care Network who enabled us to gather the experiences of clinicians.

Key findings:

- Online appointments created barriers for participants that didn't feel confident in using devices to access online systems.
- Some participants experienced significant barriers in accessing care due to the cost of phone bills or digital technology.
- 40% of participants said that long waits on the telephone were the biggest barrier to accessing care.
- 44% felt the shift to phone, video or e-consultations had made accessing GP services harder.
- 58% would choose face-to face appointments if given the choice.
- Several people felt the new appointment systems had made it more difficult to see the same doctor or nurse.
- Not being able to speak to a GP in person had caused significant anxiety for participants who didn't trust the quality of remote appointments.

"I don't have access to online. There must be many in the same position as me."

Lewisham resident

What difference did this make

Our project has been cited as an example of good practice as part of the recent community and citizen engagement review commissioned by Lewisham Health & Care partners .

North Lewisham Primary Care Network have developed a Digital Hub to provide guidance and advice to support residents engage with the digital access systems implemented by GP practices. They confirmed that their plans had been directly influenced by the Digital Exclusion report.

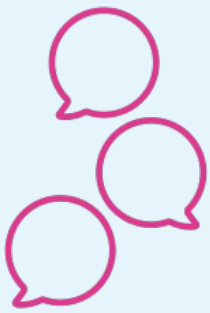
Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Our Patient Experience Programme

At the heart of our work is the commitment to a comprehensive Patient Experience data collection programme. We use a variety of methods to understand people's needs and experience. Engagement through outreach activities is key to what we do and how we make sure voices are heard.

In 2021-22, we heard the views of **4,025** residents through our Patient Experience Programme's hybrid approach of face-to-face and remote engagement. This represents an increase of **36%** compared to the previous year. We continue to work closely with partners to expand the delivery of our face-to-face engagement.



Signposting

We continued to offer our signposting service to support residents get the information they needed during the pandemic.

We gave support and successfully signposted **166** members of the community. Our major area of support was for GP's, as well as Hospital and Mental Health related requests. We helped with issues such as; accessing medical records, Covid-19 Vaccination information, Dementia training/ support , and access to mental health services.

Working to improve a local Care Home

We carried out an Enter and View (E&V) visit at Penerley Lodge Care Home in October 2021. As a result, the service have developed an action plan in response to eleven of our recommendations. These include:

- Creation of clearer signage inside and outside the care home
- Better utilisation of the garden with the support of residents
- Investment in tv packages and refresh of CDs and reading materials
- Installation of dementia-friendly clocks
- Display of fire emergency procedure throughout the care home

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

Signposting people who needed additional support

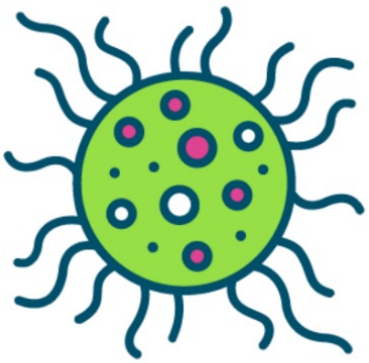
We continued to offer our signposting service to support residents get the information they needed during the pandemic. Through this service we supported **166** residents.

Examples of information requests

- Accessing medical records
- COVID-19 walk in appointment procedures
- Dementia training support for care home staff
- Compensation for medical negligence
- Mental health support for CYP
- COVID-19 vaccinations for housebound patients
- Urgent dental care request
- Housing issues
- Access to community mental health services

Helping the Community with Covid-19

Our website (www.healthwatchlewisham.co.uk) had a total of **18,759** views in 2021 – 22.. It has a dedicated COVID-19 resource which is regularly updated to provide information about the vaccine, testing and other key messages.



Articles published about Covid-19 include

- Information on coronavirus (Covid-19)
- Lewisham health services during coronavirus (Covid-19)
- Vaccinations for coronavirus
- Additional Covid-19 guidance

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Supported our Enter and View programme by participating in visits to Care Homes.
- Provided representation at a number of meetings sharing people's experiences, encouraging people's participation and engagement.
- Created digital content on our website and social media.
- Carried out website reviews for local GP services on the information they provide and assessing their accessibility.

Monika

"I like to interact with people, and I feel that by volunteering at Healthwatch I gained experience such as improving communication skills while doing interviews with the patients, and I gained a deeper understanding of the health services in London. I feel that the patients appreciate being listened to about their good and bad experiences. I believe that Healthwatch has a great mission working towards an improvement in the health care system and eventually making the patients more satisfied."

Caitlyn

"The team at Healthwatch Lewisham has been incredibly supportive of my involvement in as many different project areas as possible. They've enabled me to develop personally and professionally in a wide range of areas, which is invaluable as I begin my career. I've taken on projects that allowed me to learn new skills and develop existing ones, represented Healthwatch Lewisham both digitally and face-to-face, gotten to know an entirely new healthcare system and community, and, most importantly, had the privilege to work with a group of incredibly kind, dedicated people advocating for the people of Lewisham's health and wellbeing."

Julia

"Volunteering in marketing and communication turned out to be a great experience that led to a paid job as a Project Officer. I really enjoyed supporting the team with their patient engagement programme. I learned a lot about the challenges that my community faces everyday and the resources that are available to them. I am proud to be part of an organisation whose mission is to inform and empower local people. I feel enriched both on a professional and personal level."

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

healthwatchlewisham.co.uk/volunteer

07944 391223

vip@yvhsc.org.uk

Finance and future priorities

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

Income	
Funding received from local authority	£140,000
Additional funding	£7,000
Total income	£147,000

Expenditure	
Staff costs	£105,000
Operational costs	£28,000
Support and administration	£12,000
Total expenditure	£145,000

Additional information	
Surplus	£2,000

Top priorities for 2022–23

- Launch of new Healthwatch Lewisham website in April 2022.
- Build on our outreach work to engage with residents from seldom heard communities.
- Improve our Patient Experience Programme to include a diverse range of partners and enable more residents to share their feedback.
- Improve our reporting to better share the feedback we capture and encourage outcomes.
- Continue our work with partners to encourage improvement of local services based on feedback of those who use local services.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Lewisham Independent Health Complaints Advocacy

Lewisham Independent Health Complaints Advocacy service is available to offer support for residents who would like to make a complaint about an NHS service or provider.

Our team can help people with:
- Finding out what your first steps should be
- Guiding you through the complaints system
- Support through the different stages of the process.
- Offering free advice and sharing complaint templates

Ways we provide support in making NHS complaints

Direct support

Our team of Advocates provide direct support to people that need help in making their complaint. This can be done by:

- providing guidance and information
- helping navigate the complaints system
- finding out what are best steps to resolve a concern
- helping draft a complaint letter and responses
- attending local resolution meetings with service providers

In 2021-22 our advocates supported

157 complaint cases

Accessibility

Our advocates provide support to people by meeting them face to face and via telephone, letter and email as appropriate.

We provide translation services for those who need it and offer freepost to help our clients not incur postage costs.

Online support

A dedicated complaints resources page can be found on our website, which explains the NHS Complaints process and how residents can be supported by us. We have created complaints letter templates and guidance to help empower residents in making a complaint.

Information pages on our website offering advocacy guidance and support were

accessed 932 times

Themes identified by the NHS Advocacy service

Themes	
Adult Mental Health Services	Every financial quarter (three months), we receive a minimum of one complaint about access to adult autism services. There are significant barriers to access with waiting lists of approximately 2 years. Several clients had referrals which were lost within the system which meant they had to restart the process at the back of the queue. Our clients have found this an extremely stressful and frustrating process.
Complaint response waiting times	Responses to complaints continue to be significantly longer since the outbreak of the pandemic.
Accessing medical records	When analysing cases that have been signposted, we noticed a trend in people wanting support to access or resolve issues with their medical records.
Concerns about GP practices	We have a seen a rise in new enquiries supporting complaints against GP practices. Many complaints are centred around miscommunication or difficulties contacting services. Residents are still experiencing challenges booking appointments through the telephone.
General advocacy	Many of our vulnerable clients have multiple health and care concerns which requires advocacy support that does not fall under the remit of the Independent Health Complaints Advocacy Service. There is a need for a general support service which provides hands on support to help people to navigate services. For example, providing a service which supports people with understanding medical letters or accompanying them to appointments.

Statutory statements

About us

Healthwatch Lewisham, Waldram Place, Forest Hill, London, SE23 2LB

Contract holding organisation
Your Voice in Health and Social Care (YVHSC), 45 St Mary's Road, London, E5 5RG

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

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The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Local Advisory Committee consisted of six people during 2021-22 who worked on a voluntary basis to provide direction, oversight and scrutiny to our activities.

The committee ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the committee met three times and approved the workplan which consisted of matters such as Enter & View visits and research study topics. The committee also helped with the development of a committee recruitment strategy and the review of quality framework.

We ensure wider public involvement in deciding our work priorities. We attend a wide number of meetings and forums, listening to local community concerns and feeding these into committee discussions. Our patient experience work sees us talking to **hundreds** of people each quarter. Their experiences help guide our research and our action - by identifying peoples' concerns we are able identify the areas that would benefit the most from evidence-based recommendations and sustained support.

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

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media and in person where safe to do so.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. For example, through our Digital Exclusion study this year we directly engaged with older people, those with English as a second language, and those with disabilities, carrying out detailed interviews to gain a full picture of the issues they face.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website www.healthwatchlewisham.co.uk and present it at an array of public and community meetings.

Responses to recommendations and requests

We conducted 5 Enter and Views activities during 2021-22. We focused our attention towards care homes. Reports were produced that identified areas of improvements and provided recommendations for how to achieve those goals. On each occasion the provider responded to our report and recommendations.

Our GP Access report and our Digital Exclusion report both also identified a number of areas for improvements. The recommendations made are being followed up with providers for a full response.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee; so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Lewisham is represented on the Lewisham Health and Wellbeing Board by Michael Kerin, our Chair. During 2021/22 our representative has effectively carried our this role by presenting Healthwatch reports and feeding into partner discussions and decision making by bringing the patient/carer/service user perspective to the forefront and utilising community intelligence and evidence to do so.

Representation

We attended 92 key strategic and operational meetings where we represented the voices of Lewisham residents, encouraged public involvement and shared our intelligence

Examples of meetings we represented patient voice at in 2021-22:

- Health and Wellbeing Board
- Healthier Communities Select Committee
- Borough Based Board
- Lewisham Safeguarding Adults Board
- Lewisham and Greenwich NHS Trust Patient Experience Committee
- LHCP Community & Citizen Engagement
- Lewisham Health Inequalities and Health Equity working group
- Lewisham Primary Care Operational Group
- LHCP Digital Strategic Group
- Lewisham Pharmaceutical Needs Assessment Steering Group
- LGT Accessible Information Standard Steering Group
- LGT NHS Trust Inequalities Steering Group

Impact of our representation

One of our statutory responsibilities is to promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services. One way we fulfil this function is by attending a variety of local meetings and committees where decisions are made. Below statements show feedback on our representation from some of the partners we work with.

"The NHS South East London CCG borough primary care team in Lewisham really value the close working relationship we continue to have with Lewisham Healthwatch. We really benefit from the direct patient feedback Lewisham Healthwatch are able to provide us and the open, two way dialogue we have supports us to align our work were possible to maximise impact."

Ashley O'Shaughnessy, Associate Director of Primary Care (Lewisham), NHS South East London CCG

'The Trust remains enormously grateful to Healthwatch for the work they do to support our patients by ensuring that key areas of patient concern are brought to our attention and remedied. Healthwatch are a valuable contributor to formal committee meetings as well as broader discussions at both Board and service level as we continue to develop the way in which we engage with, and listen to, the communities we serve. In many respects they are the eyes and ears of our community and we really value their contribution, insights and challenge.'

Val Davison, Chair, Lewisham and Greenwich NHS Trust

Working at a regional level with local HW

Local Healthwatch continue to be represented at a regional level through the South East London (SEL) Healthwatch Director who attends meetings including the SEL CCG Governing Body, Primary Care Commissioning Committee and Equalities group.

We work closely with other local Healthwatch including Healthwatch Bexley, Healthwatch Bromley, Healthwatch Greenwich, Healthwatch Lambeth and Healthwatch Southwark. This enables us to influence how health services respond to people's experiences and views and encourage public involvement by working with the NHS SEL Clinical Commissioning Group (CCG), Integrated Care System (ICS) and other stakeholders.

Our influence and impact this year include:

- Healthwatch input into SEL Digital Patient engagement plan
- SEL Healthwatch were commissioned by South London and Maudsley NHS Foundation Trust (SLaM) as part of the South London Listens Programme to conduct a south east London wide voluntary and community sector audit to support signposting and early intervention.
- SEL Healthwatch involvement and collaboration in developing the ICS Working with People and Communities strategy
- SEL Healthwatch engagement in the development of the SEL ICS constitution
- The Director SEL Healthwatch role as a model for VCSE participation in the ICS in SEL
- Findings from Healthwatch Bexley, Healthwatch Greenwich and Healthwatch Lewisham were included at ICS Digital Exclusion Workshop

As NHS SEL CCG ends, we look forward to being active partners in the new, legally constituted SEL Integrated Care System (ICS). We will continue to work with the Director SEL Healthwatch to provide consistent and harmonised insight and intelligence to the ICS. Healthwatch in SEL will play our part to end health inequalities by amplifying the voices of communities that go unheard and work with the ICS to reduce the barriers to services people and communities face.

Healthwatch Network Awards

SEL Healthwatch were 'Highly Commended' at the national Healthwatch Network Awards for the 'Working with your integrated care system' award. We were recognised for the creation of the SEL Director role which ensured patient feedback is shared with the Integrated Care System, while allowing each Healthwatch to continue working on local priorities

healthwatch Lewisham

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healthwatch Lewisham

PATIENT EXPERIENCE REPORT 2021/2022 QUARTER 4 JANUARY - MARCH

Contents

Introduction & Executive Summary

Healthwatch was created by the health and social care reforms of 2012 with a powerful ambition of putting people at the centre of health and social care. Healthwatch Lewisham is the independent patient champion which helps influence the design and delivery of local health and social care services. It is a statutory requirement for Local Authorities to commission a local Healthwatch service under the Health and Social Care Act 2012.

In delivering these duties in Lewisham, we operate a comprehensive Patient Experience data collection programme. The successful and ongoing implementation of the data collection programme and the Digital Feedback Centre has the potential to yield a minimum of 4,800 patient experiences per annum.These will be presented as they are received and considered as valid community opinion. This Patient Experience Report for Healthwatch Lewisham covers the Q4 period for January to March 2022.

In quarter 4, our Patient Experience Officer, supported by a team of volunteers and Kickstart Assistants, continued developing our face-to-face programme of engagement. To achieve this, we have been visiting health care partners to hear from patients, carers and relatives about their experiences of local services. This has enabled us to reach more local residents and capture a wider range of feedback. Healthwatch Lewisham has also continued to gather feedback in the following ways:

- Telephone calls with Lewisham residents, which has continually enabled us to reach a broader demographic of older residents
- Online review collection
- Encouraging patient feedback directly through our Digital Feedback Centre using social media functions (Twitter, Facebook, Next Door etc.) and through the 'widget', a link that directs people from GP websites to our service.
- Patient Experience Survey

These patient experience comments and reviews are gathered using online and physical questionnaires (see appendixes, p.44-50). The form asks the patient for simple star ratings on their overall experience, access to appointments, ease of getting through on the telephone and several other areas. We engage with every patient, capture their experience in their words and seek consent for their feedback to be published on the Healthwatch Lewisham website, through the Digital Feedback Centre. People can leave their name or comment anonymously. The Patient Experience Officer will relay any urgent matters requiring attention to the operations manager.

Introduction & Executive Summary cont.

Where patients relay concerns about their treatment through our Feedback Centre or digital and face-to-face engagement, we inform them of their rights and the feedback and complaints mechanisms available to them. We also offer for a member of the staff team to call them to discuss the issue in more detail at a later date. If we observe, hear or read any safeguarding concerns these are immediately referred to the office and a safeguarding referral is made where appropriate.

Whilst we aim to gather patient experience comments and reviews from a representative sample of Lewisham's population, we acknowledge that different people use different services at different times in their lives, and some not at all. Whilst all patients are asked for their monitoring information, some do not wish to provide this. As well as residents choosing not to give this information, using online reviews can impact on the demographic information which can be collected.

The outreach element of our Patient Experience Programme is supplemented by our community engagement work and our website (www.healthwatchlewisham.co.uk), which people may visit independently to provide service feedback and comments. Our questions are uniform across the Digital Feedback Centre as well as the physically collected forms.

Alongside our Patient Experience work reported here, Healthwatch Lewisham carries out a number of different activities in order to hear from patients, carers and relatives and assess health and social care services from the patient's perspective. To see our other reports, please visit our website at www.healthwatchlewisham.co.uk

The information presented within this report reflects individual patient experiences of health and social care services, to ensure that the genuine observations and commentaries of the community are captured.

This report represents the voices of Lewisham residents during Q4 (January-March). During this period the Patient Experience Programme received 1,090 feedback comments. Of these comments, 61% (661) comments had a positive rating, 34% (375) were negative and 5% (54) were neutral. We received 1,090 reviews which is just below our 1200 target for this quarter. We hope to improve this number as we continue to build new partnerships and local services continue to open their doors to our visits.

Healthwatch Lewisham presents the information within this report as factual and to be considered and utilised to improve service provision and highlight areas of good practice.

Our data explained

Healthwatch Lewisham uses a Digital Feedback Centre (on our website) and Informatics system (software sitting behind the Digital Feedback Centre) to capture and analyse patient experience feedback. The Informatics system is currently used by approximately 1/3 of the Healthwatch Network across England and it captures feedback in a number of ways:

1. It asks for an overall star rating of the service, (between 1-5)
2. It provides a free text box for comment
3. It asks for a star rating against specific domain areas, (between 1-5).

In terms of reporting, the above provides Healthwatch with several data sets.

Star ratings provide a simple snapshot average, both overall and against specific domain areas.

When it comes to the free-text comment box, this is analysed in two different ways resulting in two different data sets:

In the first instance, the Informatics system looks at the patient experience comment in its totality, using a sophisticated algorithm to analyse words and phrases in order to apply a sentiment score to the overall comment. The sentiment score is translated into an overall positive, negative or neutral sentiment. This is an automatic process. Where overall sentiment is highlighted in the report, it relates to this aspect of the process.

Overall Star Ratings

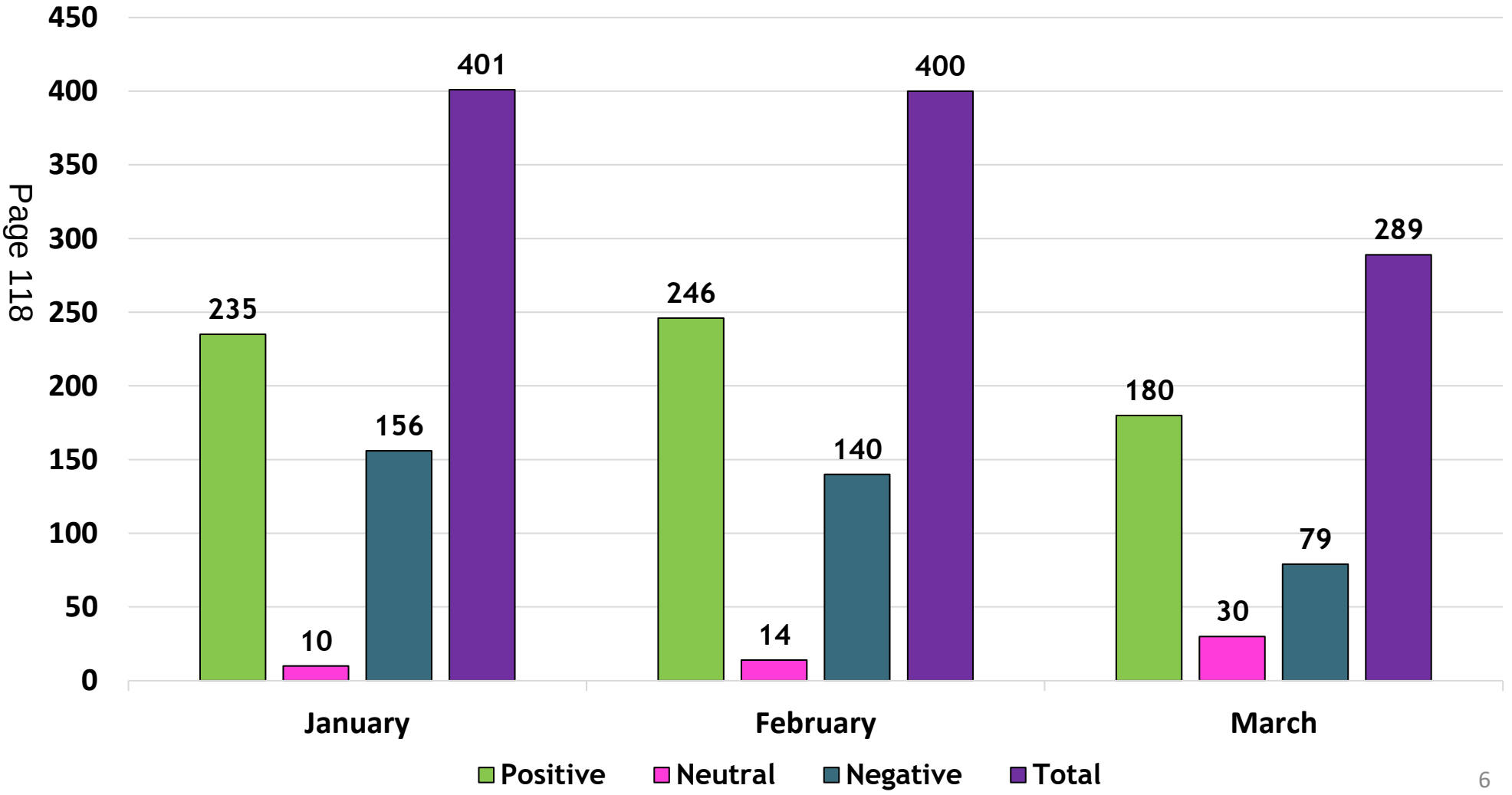
The total number of patient reviews received this quarter is **1,090**. The table shows a breakdown of the positive, neutral and negative patient reviews (see the appendices for examples of our physical and online questionnaires).

Each patient is asked to give an overall rating out of 5 stars for a service. Star ratings of 1 and 2 indicate a negative response, a star rating of 3 indicate a neutral response and star ratings of 4 and 5 indicate a positive response. This quarter we recorded a total of 661 positive responses, 375 negative responses and 54 neutral responses.

Month	1 - 2 Star Reviews (Negative) ★★☆☆☆	3 Star Reviews (Neutral) ★★★☆☆	4 - 5 Star Reviews (Positive) ★★★★★
January	156	10	235
February	140	14	246
March	79	30	180
Total	375	54	661

Overall Star Ratings

This chart provides a breakdown of positive, neutral, negative and total reviews for each month, based on the overall star rating provided.

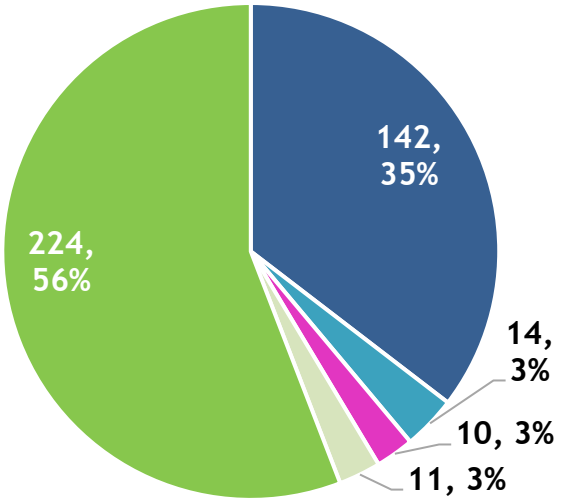


Overall Star Ratings

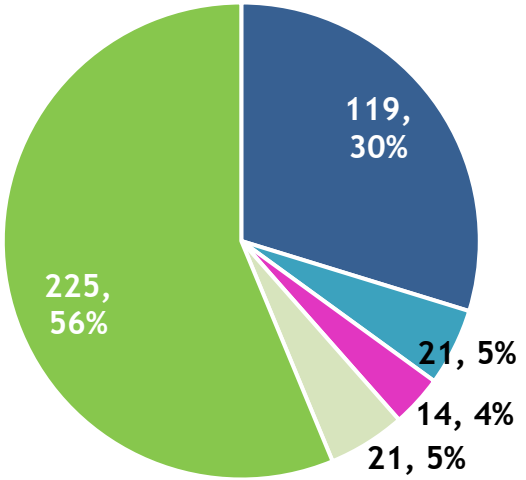
These pie charts show the breakdown of star ratings for each month and for the whole quarter.

Overall, residents had positive experiences of services each month with the 5-star ratings making up the highest proportion of reviews.

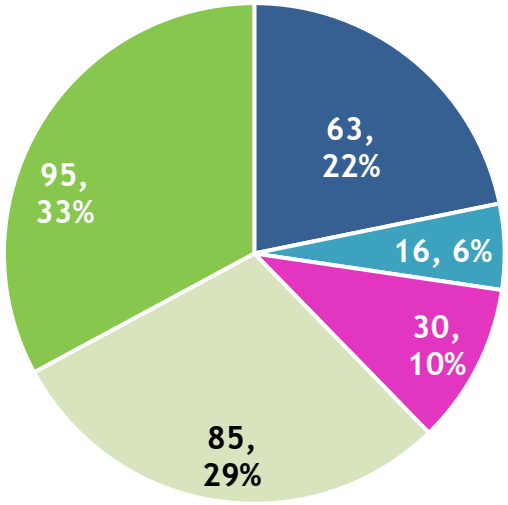
However, it should be noted that there were a substantial number of 1-star reviews which shows that there is a wide variance of experience when using health services within the borough.



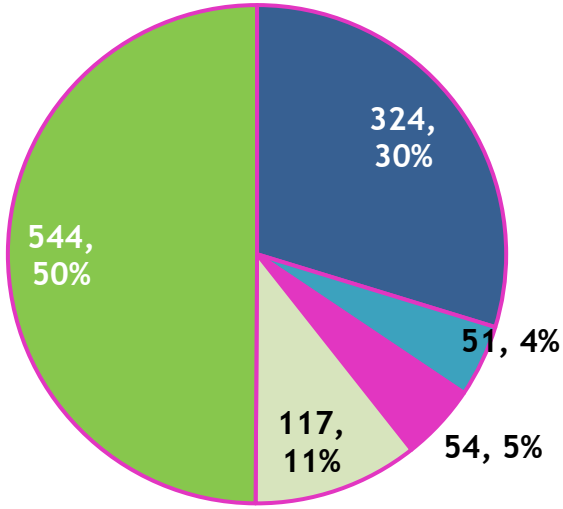
January



February



March



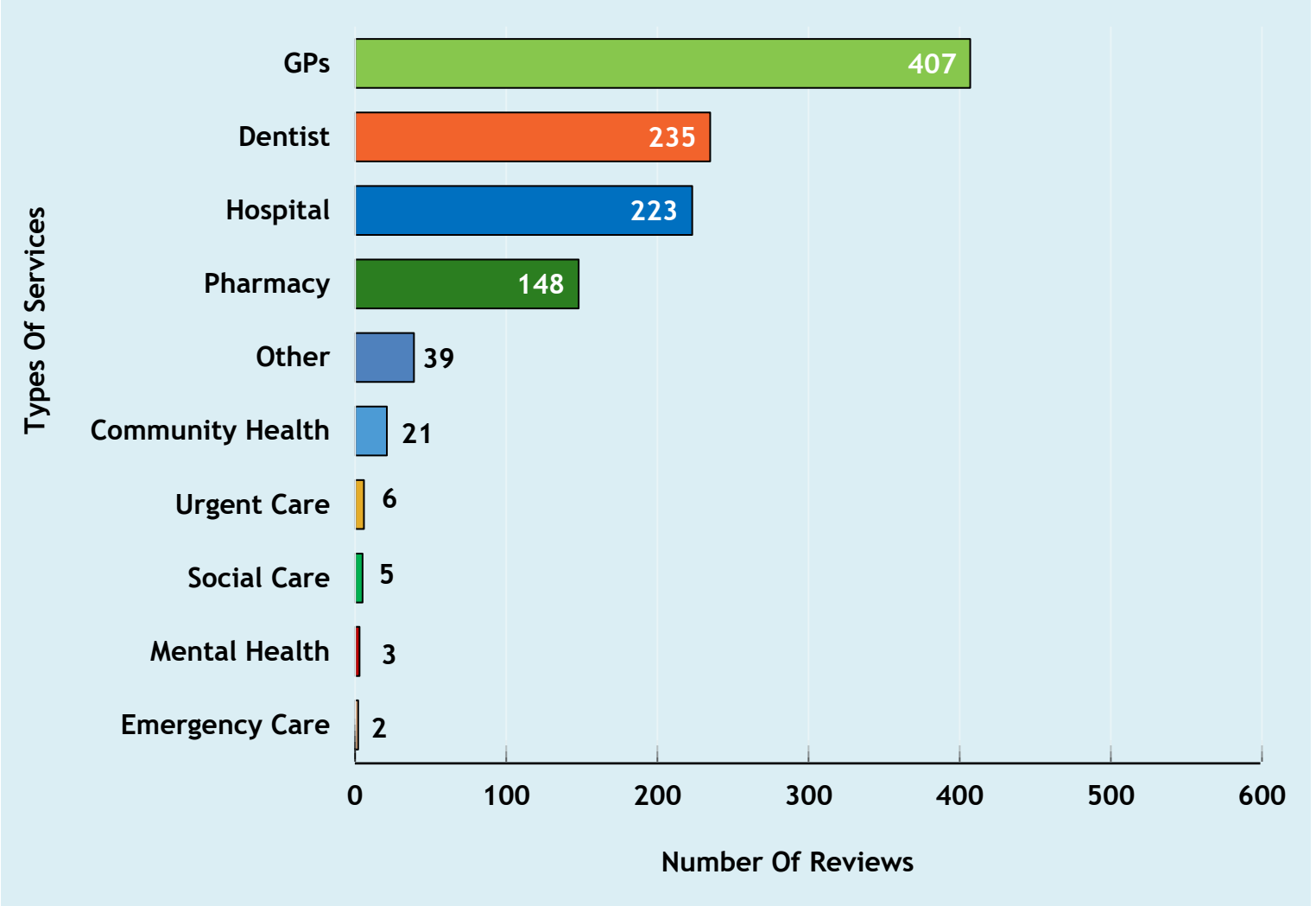
Total for Quarter 2

Total Reviews per Service Category

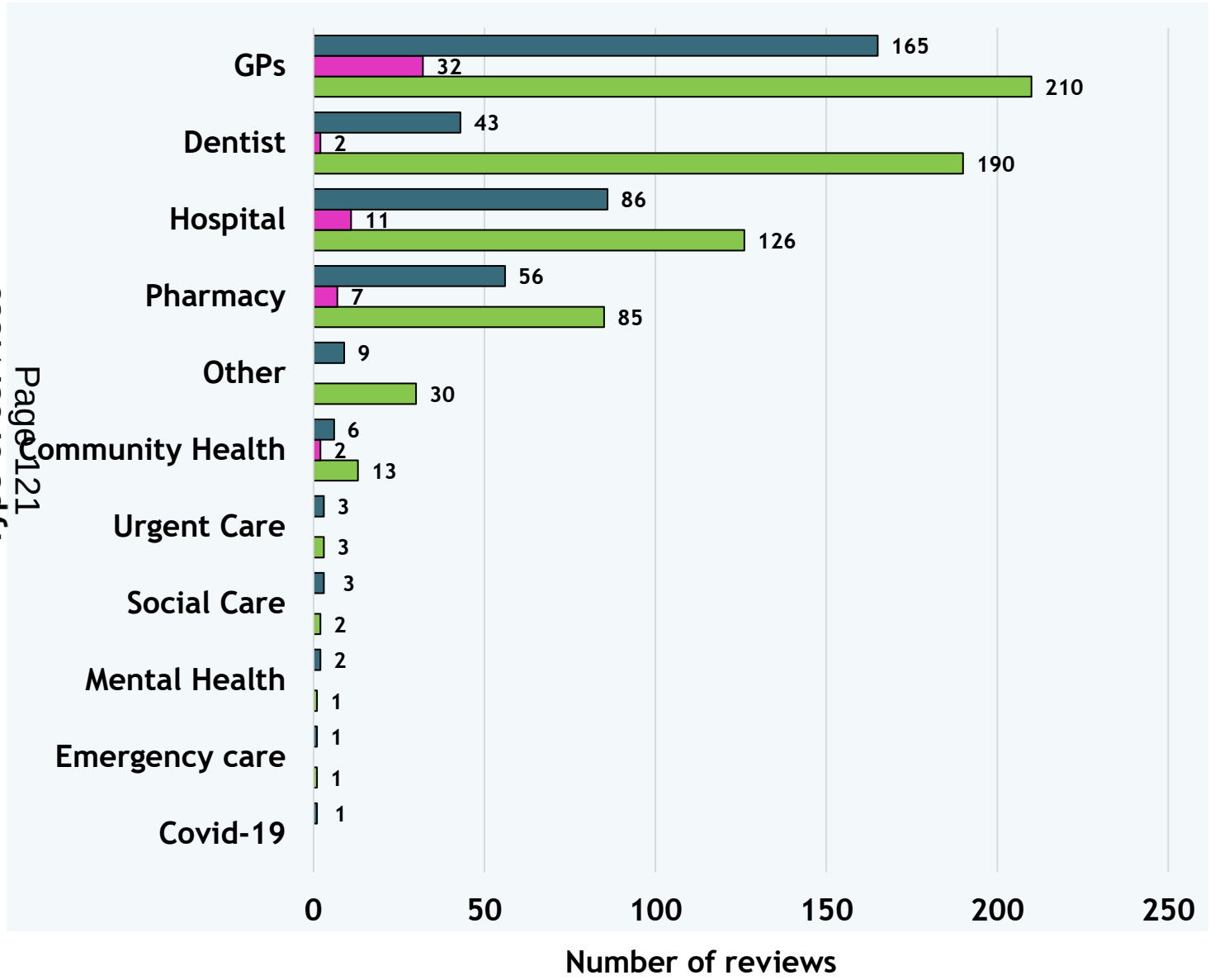
The patient reviews recorded for this quarter cover 10 service type categories, as seen in this chart.

The categories with the highest number of reviews during Q4 are GP surgeries (407), Dentist (235) and Hospital (223).

Service users also continued to comment on their experiences with Pharmacy (148), Other (39) and Community Health (21).



Distribution of Positive, Neutral & Negative



This bar chart compares the number of positive, neutral and negative reviews for each category. This is based on the overall star rating.

Of the services that have over 100 reviews; Dentists received the highest proportion of positive reviews with 81%, followed by Pharmacies with 57%, Hospitals with 57% and then GP services with 52%.

The categories which received the highest proportion of negative reviews are GP services with 41%; Hospitals with 39% and Pharmacies with 38%.

Themes and Sub-Themes

This section shows a breakdown of the main themes and sub-themes for those service areas where we received a significant number of reviews. In Q4 these areas are:

- GP surgeries
- Dentists
- Hospitals
- Pharmacies

After asking patients for an overall star rating of the service we ask them to "tell us more about your experience" – (see the appendices for examples of our physical and online questionnaires).

Each comment is uploaded to our online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see appendixes p. 51-54 for a full list).

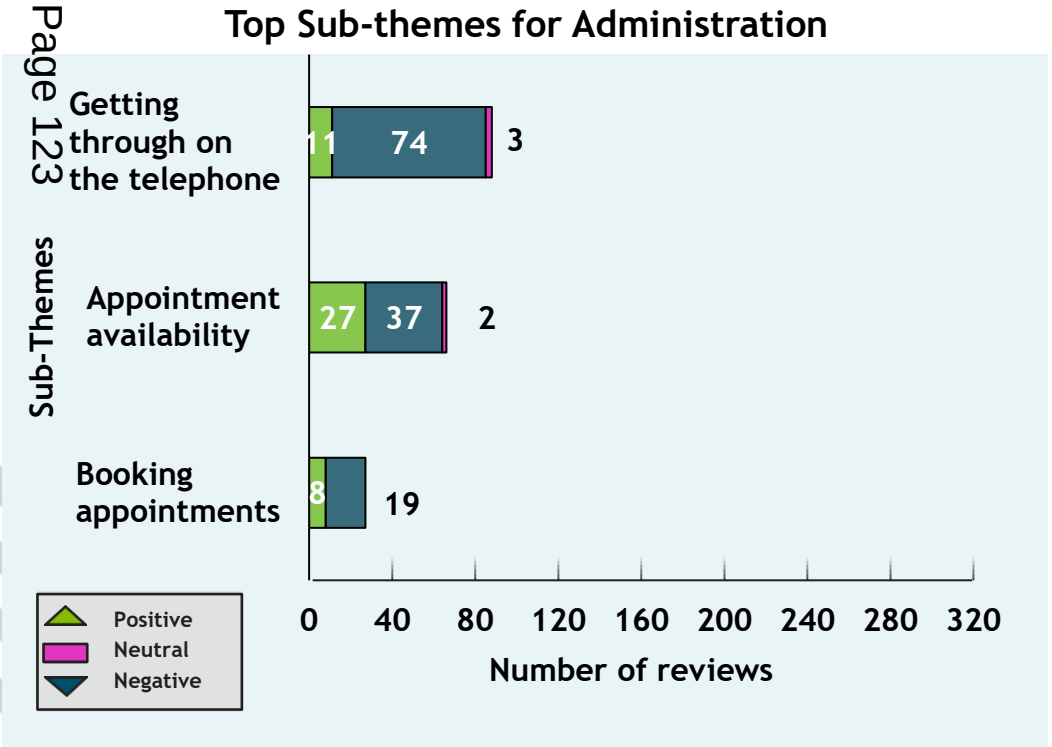
For this reason, the total numbers of times a theme is mentioned will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, negative, or neutral 'sentiment' is given. The application of themes, sub-themes and sentiment is a manual process and differs from the star rating patients provide.

GP Themes and Sub-Themes

GPs were the most reviewed service type for this quarter with 407 reviews. **Administration** was the most applied theme for GPs with 225 counts and had the highest percentage of negative comments. 26% (58) were positive, 72% (162) negative and 2% (5) neutral. The chart below shows the top 3 sub-themes for **Administration.**

Getting through on the telephone was the most mentioned sub-theme amongst patients, of the 88 comments, 13% (11) were positive, 84% (74) negative and 3% (3) neutral. This was followed by **Appointment availability** with 66 comments, of which 41% (27) were positive, 56% (37) negative and 3% (2) neutral. Patients also commented on **Booking appointments** which was experienced mostly negatively (70%), with only 30% of patients with positive experiences.

The majority of Lewisham patients we spoke to had issues with administration within GPs, expressing difficulty with booking appointments via the phone. There were also concerns with the lack of appointment availability, but some patients did not find this to be an issue.



Positive reviews

"I always get an appointment, always pick up the phone and have had no issues with the surgery."
GP surgery

"When you need an emergency appointment, it is always easy to get…"
GP surgery

Negative reviews

"Hard to get an appointment with the practice. Waited so many weeks to get an appointment…"
GP surgery

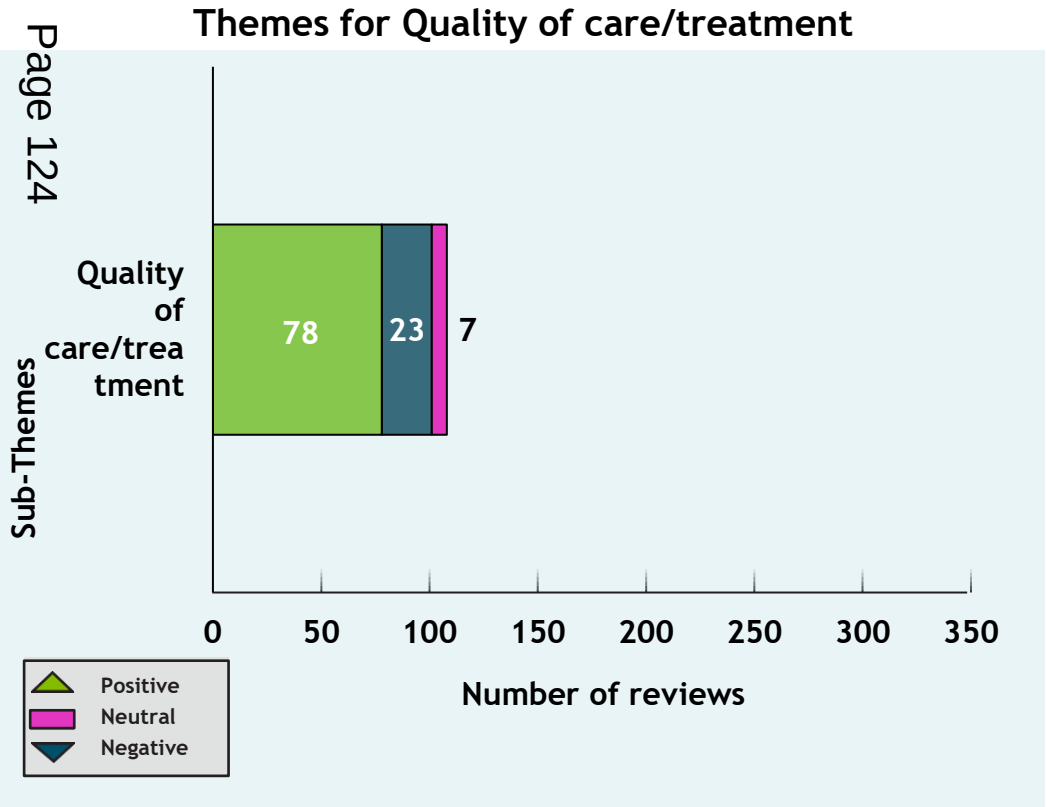
"When you call them, they don't always pick up and don't respond…"
GP surgery

"…I strongly feel that the appointment system is not practical…"
GP surgery

GP Themes and Sub-Themes

Quality of care/treatment was the second most applied theme, alongside **Staff,** for GP surgeries this quarter with 108 counts. Of these comments, 72% (78) were positive, 21% (23) negative and 7% (7) neutral.

The chart below shows a breakdown of feedback within the **Quality of care/treatment** theme (there were no subthemes recorded for this section). The feedback was split between patients who experienced their care and treatment positively, negatively and those who had a neutral experience. Overall, the patients were satisfied with the quality of care and treatment they received from their GP.



Positive reviews

"…Treatment is good here and they provide good advice about my condition."
GP surgery

"It's been really good here. I've been lucky to have the same doctor who makes me feel respected when I have any concerns…"
GP surgery

Negative reviews

"…I'm not satisfied with the treatment explanation. There's no follow-up.
GP surgery

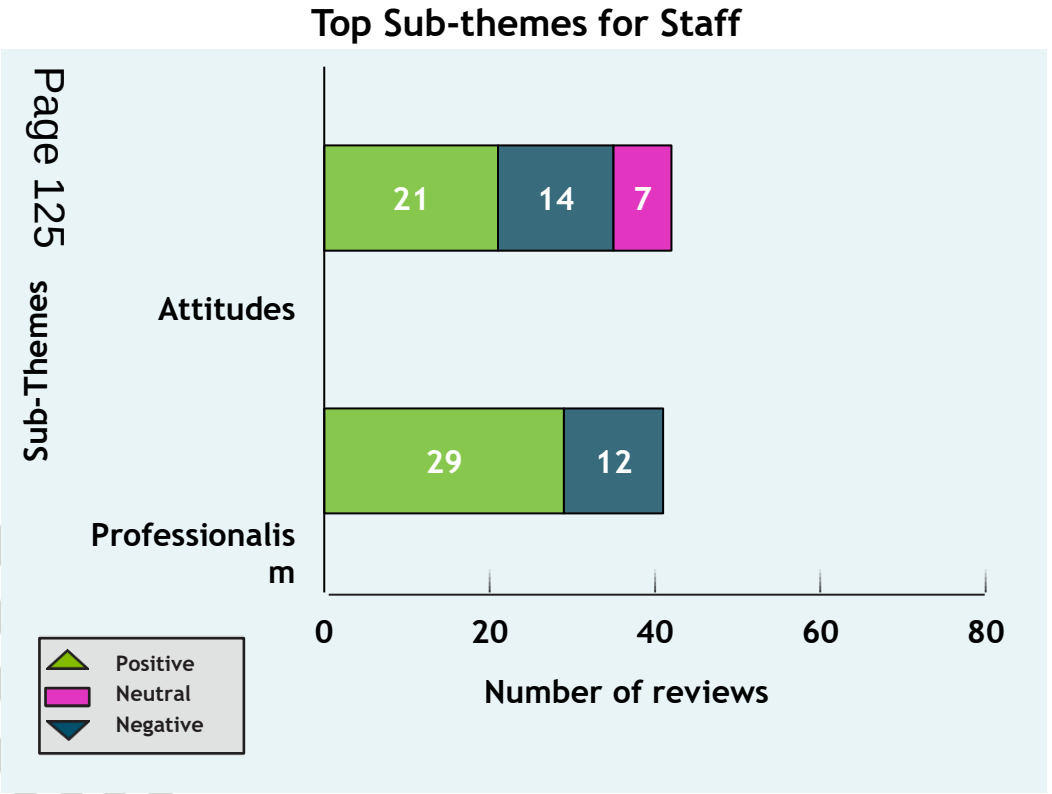
"…He didn't explain anything and he barely looked at her…Treatment and communication is just hit or miss."
GP surgery

GP Themes and Sub-Themes

Staff was also the second most applied theme, alongside **Quality of care/treatment,** for GP surgeries with 108 counts. Of the comments, 62% (67) were positive, 31% negative (34) and 7% (7) neutral. The majority of comments were relating to **Attitudes** (42) and **Professionalism** (41). The chart below shows a breakdown of the top 2 sub-themes for **Staff**.

Attitudes was the most common sub-theme, of the 42 comments 50% (21) were positive, 33% (14) were negative and 17% (7) were neutral. Patients often described positive encounters with staff, however, there were concerns relating to the attitudes of reception staff.

Professionalism was the next most common theme with 41 comments, 71% (29) positive and 29% (12) negative. These figures suggest that staff are showing capability and skill within their roles.



Positive reviews

"…The receptionist was very kind on the phone, and took my concerns seriously…"
GP surgery

"…The staff are very professional…"
GP surgery

Negative reviews

"…Incredibly unhelpful and unprofessional reception staff."
GP surgery

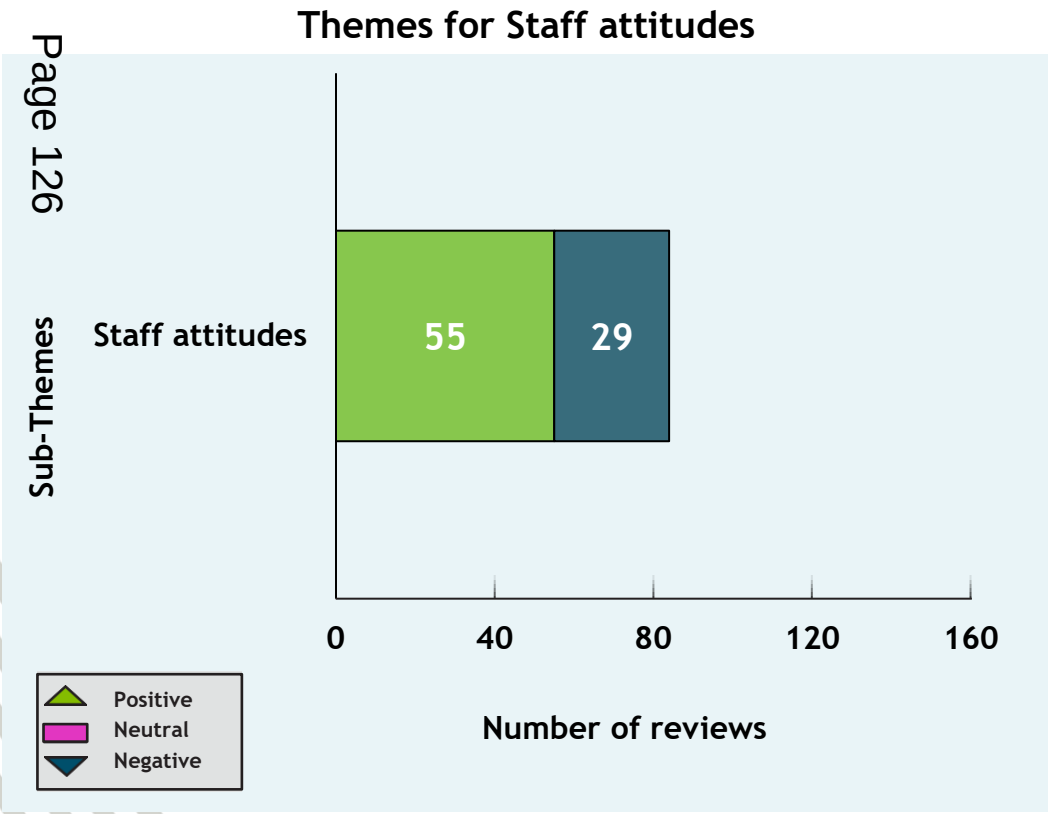
"…Staff were not great here…"
GP surgery

"Reception staff have very bad manners…"
GP surgery

GP Themes and Sub-Themes

Staff attitudes was the third most mentioned theme for this quarter and was applied 84 times. Of these comments, 65% (55) were positive and 35% (29) were negative. The chart below shows a breakdown of the theme for **Staff attitudes**.

There are no sub-themes for **Staff attitudes.** It was split between patients who had positive and negative experiences with staff. This indicates that the patients generally experienced positive staff behaviours. There were some concerns with staff attitudes, however, feedback has suggested these negative attitudes are related to the reception staff, rather than the GPs.



Positive reviews

"My GP is great, friendly and caring..."
GP surgery

"The staff and receptionists are friendly and very good with babies..."
GP surgery

"...The staff were always friendly and helpful."
GP surgery

Negative reviews

"...Receptionists are very rude. Although Doctors are excellent..."
GP surgery

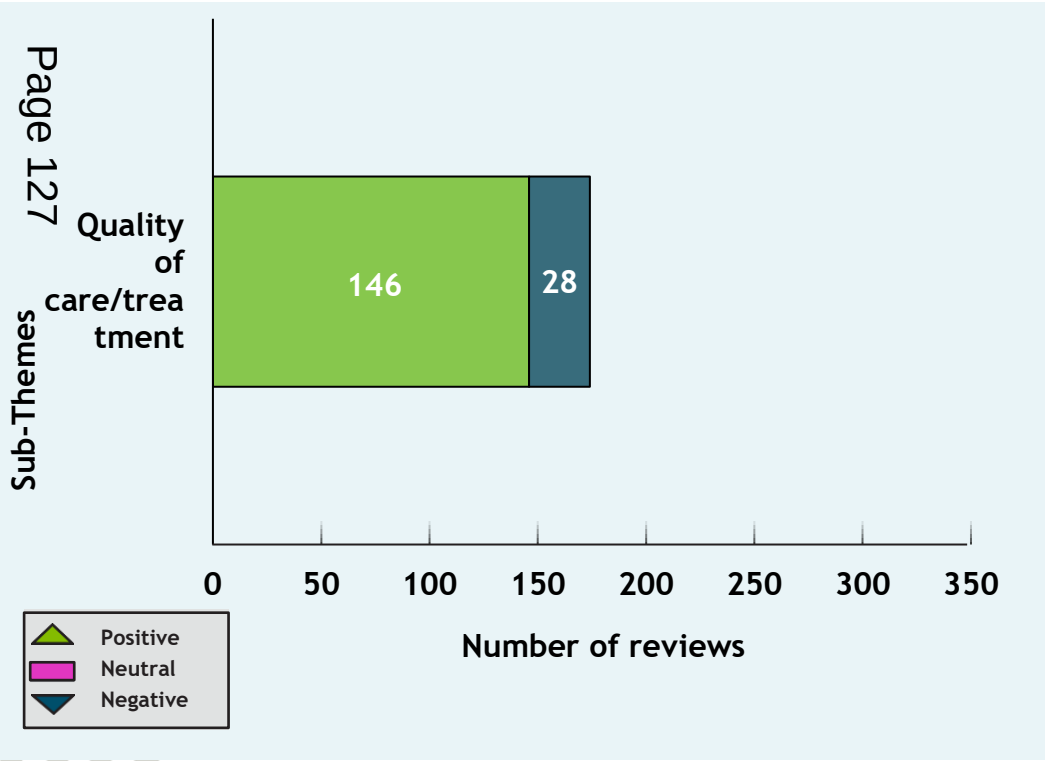
"Receptionists are super rude and have no empathy whatsoever..."
GP surgery

Dentist Themes and Sub-Themes

Dental services received 235 reviews in Q4. **Quality of care/treatment** was the leading theme for dental services, with 174 mentions. This theme was experienced positively by patients and breaks down into 84% (146) positive and 16% (28) negative. The chart below shows a breakdown for the theme of **Quality of care/treatment** this quarter for dentists.

There are no sub-themes for **Quality of care/treatment.** It was split between patients who experienced their care and treatment positively and negatively. The significant number of positive reviews shows that patients have received great care from Dentists and are generally happy with the results of their treatment.

Themes for Quality of care/treatment



Positive reviews

"…X has been excellent in the way she has treated me."
Dentist

"A quick, efficient and thorough examination…"
Dentist

"The treatment that I have received so far is of high quality"
Dentist

Negative reviews

"…The lack of care is shocking…'
Dentist

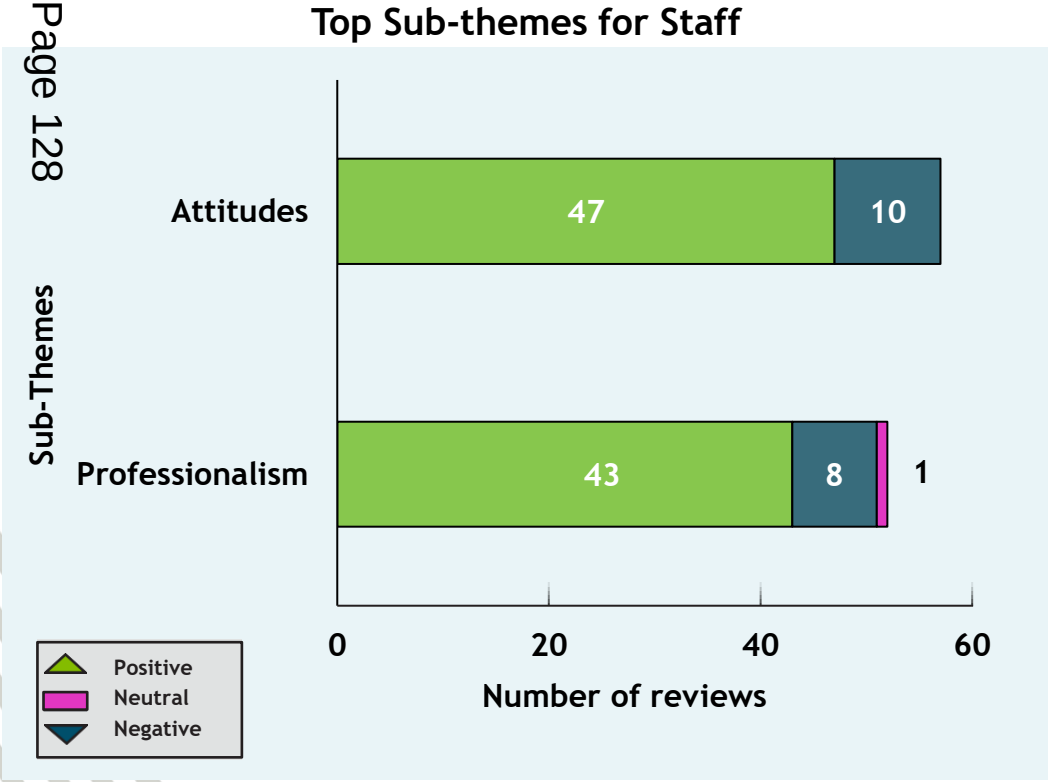
"…I'm having doubts about the Dentist's professional skills…"
Dentist

Dentist Themes and Sub-Themes

Analysis of the reviews shows that **Staff** was the second most commented on theme, with 120 patient reviews, 83% (99) were positive, 16% (20) were negative and 1% (1) neutral.The chart below presents a breakdown of the sub-themes for **Staff**.

The sub-theme **Attitudes** received the most comments, with 57 counts. Of these counts, 82% (47) were positive and 18% (10) were negative. This was closely followed by **Professionalism,** which was the second most common sub-theme with 52 counts, 83% (43) positive, 15% (8) negative and 2% (1) neutral.

These figures indicate that patients were satisfied with the behaviour of dental staff, as well as their ability to deal with situations in a professional manner, commonly describing the staff as 'friendly' and 'polite'.



Positive reviews

"Always treated with respect…"
Dentist

"Excellent practice with a lovely polite and helpful team…"
Dentist

"Very professional and friendly. Great service."
Dentist

Negative reviews

"…Rude and disrespectful staff…'
Dentist

"They're very unfriendly, and somewhat disinterested and dismissive…"
Dentist

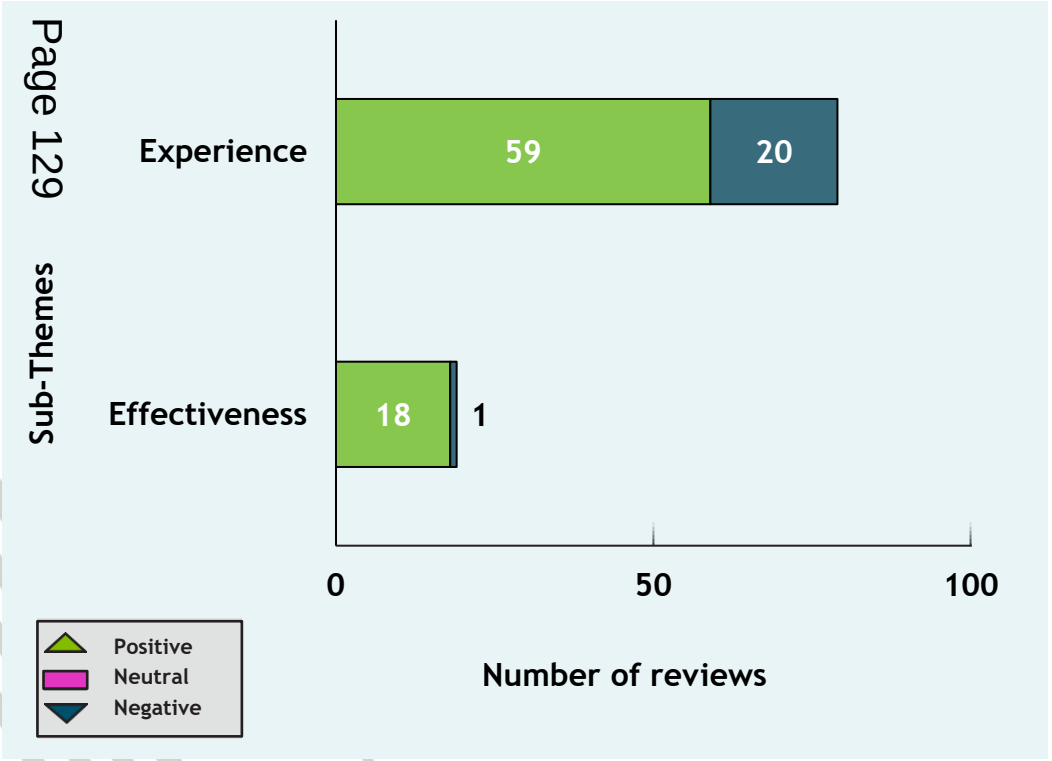
Dentist Themes and Sub-Themes

From the reviews relating to dental services, 102 were related to **Treatment and care.** 79% (81) of these comments were positive and 21% (21) negative. The graph below shows a breakdown of the top sub-themes for **Treatment and care**.

79 of these comments were related to the **Experience** sub-theme where 75% (59) were positive and 25% (20) were negative. These figures show patient satisfaction with the care they received from Dental services.

Effectiveness was the next most mentioned sub-theme where 95% of the comments were positive**.** The breakdown of this sub-theme illustrates that Dentists have been successful with their treatments; producing desired results for patients.

Top Sub-themes for Treatment and care



Positive reviews

"I have broken a tooth twice and X has performed a miracle to try to save it whilst being honest about the prospects of long-term success..."
Dentist

"...Took great care and provided a great service."
Dentist

"The hygienist service at this practice is consistently excellent...'
Dentist

Negative reviews

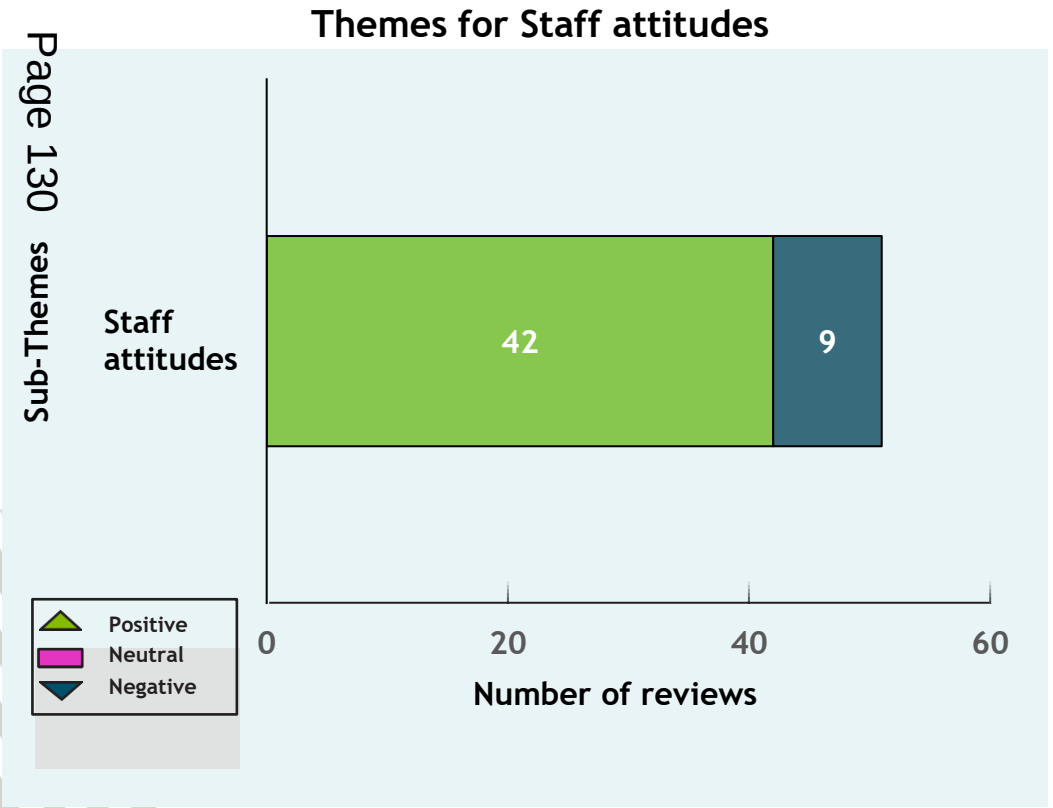
"...They will deny you treatments for every available reason..."
Dentist

"...Nothing gets explained. Worst experience I've ever had with dentists."
Dentist

Dentist Themes and Sub-Themes

Staff attitudes received 51 comments, 82% (42) of the comments were positive and 18% (9) were negative. The chart below shows the breakdown of this theme. There are no sub-themes for **Staff attitudes,** but the breakdown of positive and negative reviews shows that staff in Dental services are friendly towards their patients.

In addition, **Communication** was a theme showing a significant number of positive results for Dentists. Of the 44 comments, 80% (35) were positive and 20% (9) were negative. **Treatment explanation** was the most mentioned sub-theme. With 97% of these reviews being positive, it is clear that Dentists are providing adequate explanations of the treatments they are providing.



Positive reviews

"The team is friendly, patient and committed..."
Dentist

"...The receptionist, dentists and hygienist are all so kind, friendly and helpful..."
Dentist

"...Friendly approach by helpful staff..."
Dentist

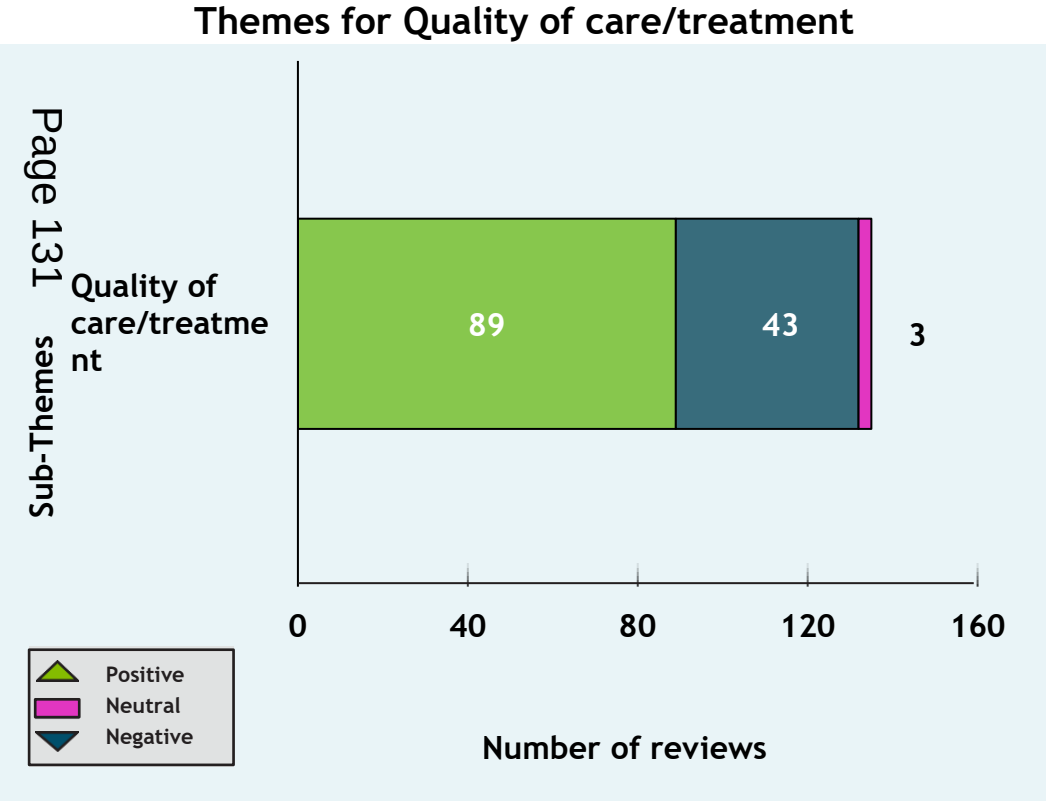
Negative reviews

"...Unhelpful and ignorant staff..."
Dentist

Hospital Themes and Sub-Themes

Hospital services were the third most reviewed service type this quarter with 223 feedback comments. Of these comments, the **Quality of care/treatment** was the most common theme with 135 mentions. This breaks down into 66% (89) positive, 32% (43) negative and 2% (3) neutral.

There are no sub-themes for **Quality of care/treatment.** It was split between patients who experienced their care and treatment positively, negatively and those who had a neutral experience. Many patients were satisfied with the quality of care and treatment they received at hospitals, however, some patients mentioned a lower quality of care in certain areas, such as wards.



Positive reviews

"…they gave me great advice and information to treat my various illnesses…"
Hospital

"…she had her own bay, with water and fruit available, and had a lovely mid-wife coming in to check on baby and mum who were being monitored regularly."
Hospital

Negative reviews

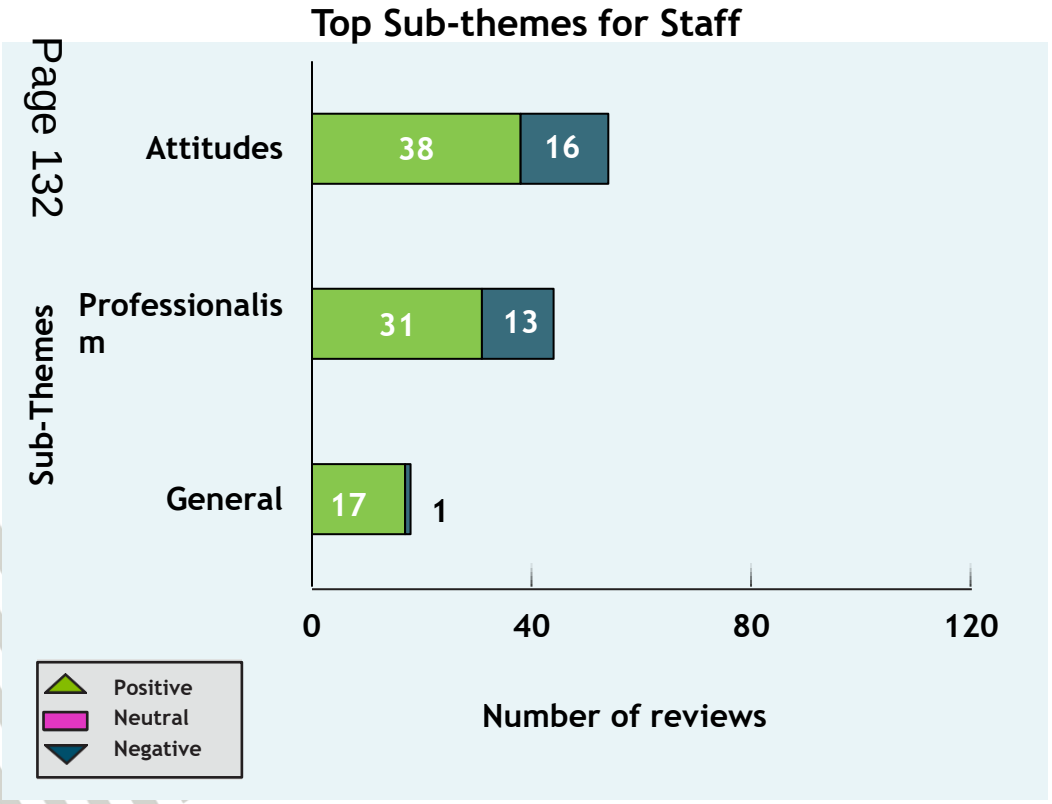
"…Poor quality care and treatment especially in wards…"
Hospital

Hospital Themes and Sub-Themes

Staff was the second highest theme relating to hospitals in Q4 with 125 counts. This breaks down into 72% (90) positive and 28% (35) negative. The chart below shows a breakdown of the top three sub-themes for **Staff**.

Majority of the comments were about **Attitudes** and **Professionalism**. **Staff attitudes** received 54 mentions; 70% (38) were positive and 30% (16) were negative. The reviews show that patients were mostly happy when engaging with staff and described their behaviour positively.

Professionalism received 44 mentions; 70% (31) were positive and 30% (13) were negative. This shows that most staff members are showing capability and skill within their roles.



Positive reviews

"...The hospital staff were very efficient, comforting, really helpful..."
Hospital

"...Chaps in the ambulance were very calming, thoughtful, nice, and made me feel comfortable given the situation..."
Hospital

"...Staff are nice, very polite and welcoming."
Hospital

Negative reviews

"...Even though they were fully staffed, it seemed like they needed more people..."
Hospital

"Irresponsible staff and unfriendly and unprofessional..."
Hospital

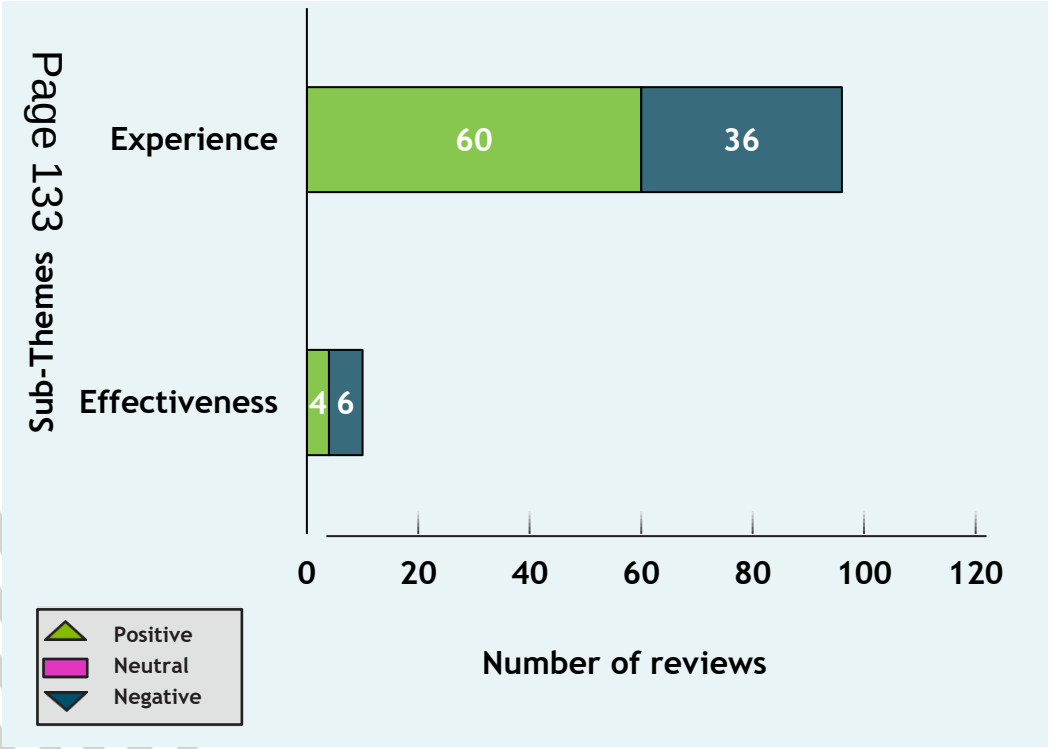
Hospital Themes and Sub-Themes

Treatment and care was the third most applied theme for hospital services this quarter and received 110 mentions, 60% (66) were positive, 39% (43) negative and 1% (1) neutral. The graph below shows a breakdown of the two main sub-themes for **Treatment and care**.

96 of these comments were related to the **Experience** sub-theme where 63% (60) were positive and 38% (36) were negative. Comments about **Effectiveness** were also mentioned where 40% (4) were positive and 60% (6) were negative.

This data shows that patients have received some good care at hospitals but not all were offered treatment they considered to be effective.

Top Sub-themes for Treatment and care



Positive reviews

"The hospital itself was fabulous and the care received also…"
Hospital

"Great care, dedicated staff…"
Hospital

"Medical treatment and staff could not be faulted…"
Hospital

Negative reviews

"He didn't give me any advice to ease the pain…"
Hospital

"I am furious about the poor communication…"
Hospital

Hospital Themes and Sub-Themes

Waiting times was another common theme with 43 mentions of which 21% (9) were positive, 74% (32) negative and 5% (2) neutral. The chart below shows the breakdown of the **Waiting times** theme.

Waiting times to be seen at appointment was the only sub-theme with 21 mentions. A significant amount of these were negative (81%) with only 19% positive experiences. Most patients experienced long waiting times when at the hospitals' premises, despite having a scheduled appointment.

In addition, **Communication** was another theme with a high number of negative comments (65%). These comments indicate inadequate treatment explanation or lack of communication in general.

Positive reviews

"seen practically straight away…"
Hospital

"…Service was so efficient, in and out in 10-15 mins."
Hospital

Negative reviews

"…I got seen late and I got very tired because of the long waiting…"
Hospital

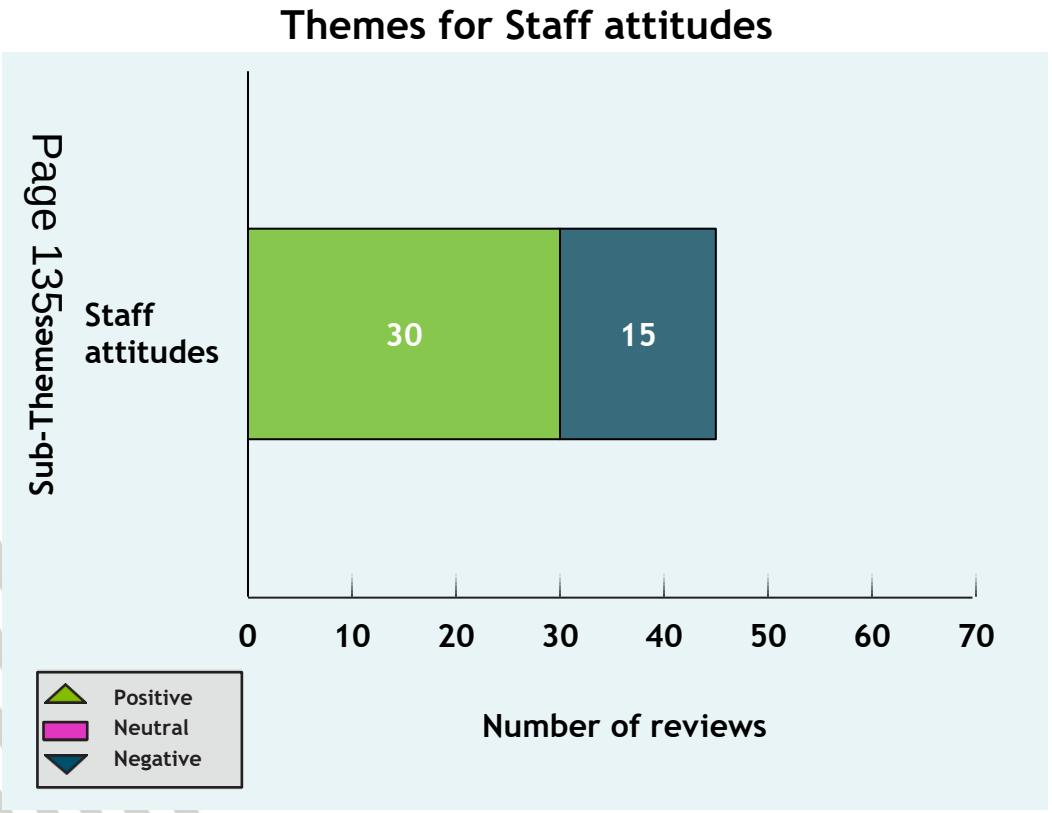
"…Took me 6 hours to see the doctor…"
Hospital

"Waiting times in A&E are incredibly long…"
Hospital

Pharmacy Themes and Sub-Themes

Pharmacies were the fourth most commented on service this quarter with 148 feedback comments. Amongst these comments, **Staff attitudes** was the most applied theme with 45 mentions, which can be broken down into 67% (30) positive and 33% (15) negative.

There are no sub-themes for **Staff attitudes.** It was split between patients who experienced either positive or negative staff attitudes. Many patients were satisfied with the behaviour of pharmacy staff and mostly had positive encounters with them. Some concerns were raised about the manners of staff.



Positive reviews

"...Staff are friendly, helpful, happy and caring."
Pharmacy

"Always helpful and obliging."
Pharmacy

"...Always happy to give advice and extremely nice people."
Pharmacy

Negative reviews

"People are rude."
Pharmacy

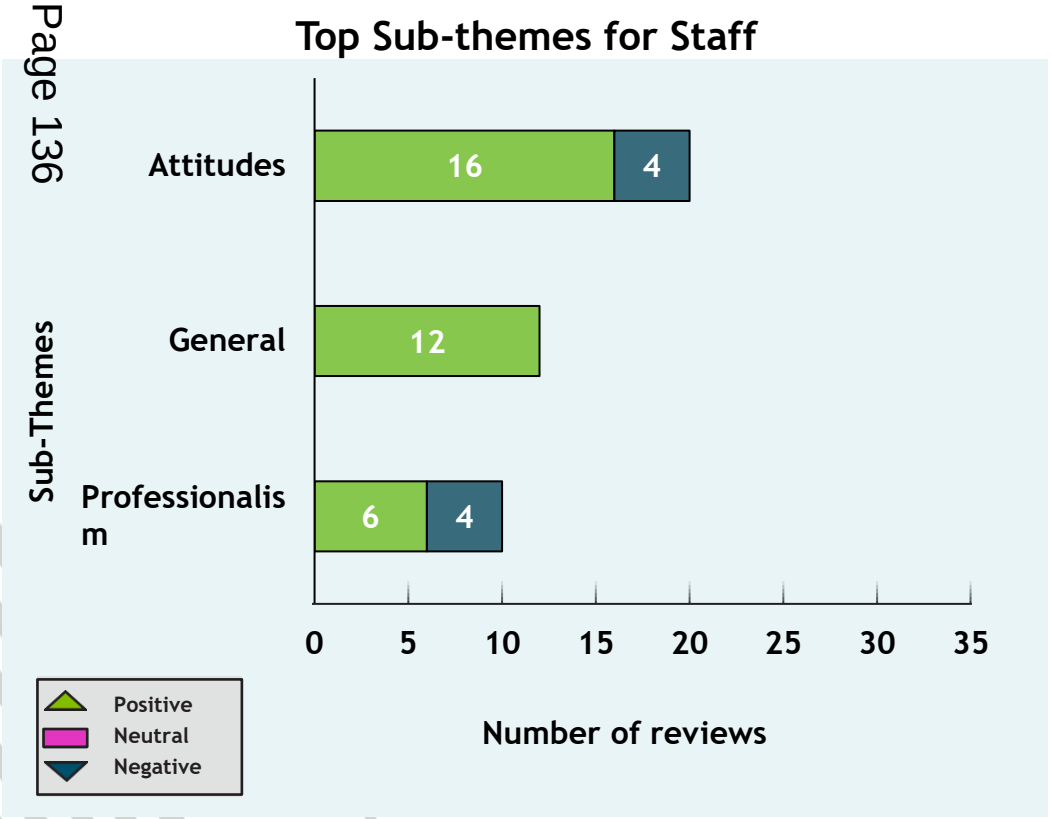
"Rude and mean staff. They do not help customers..."
Pharmacy

Pharmacy Themes and Sub-Themes

Staff was the second most applied theme with 41 counts. This breaks down into 83% (34) positive and 17% (7) negative. The chart below shows the top three sub-themes for the **Staff** theme for pharmacies.

The **Attitudes** sub-theme received the highest number of reviews with 20 counts, of which 80% (16) were positive and 20% (4) were negative. This was followed by the sub-theme **General** where we received 100% positive comments, suggesting that service users were pleased with staff's behaviour and service overall.

Professionalism was also mentioned with 60% (6) positive comments and 40% (4) negative comments. Although this had a higher proportion of positive comments, it also had negative comments related to the skills and competence of staff.



Positive reviews

"Great staff and great pharmacist who sees that your needs are met and they even go to high extreme to make sure you are okay."
Pharmacy

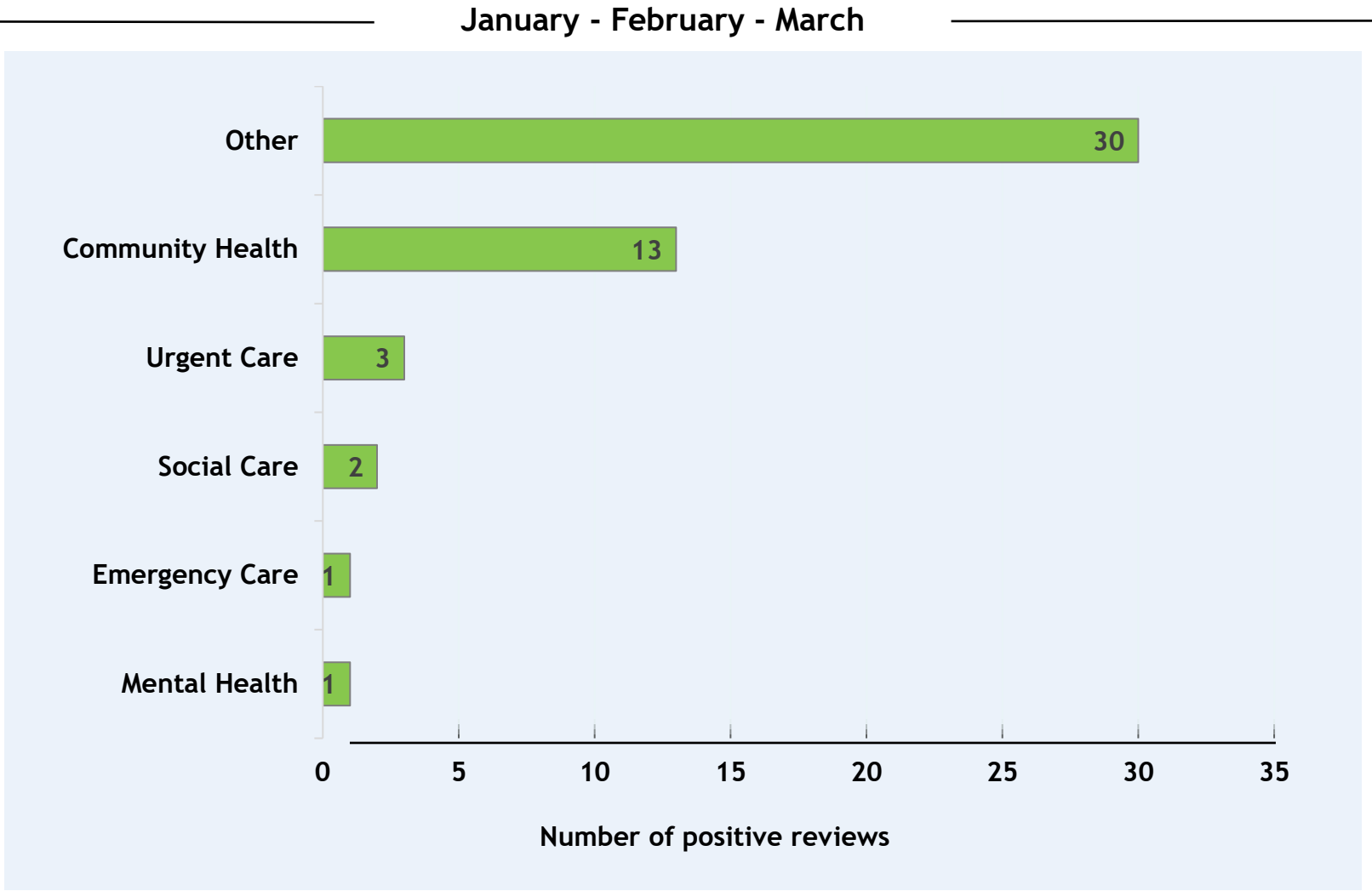
"Pharmacist and staff very good, always take time to listen to their customers..."
Pharmacy

Negative reviews

"I think the people that work there are slow and don't do their job properly."
Pharmacy

Other Positive Reviews

Looking at the positive reviews we have received allows us to highlight areas where a service is doing well and deserving of praise. This section provides an overview of the number of positive reviews about services which have not been highlighted in this report.



Community Health Services

"I was made to feel so calm and safe during my appointment and the doctor really thoroughly did all the tests I needed and explained everything clearly."
Community Health

"Dr X made my appointment and procedure as friendly and calm as possible. I was quite nervous and apprehensive about the visit due to past experiences elsewhere, but left feeling very happy and confident."
Community Health

Other

"Staff professional and service to the highest standard."
Optician

"Quick, fast and friendly. Arrived 10 mins before my appointment and they pretty much saw me straight away."
Optician

"Well organised."
Optician

Social Care

"Very friendly and polite staff. Always clean and tidy."
Care services

Urgent Care

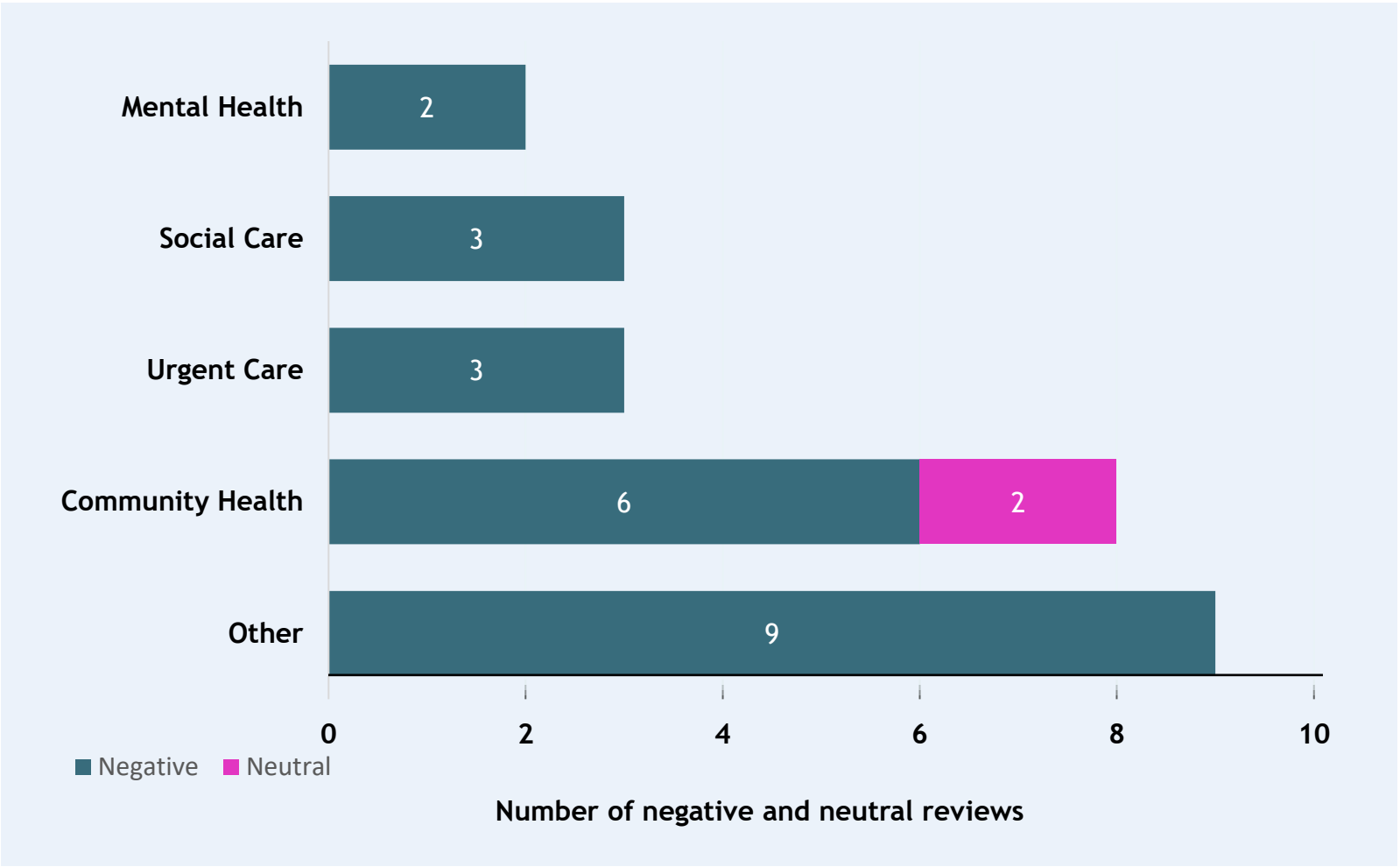
"Staff were friendly and efficient."
Urgent Care Centre

"Amazing staff! Very friendly, helpful and welcoming."
Urgent Care Centre

Other Negative & Neutral Reviews

By looking at the negative and neutral reviews we received from Lewisham residents each month, we can better understand where a service can make improvements to enable a better experience for service users. This section provides an overview of the number of negative and neutral reviews by service area and provides examples of comments received.

January - February - March



Urgent Care

"…Sent home with no pain management and no further care…"
Urgent Care Centre

"…Found it a pretty poor experience. Took 50 minutes on the phone to then be told to book an appointment with a GP…"
Urgent Care Centre

Social Care

"Respite care was poor. Inadequate care of someone with communication difficulties. No follow up regarding concerns expressed.
Care home

"…Negligence of management and staff…"
Care home

Community Health Services

"They never pick up the phone! And now their booking system doesn't work either!"
Community Health

"Never pick up the phone."
Community Health

Other

"Bad experience. Always late with appointments."
Optician

"Picked up two glasses from the store, very expensive. They put the wrong tint on my glasses…"
Optician

Themes for Primary Care Networks

During Q4, we were able to capture reviews across all 6 Primary Care Networks (PCN) areas. The following pages show the top themes for each PCN area, based on analysis of qualitative comments received and application of themes. Where the theme counts are below 15, they are too low to draw any firm conclusions at this stage. Themes and sentiments will be monitored over the coming quarters to identify any emerging trends. We can only show the main themes for each Primary Care Network (PCN) Area where we received a significant number of reviews.

When engaging with the public, we ask them to expand on their star ratings and tell us more about their experiences. Each comment is uploaded to our Feedback Centre where up to five positive, negative or neutral themes and sub-themes are manually applied to the comment.

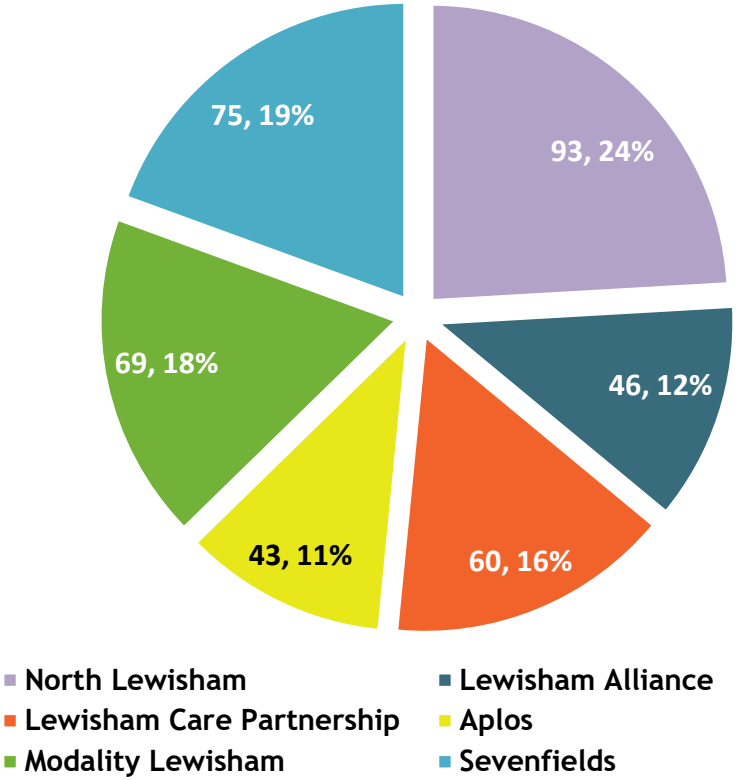
The London Borough of Lewisham is divided into six PCN Network areas:

- North Lewisham
- Lewisham Alliance
- Lewisham Care Partnership
- Aplos
- Modality Lewisham
- Sevenfields

The pie chart on the right shows the number of reviews received in each network area. The highest number of reviews received was in the **North Lewisham PCN** (93) followed by **Sevenfields PCN** (75).

Aplos PCN (43) received the lowest number of reviews followed by **Lewisham Alliance PCN** (46).

The following slides show the prominent themes for the reviews received from the public between January and March 2022 broken down by PCN.

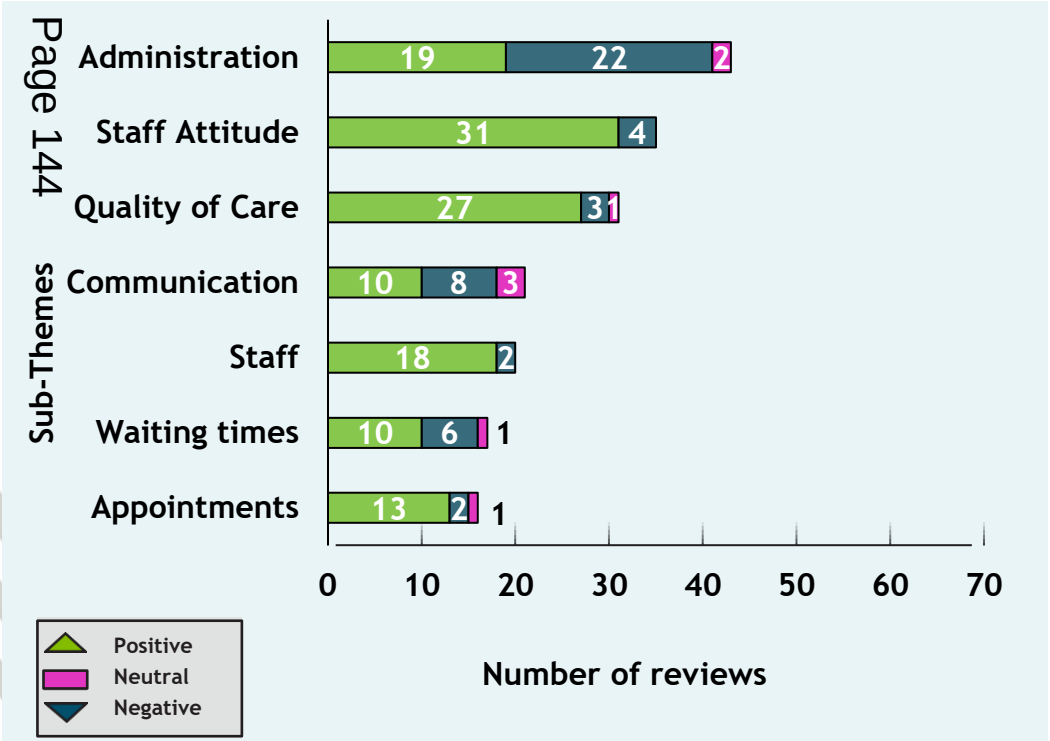


Themes for North Lewisham

The chart below shows the themes from the 93 reviews we collected in North Lewisham PCN. **Administration** (43 comments) and **Staff Attitude** (35 comments) were the most frequently identified themes.

From these themes below, **Staff Attitude** (89% positive), **Quality of Care** (87% positive) and **Appointments** (81% positive) had majority positive sentiments. However, **Administration** (51% negative) and **Communication** (38% negative) had the highest percentage of negative sentiment reviews. This illustrates that the patients are mostly pleased with the staff and care within this network but highlights administration and communication as areas for improvement.

Top themes for North Lewisham PCN



Positive reviews

"Fantastic GP surgery. Receptionist staff are always really polite and the Dr's so far have been faultless. I'm so grateful for their support."
GP surgery

"Have been treated with lots of patience and kindness at my visits. So far, my GP has been very understanding and responsive to my concerns!"
GP surgery

Negative reviews

"Impossible to speak with anyone at the practice. Line is constantly busy. I had to go there twice to ask a basic question. Very disappointing."
GP surgery

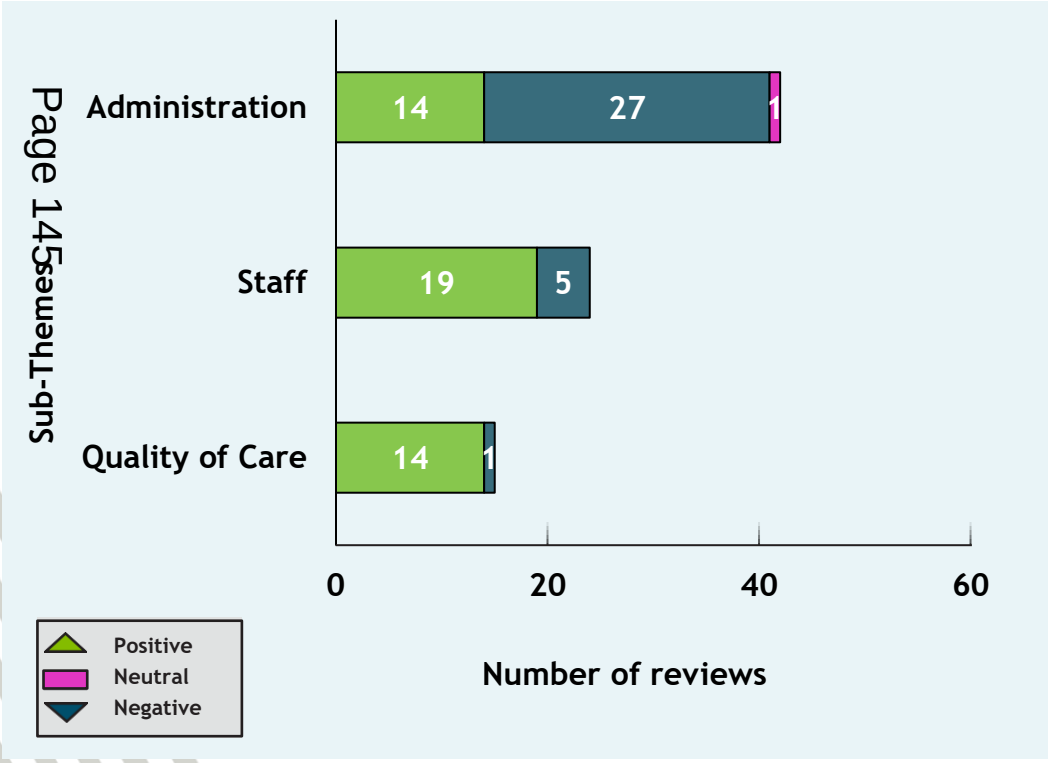
"I call the surgery from 8am to try and get an appointment, and hardly ever successful. When I get through they say no appointments call back another day, same thing…"
GP surgery

Themes for Sevenfields

Administration (42 comments) and **Staff** (24 comments) were the most frequent themes identified in the 75 reviews for Sevenfields PCN, the chart below shows a breakdown on the themes.

Of the main themes highlighted below, **Administration** was the only theme where the negative sentiment (64%) was higher than the positive sentiment (33%). Whereas patients had more positive experiences with **Quality of Care** (93% positive) and **Staff** (79% positive). This shows that patients are happy about the services provided by GPs except for their administration, specifically; getting through on the phone and the availability of appointments.

Top themes for Sevenfields PCN



Positive reviews

"I have found the staff at X surgery very professional, they respond very promptly to any concerns that I have and the GP is always happy to advise in a very considerate way…"
GP surgery

"X Surgery staff are amazing and very helpful and supportive."
GP surgery

Negative reviews

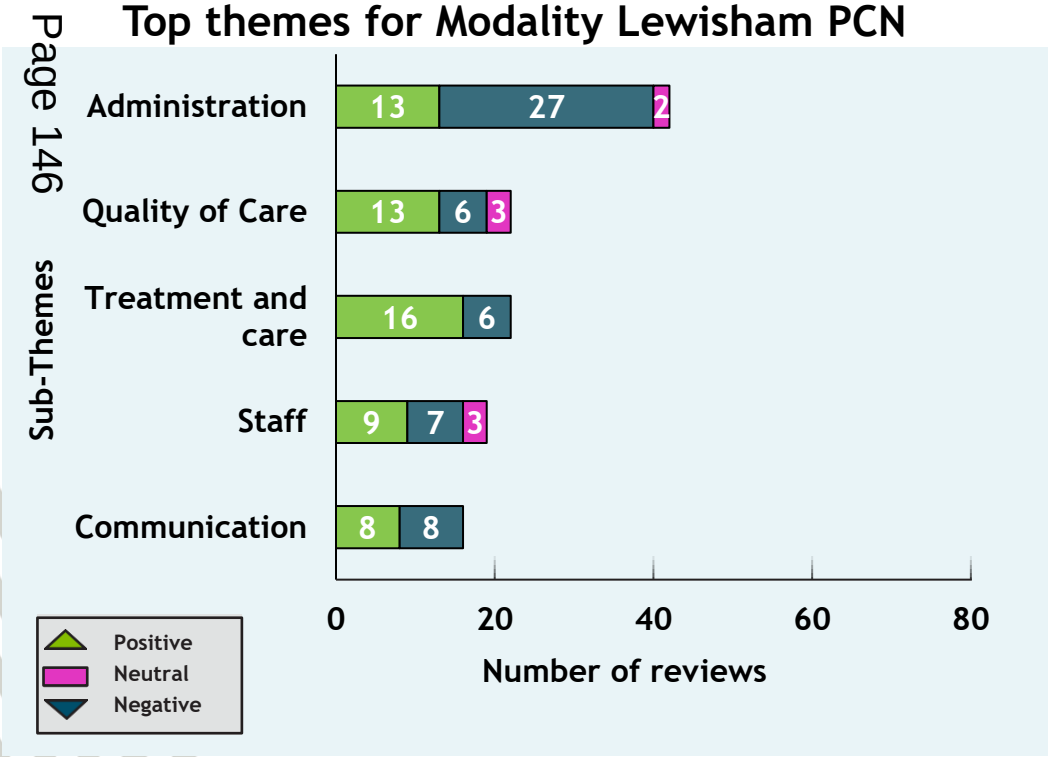
"Very hard to get an appointment. I always see a new doctor, so no continuity. Can't get through on the phone. They need more people at reception and to answer calls."
GP surgery

"…You have to ask for an appointment the same day you want one. I had to sit on the phone for a long time to speak with someone about coming in. Waiting times can also be long, sometimes over 30 minutes."
GP surgery

Themes for Modality Lewisham

In Modality Lewisham PCN we collected 69 revises, from these, **Administration** (42 comments), **Quality of Care** (22 comments) and **Treatment and care** (22 comments) were the most frequent themes identified in the reviews, the chart below shows a breakdown on the top 5 themes.

Of the main themes highlighted below, **Administration** was the only theme with majority negative sentiment (64%). Patients generally had more positive experiences with **Treatment and Care** (73% positive) and **Quality of Care** (59% positive) and had mixed experiences of **Staff** (47% positive, 37% negative) and **Communication** (50% positive, 50% negative). This shows patients are generally satisfied about the care provided by their local services but are having issues with appointment availability and getting through to services over the phone.



Positive reviews

"...While surgeries are hard-pressed everywhere I feel X is quite determined to give the best care they can."
GP surgery

"The receptionist clearly explained what I should expect when I arrived."
GP surgery

Negative reviews

"Doctors are doing what they can, but the system (website, reception, phone) is letting them down. Constantly waiting for appointments, only for them to be moved, with the only appointments available being phone consults which seem ineffective..."
GP surgery

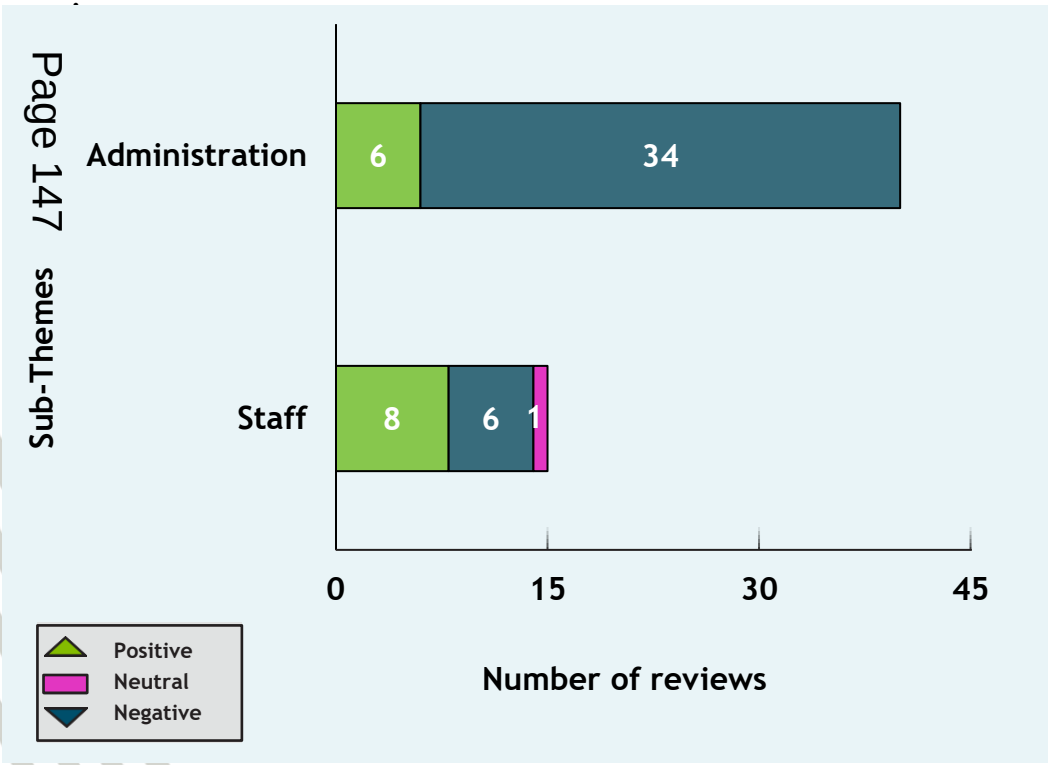
"Can't rely on getting through to the service so would need to call an emergency number."
GP surgery

Themes for Lewisham Care Partnership

The chart below shows the top themes for Lewisham Care Partnership PCN, we collected 60 reviews in this area. **Administration** (40 comments) and **Staff** (15 comments) were the most frequently applied themes.

Administration received a significant proportion of negative comments (85%), where as **Staff** reviews were more balanced with 53% positive and 47% negative/neutral. This figures show that patients were pleased with the professionalism of staff, with some concerns raised about their attitudes. Additionally, administration could be improved across the network's services, focusing on the efficiency of the phone system and increasing appointment availability.

Top themes for Lewisham Care Partnership PCN



Positive reviews

"All the staff I've had interactions with at the practice are super friendly and helpful. I had an appointment with two nurses (one student) and they were so caring, helpful and clear."
GP surgery

Negative reviews

"They suggest emailing but emails are not read. Phoning is impossible, with waiting of over an hour with your place in the queue never moving up. And on the website if you have a complaint, they direct you to email them, but if you have a compliment, they direct you to this review page. Some of the doctors are good but admin is failing."
GP surgery

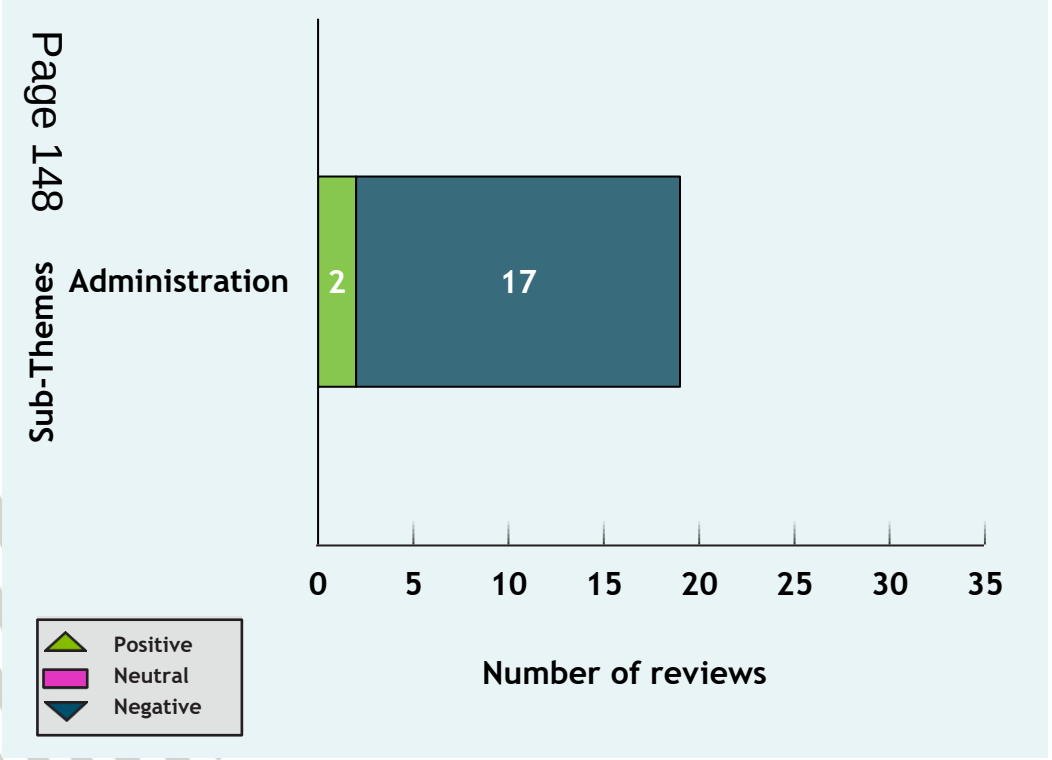
"Absolutely very poor administration."
GP surgery

Themes for Lewisham Alliance

For the Lewisham Alliance PCN we received 46 reviews and the main theme patients commented on was **Administration** which received 19 comments. The chart below shows a breakdown of this theme as it was the only significant theme within this network.

Administration received a high proportion of negative reviews with 89% negative and 11% positive. From these reviews, appointment availability and getting through over the phone were the most commented on concerns. This suggests that administration requires improvement across all GP services within this network.

Top theme for Lewisham Alliance PCN



Positive reviews

"Everyone I have had contact with has been really helpful, kind and efficient…"
GP surgery

"The receptionists and doctors are amazing! They really go out their way to help…"
GP surgery

Negative reviews

"Terrible trying to see a doctor, can easily spend an hour waiting to get through to book an appointment only to be told there are none and try again the next day where you have to go through the whole procedure again."
GP surgery

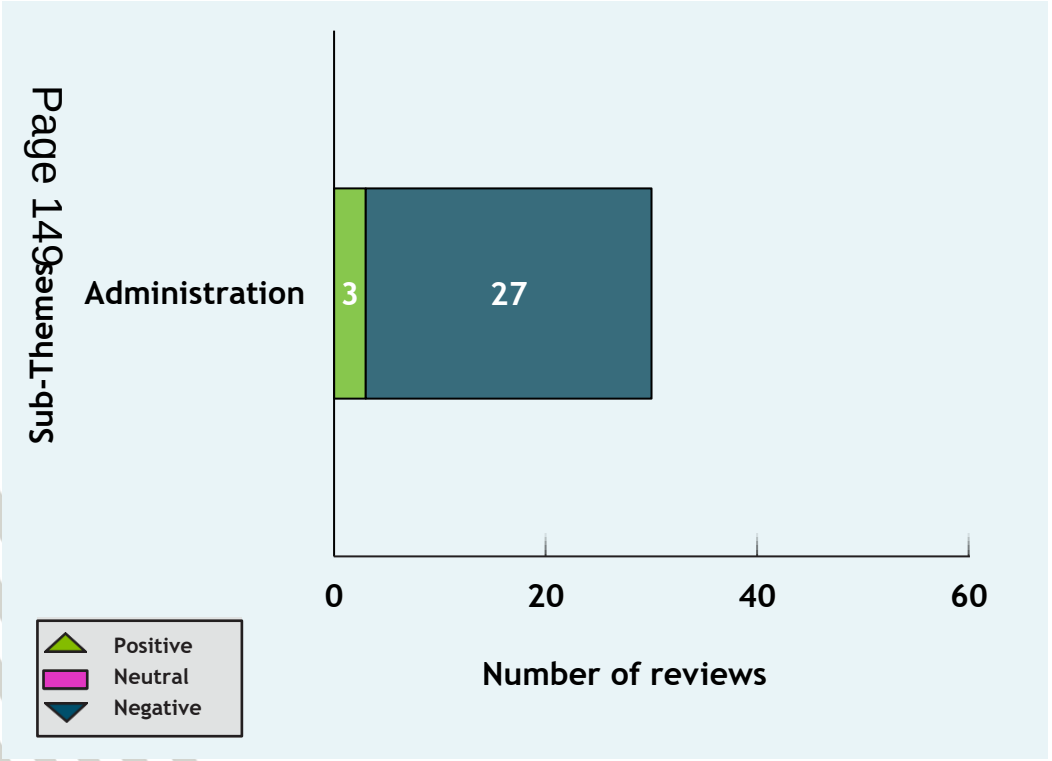
"Not great at answering phones."
GP surgery

Themes for Aplos

For Aplos PCN we received 43 reviews. From these reviews **Administration** (30 comments) was the most frequent theme identified. The chart below shows a breakdown of this theme as it was the only significant theme within this network.

Administration received majority negative sentiment (90%). From analysing the comments we understand that patients had issues with booking appointments through the phone, booking appointments online and appointment availability. Therefore, the current booking systems are not working for patients and improvements need to be made to make them more efficient.

Top theme for Aplos PCN



Positive reviews

"I am very satisfied with the service that I received from my GP recently. He showed great care and professionalism for which I am very grateful."
GP surgery

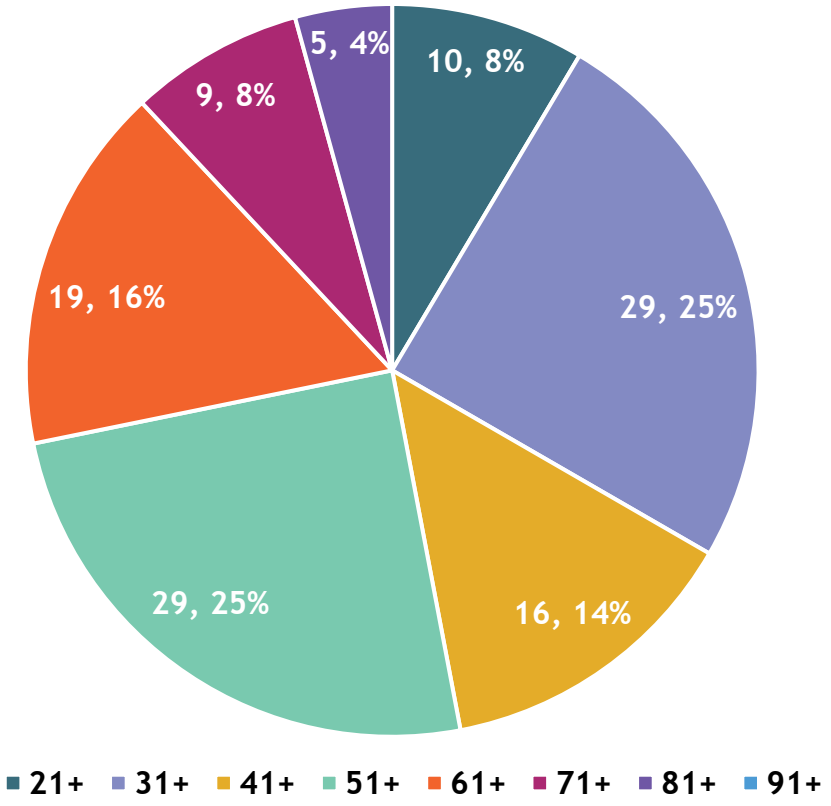
Negative reviews

"Terrible experience with requesting a callback from a doctor, called early as advised on your website, had to be on hold for an hour and a half, only to be told all the callback appointments were fully booked since the first half an hour by a very rude receptionist."
GP surgery

"Long waiting time. They will promise to text about appointment but won't receive it."
GP surgery

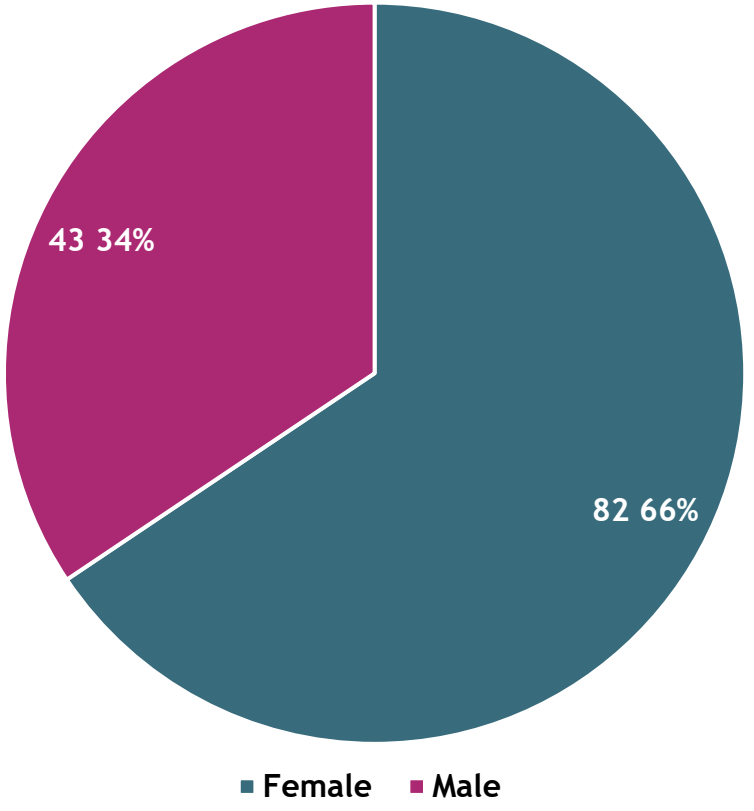
Demographic information

Below is a breakdown, by age group, of the patients who chose to disclose their age with us. The most common age groups that we heard from was 31-40 (25%) and 51-60 (25%), followed by 61-70 (16%).



Age

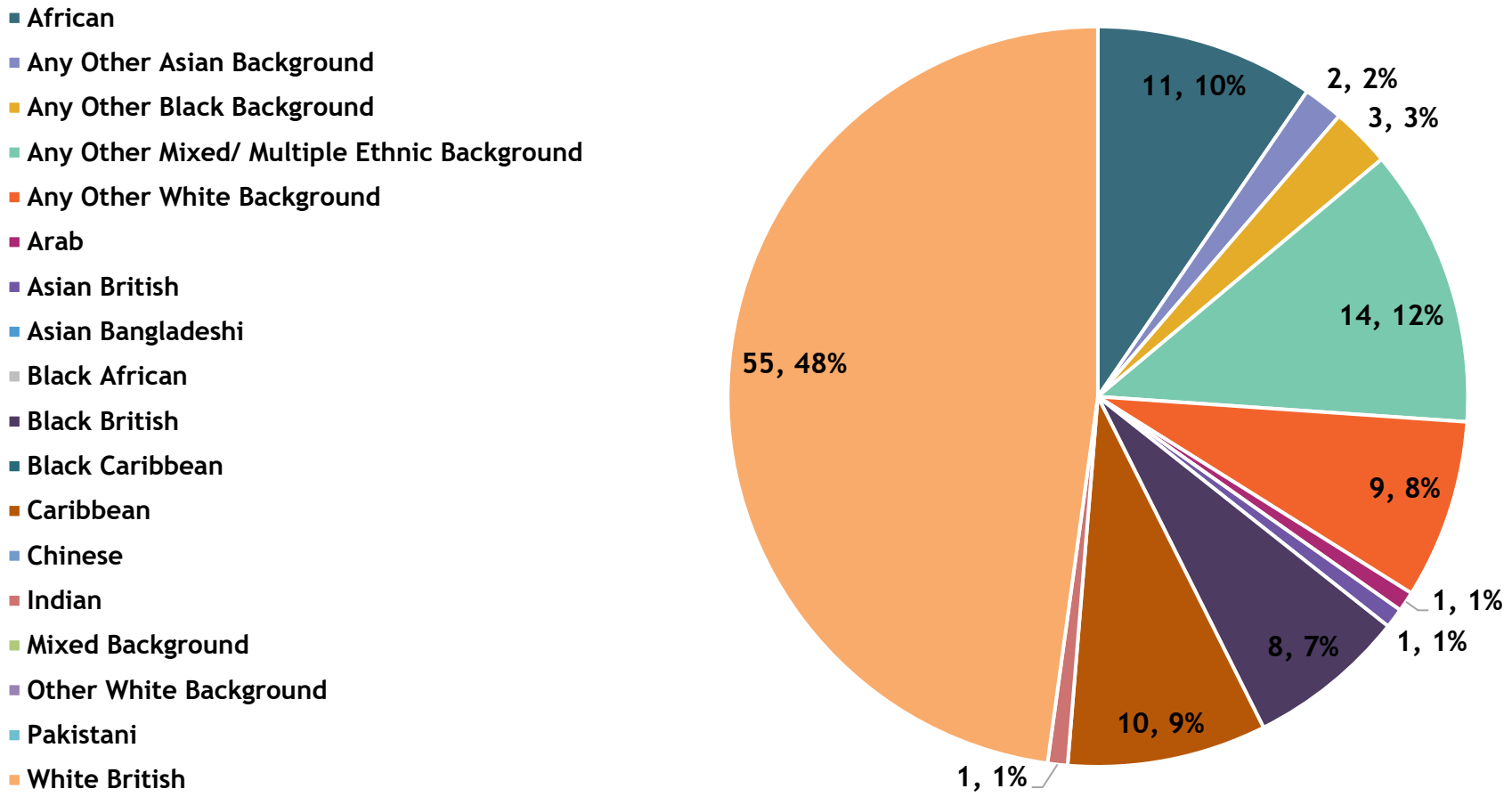
The pie chart below shows a breakdown by gender. From the patients who chose to disclose their gender, we heard from a higher proportion of residents who considered themselves Female (66%) rather than Male (34%).



Gender

Demographic information

The pie chart below provides a breakdown of the patients who chose to disclose their ethnicity with us. From these reviews, the majority of residents we heard from were of a White British background (48%), followed by Any Other Mixed/Multiple Ethnic Background (12%), African (10%), Caribbean (9%), Any Other White Background (8%), Black British (7%), Any Other Black Background (3%) and Any Other Asian Background (2%).



Conclusion

Through our Patient Experience Programme, Healthwatch Lewisham was able to capture **1,090** patient experiences about local health and social care services between January – March 2022. The highest proportion of reviews left in our Feedback Centre related to GP services which is a regular trend as the they provide the first point of care within the healthcare system.

Summary of findings:

GPs

- Most patients received good quality treatment from their GP practice. Appreciation was shown for the advice given by GPs and patients felt their concerns were listened to.
- Patients had positive experiences with staff, with mentions of respectful and professional behaviour. However, there were some concerns with the attitudes of staff. These negative attitudes were related to the receptionists rather than the GPs.
- Administration had a significant number of negative comments with patients' expressing frustration with booking appointments. Many of these issues were related to long queues on the telephone or a lack of appointment availability.

Dentists

- Overall, Dental services are providing a great quality of care and treatment. Patients were satisfied with the care provided and were generally happy with the results of their treatment.
- All staff at Dental practices are providing a friendly and helpful service. Their attitudes and professionalism were experienced positively by patients, with a low count of feedback suggesting otherwise.
- Dentists have been praised for good communication, particularly their provision of adequate treatment explanation.

Conclusion cont.

Hospital services

- Patients were generally happy with staff encounters and believed they showed capability within their roles.
- Hospitals are providing good treatment and care with only some concerns related to the treatment's effectiveness.
- Waiting times had a significant proportion of negative comments. Patients experienced long waiting times at hospitals when due to be seen for a scheduled appointment.
- Patients also mentioned inadequate treatment explanation and lack of communication.

Pharmacy

- Staff across Pharmacy services were described mostly positively by patients. They showed competence within their roles and provided a helpful and friendly service. The small proportion of concerns related to inefficiency and rudeness of staff members.

Actions, impact and next steps

Healthwatch Lewisham continues to share the findings contained within this report at various commissioning, provider and local authority led boards and committees. These include:

- Lewisham Borough Based Board
- Lewisham Primary Care Operational Group
- Lewisham Health and Wellbeing Board

As well as these formal meetings, we organise a number of informal meetings with partners in order to discuss the issues of concern and identify actions to take forward. We continue to identify opportunities to share our findings within the Lewisham health and care system.

All of our findings are communicated with the SEL HW Director who ensures that the voice and concerns of Lewisham residents are heard at a regional level.

To ensure we capture a broad and representative sample of patient feedback, and listen to the seldom heard communities, we will continue to develop and grow the Patient Experience Programme and explore ways to remotely engage with service users under the continuing COVID-19 measures.

We will continue to hear the experiences of residents through our mix model of data collection including face to face, telephone engagement and online reviews. Additional methods of engagement will include the promotion of feedback through our social media channels and attendance at community forums.

In 2022/23 we will work closely with health and care partners to continue to expand the delivery and reach of our face-to-face engagement as part of a hybrid engagement approach.

Actions, impact and next steps

As a result of the findings in this report as well as other recent engagement, we identified the following recommendations:

Primary Care

- We would like to encourage our partners at the Lewisham Alliance and Aplos PCNs to help us increase our engagement visits and collection of feedback within their practices. This will help us to capture a larger volume and variety of feedback to help recognise good practice and identify areas for improvement.
- GP services to encourage a review of their administration process in order to provide a more efficient telephony system for patients when booking appointments.
- Improving availability of GP appointments would improve patient experience with primary care.
- Primary care services to review existing support, customer care and communication training for front line (reception) staff at their practices.

Secondary Care

- Revising waiting times at hospitals when due to be seen for a scheduled appointment would improve the overall patient experience.
- Improving treatment explanation and overall communication would benefit patients using local hospital services.

Appendix – Online Questionnaire

Leave feedback

How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

How do you rate your overall experience of this service?*

Summary of your experience* (max 45 characters)

Give a brief description of your experience, or highlight a key observation

Tell us more about your experience*

Expand on your experience here. Why was your experience a good / bad one? List any reasons or specific detail that might help explain

Where do you live? (town/city)

Forest Hill, Lewisham...

Your ratings (select if applicable)

Access to Appointments	
Generally how easy is it to get through to someone on the phone?	
Cleanliness	
Staff Attitude	
Waiting Time	
Treatment explanation	
Communication	
Quality of care/treatment	
Quality of food	

Appendix – Online Questionnaire

In relation to your comments are you a:

Select one

When did this happen?

Where did you hear about us?

Select one

Would you like information about other local services? *

No Yes

Do you want to know more about how to make an official complaint?*

No Yes

About you

Name

Leave feedback anonymously?

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the Terms and conditions

I consent to being contacted regarding my feedback by Healthwatch*

Yes No

I confirm I am over the age of 16*

Yes No

Subscribe to the newsletter?

If you are willing to provide us with some monitoring information please click here.

Please note: Monitoring information helps us identify trends and gaps in our information gathering, enabling us to provide more detailed evidence to service providers and commissioners about your health and social care services.

Submit feedback >

Only your overall rating, comment and name (if disclosed) will be visible online.

Appendix – Physical Questionnaire

How would you rate your health and care services?

Healthwatch Lewisham wants to hear what you think about local health and social care services. Your experiences are important and allow local services what is working and what needs to be improved.

Whether it is a compliment, concern or complaint, it is easy to tell us about your experience by completing and submitting this form or contacting us on 020 3886 0196 or email info@ healthwatchlewisham.co.uk

Name of Service: ……

How likely are you to recommend this anyone who needs similar care or treatment?
(Please circle)
5 = Extremely likely 4 = Likely 3 = Neither likely nor unlikely 2 = Unlikely
1 = Extremely unlikely ( ) Don't know

How do you rate your overall experience?
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Summary of your experience
……

Tell us more about your experience

……

……

……

Where do you live? (town/city)
……

Appendix – Physical Questionnaire

Your ratings (select if applicable)

Access to Appointment
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Generally how easy is it to get through to someone on the phone?

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Cleanliness
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Staff Attitude
5 = Excellent4 = Good3 = Okay2 = Poor1 = Terrible

Waiting Time
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Treatment explanation
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Communication
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of care/treatment
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of food
5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Appendix – Physical Questionnaire

In relation to your comments are you a:

( ) Patient ( ) Carer ( ) Relative ( ) Carer and Relative
( ) Service Provider ( ) Visitor ( ) Professional

When did this happen?

.....

Do you know the name of the ward / department? (if applicable)

Would you like information about other local services? ( ) No ( ) Yes
Do you want to know more about how to make an official complaint? ( ) No ( ) Yes
I consent to being contacted regarding my feedback by Healthwatch ( ) No ( ) Yes

About you

Name.....

Email..... ( ) Leave feedback anonymously

Monitoring Information

What gender do you identify yourself as:

( ) Female ( ) Male
( ) Other.....
( ) Prefer not to say

What is your sexual orientation?

( ) Heterosexual ( ) Gay ( ) Bisexual ( ) Lesbian ( ) Prefer not to say ( ) Other

Which age group are you in?

( ) 0-10	( ) 11-20	( ) 21-30	( ) 31-40	( ) 41-50
( ) 51-60	( ) 61-70	( ) 71-80	( ) 81-90	( ) 91-99
( ) 100+	( ) Prefer not to say			

Appendix – Physical Questionnaire

Do you consider yourself to have any of the following?
( ) Learning disability or difficulty ( ) Long standing illness ( ) Mental Health condition ( ) Physical disability
( ) Sensory disability ( ) None ( ) Prefer not to say ( ) Other

What is your religion?
( ) Buddhist ( ) Christian ( ) Hindu ( ) Jewish
( ) Muslim ( ) Sikh ( ) Other religion ( ) None ()
Prefer not to say

What is your marital status?
( ) Civil partnership ( ) Cohabiting ( ) Divorced ( ) Widowed ( ) Prefer not to say ( ) Married Single

What is your ethnicity?
White
( ) English / Welsh / Scottish / Northern Irish / British ( ) Gypsy or Irish Traveller
( ) Any other white background.....

Asian / Asian British
( ) Bangladeshi ( ) Chinese ( ) Indian
( ) Pakistani
( ) Any other Asian background.....

Black, African, Caribbean, Black British
( ) African
( ) Caribbean
( ) Any other Black, African, Caribbean background.....

Mixed, Multiple
( ) White and Asian
( ) White and Black African
( ) White and Black Caribbean
( ) Any other mixed / multiple background.....

Appendix – Physical Questionnaire

Other Ethnic Group
( )Arab
( ) Any other ethnic group.....

Thank you for sharing your experience

Personal data will be kept in accordance with the General Data Protection Regulation. Your data will only be used so you can receive a response from service providers to your feedback; and to help improve the quality and safety of health and social care services. It will not be used for any other purpose or passed on to any organisation without your consent.

Appendix – Themes and Sub-Themes

Admission	
Appointment	(*Booking Appointments, Length Of Appointments, Quality Of Appointments)*
Care Parking	(*Care Parking Access, Care Parking Changes)*
Choice	
Cleanliness, Hygiene And Infection Control	
Complaints Procedure	
Communication	(*Health Promotion, Internal Communication, Lack Of Communication, Treatment Explanation, General, Interpretation Service, Lack Of, Consent To Treatment, Complaints Procedure, Access To Patient Record)*
Confidentiality	
Consent To Care And Treatment	
Consultation	
Diagnosis	
Discharge	(*Coordination Of Services, General, Preparation, Safety, Speed)*
Equality	(*Stigma)*
Cost Of Services	
Monitoring & Accountability	

Appendix – Themes and Trends

Food/Nutrition	
Opening Hours	
Patient Transport	
Privacy	
Procurement / Commissioning	
Quality Of Care/Treatment	
Patient Records	
Referrals	*(General, Timeliness, Waiting Times)*
Health And Safety	
Service Co-Ordination	
Service Monitoring	
Staff Attitudes	
Staff Levels	
Suitability Of Provider / Staff	
Support	
Waiting Times	*(Waiting Lists For Treatment, Waiting Times To Be Seen At Appointments)*

Appendix – Themes and Trends

Other	
Access To Services	*(Convenience/ Distance To Travel, Inequality, Information And Advice, Lack Of, General, Patient Choice, Service Deliver / Opening Times, Suitability Of Provider (Individual Or Partner), Suitability Of Provider (Organisation), Waiting Times, Waiting Times At Health Premises, Telephone Consultation)*
Administration	*(Admission Procedure, Incident Reporting, Appointment Availability, Management Of Service, Booking Appointments, Booking Appointments Online, Booking Appointments Getting Through On The Phone, Medical Records, Commissioning And Provision, Quality/Risk Management, General)*
Cancellation	*(Appointment, Operation / Procedure)*
Buildings/Facilities	
Décor	
Interpreters	*(Access To Interpreters, Quality Of Interpreters)*
Medication	(*Pharmacy Repeat Prescriptions, Medicines Management)*
Prevention	
Safeguarding	
Service Closure	
Staff Training	
Care Home Management	(*Staffing Levels, Suitability Of Staff, Registered Manager Absence, Registered Manager Suitability, Registered Manager Training And Development)*

Appendix – Themes and Trends

Continuity And Integration Of Care	
Diagnosis/Assessment	(*General, Lack Of, Late, Misdiagnosis, Tests/ Results)*
Dignity And Respect	(*Confidentiality/ Privacy, Consent, Death Of A Service User, Death Of A Service User (Mental Health), Equality & Inclusion, Involvement & Engagement)*
Facilities And Surroundings	(*Buildings And Infrastructure, Disability Access, Car Parking, Equipment, Cleanliness (Infection Control), Food & Hydration, Cleanliness (Environment), General, Cleanliness (Staff), Lack Of Seating Area)*
Finance	(*Financial Viability, Transparency Of Fees)*
Home Support	(*Care, Equipment, Co-Ordination Of Services)*
Making A Complaint	(*Complaints Management, Pals/Pact, General)*
Transport	(*Patient Transport Service (Non-Nhs), Ambulance (Routine), Ambulance (Emergency))*
Safety/Safeguarding/Abuse	
Staff	(*Ambulance Staff/Paramedics, Midwives, Attitudes, Staffing Levels, Capacity, Suitability, District Nurses/Health Visitors, Training And Development, General, Professionalism)*
Treatment And Care	(*Effectiveness, Experience, Quality, Safety Of Care/Treatment, Treatment Explanation)*
Cancellation	