

Report Summary

Shoreditch Park and City Primary Care Network (PCN) is the collective name for our local GP practices who have come together to focus on local patient care. This includes Shoreditch Park Surgery, De Beauvoir Surgery, Neaman Practice, Southgate Road and Whiston Road Surgeries, Hoxton Surgery, and Lawson Practice. In collaboration with Healthwatch City of London (HWCoL), the PCN ran an online survey and nine focus groups to understand what is and is not working well, where the community would like us to focus and improve, and what services the community would like to see develop in the future. The project is funded through the PCN Resilience Programme.

The online survey was made available to City community members through leaflets sent to households and text messages from GP surgeries and was accessible through the HWCoL website. We obtained a total of 278 responses to questions on health services, accessibility, Covid-19, and health challenges and priorities. Three focus groups were held with City residents, totaling an attendance of 10 participants, including members of the homeless community.

Key Survey Findings:

- 80% of respondents were satisfied with the health services they had received in the last year
- Physiotherapy, mental health services, and podiatry are the services respondents most wanted to be made available in their respective GP surgeries.
- The top five health priorities of community members, ranked in order of priority, are as follows: adult obesity, childhood obesity, drug misuse, alcohol misuse, and smoking cessation
- 96% of respondents said they would receive a Covid-19 vaccination

Key Focus Group Findings:

- Patients would like to see more continuity of care at the Neaman practice
- Trials at the Neaman practice are useful and more should be done to advertise them to the public
- Appointments at the Neaman practice are harder to book because of problems with the online booking system implemented during the Covid-19 pandemic
- Poor accessibility of health services to the elderly community during the pandemic resulted from the online GP appointment booking process
- Almost all participants agreed that the Covid-19 pandemic and its consequences have taken a great mental toll on the community
- Many homeless individuals do not want to get into mainstream society and will not use available services, even if they are free and accessible
- Helping the homeless secure stable employment is imperative to moving people off the street

Introduction

Shoreditch Park and City Primary Care Network (PCN) is the collective name for our local GP practices who have come together to focus on local patient care. This includes Shoreditch Park Surgery, De Beauvoir Surgery, Neaman Practice, Southgate Road and Whiston Road Surgeries, Hoxton Surgery, and Lawson Practice. In collaboration with Healthwatch City of London (HWCoL) and Healthwatch Hackney (HWH), the PCN ran an online survey and nine focus groups to understand what is and is not working well, where the community would like us to focus and improve, and what services the community would like to see develop in the future. The project is funded through the PCN Resilience Programme.

Aims of the Project

- Engage the views of patients relating to services, localness, and access
- Understand the impact of Covid and key health challenges for patients
- Understand patient view on local organisations and support available to them
- Creative approaches to promote health messages and access of services
- Improve patient experience and satisfaction with health services
- Engage underrepresented groups and increase diversity
- Promote digital awareness and understand exclusion issues
- Be patient-led in establishing the priorities for Shoreditch Park & City PCN
- Understand how residents want to support the work of the PCN
- Establish a PCN Patient Participation Group
- Promote the PCN and its role in development of local organisations

Methods

Survey

Our online survey using Survey Monkey consisted of 28 questions formatted with a mixture of yes or no, multiple-choice, and free-text questions, offering respondents the opportunity to expand on certain answers. The central questions focused on a variety of health and healthcare-related topics. We also asked questions concerning gender, sexual orientation, age, ethnicity, religion, refugee status, and disability for demographic purposes. A leaflet promoting the survey was distributed to all households in the City and Shoreditch Park neighbourhood, and via text messages sent to residents from the GP practices. It was designed to be completed in approximately 20 minutes. A telephone support line was provided for residents to complete the survey or ask questions. A total of 278 individuals residing in the City completed the survey.

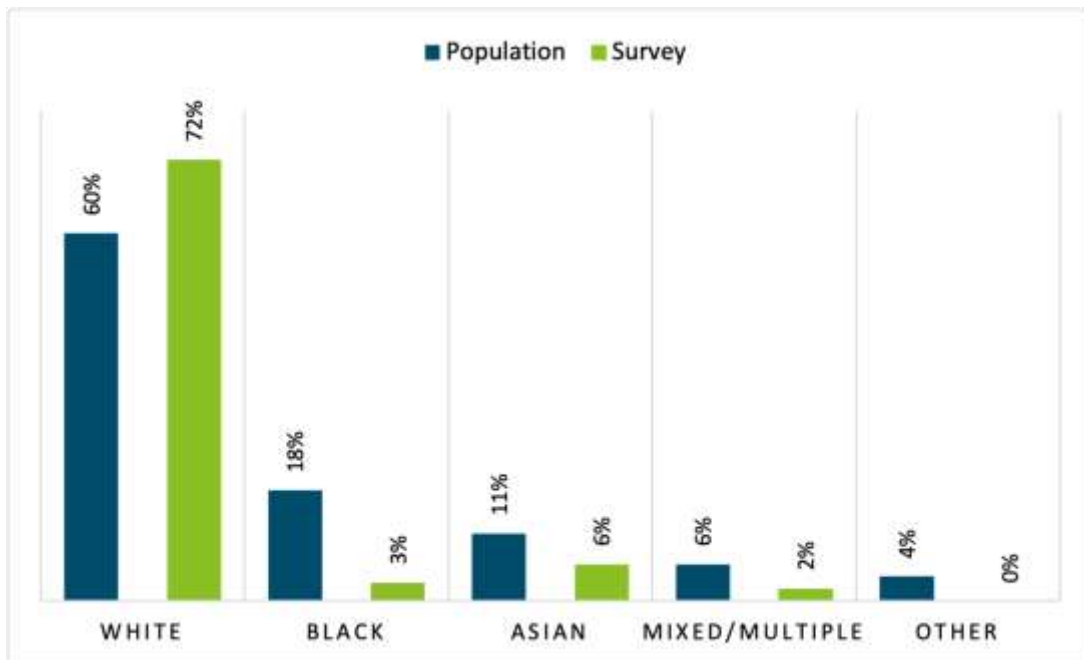
Focus Groups

Three focus groups were held with a total attendance of 10 City patients. Two focus groups were general and one was with members of the homeless community. A £20 shopping voucher was offered in return for their participation. The patients were able to choose from a selection of dates and times for the focus groups. Two members of Healthwatch staff were present during the sessions.

Representativeness of Demographics

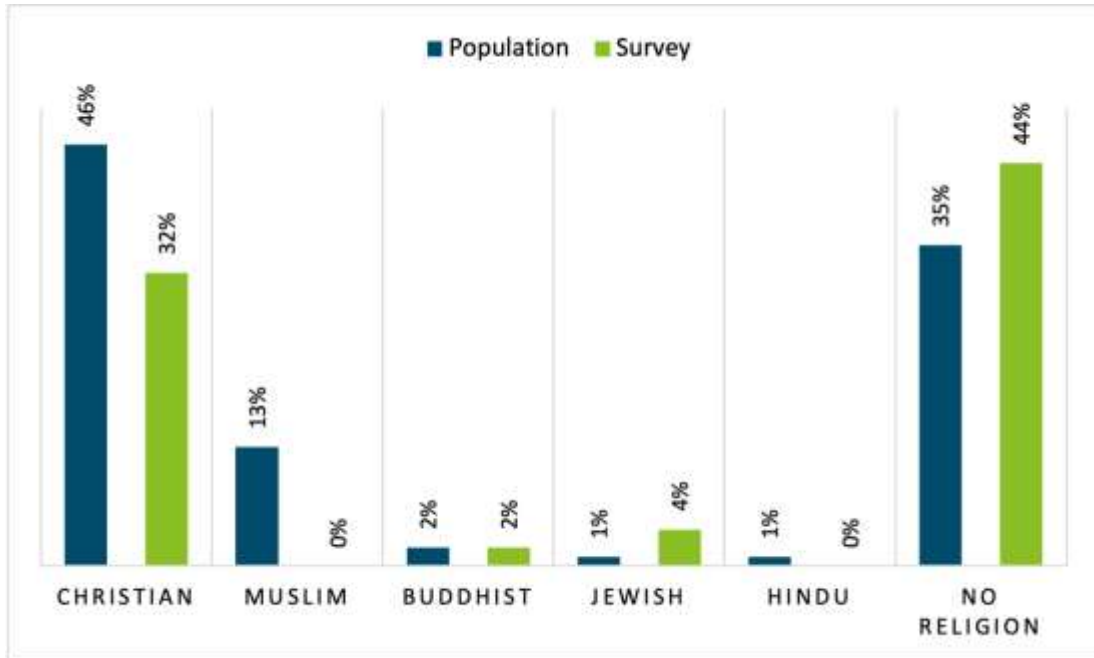
The South West 2 Neighbourhood has 55,264 GP registered residents (NHS Digital, 2016) and a population of 55,988 (ONS mid-year, 2016). Our survey had 278 responses from City residents, which is 0.5% of the GP registered population. In April 2017, the age profile of the South West 2 Neighbourhood showed that most residents are between the ages of 25–59. Most of our City respondents are between 51–71 years of age, representing an older demographic.

Figure 1. Comparison of City and Hackney and City survey demographics: ethnicity



Note: Data from Census 2011

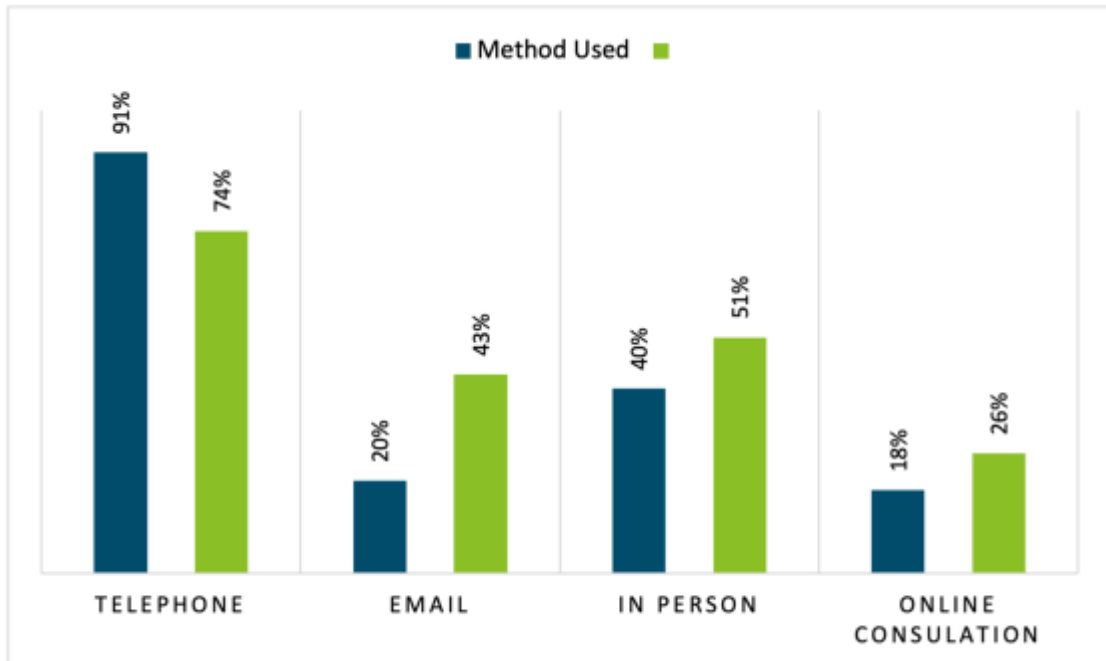
Figure 3. Comparison of City and Hackney and survey demographics: religion



Note: Data from Census 2011.

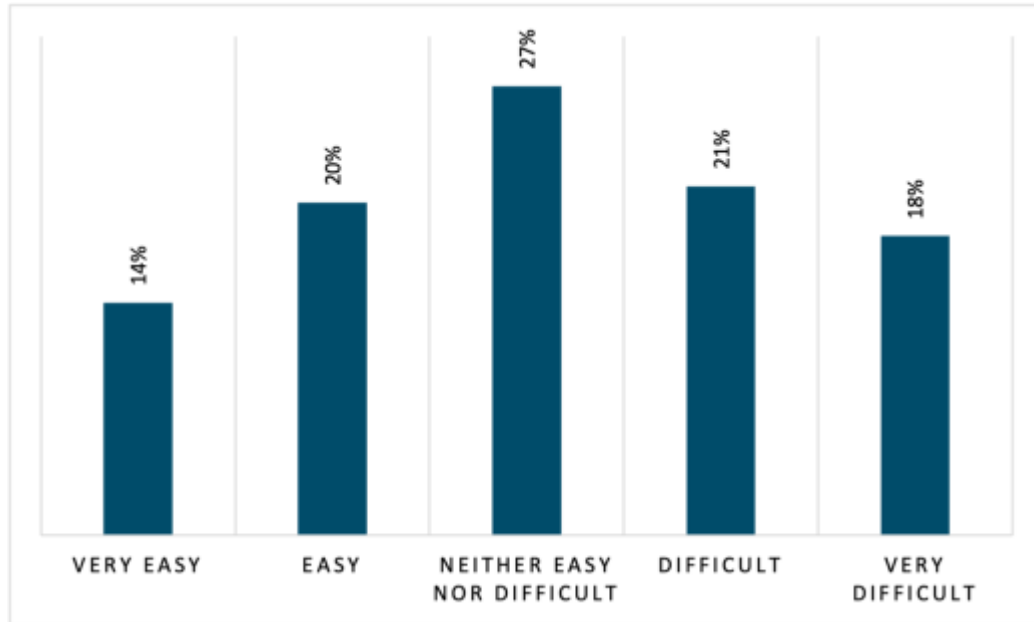
Survey Data & Results

Figure 4. How do you currently contact your GP practice and how do you prefer to contact your GP practice?*



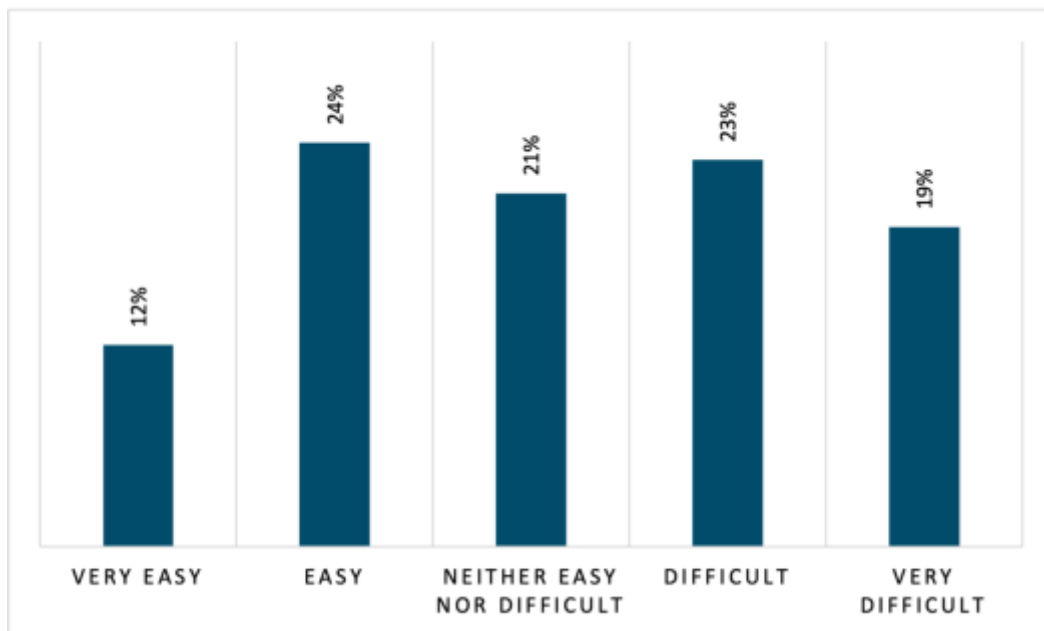
Note: Data from HWC_oL, HWH, SPCPCN Online Survey, January–February 2021; N(used)=973, N(preferred)=717; *respondents were asked to select all that apply.

Figure 5. When you need advice of help with a health problem, how easy is it for you to speak to a health professional?



Note: Data from HWC_oL, HWH, SPCPCN Online Survey, January–February 2021; N=971.

Figure 6. How easy is it for you to make an appointment at your GP practice?



Note: Data from HWC_oL, HWH, SPCPCN Online Survey, January–February 2021; N=967.

Comments

Many of the comments received referred to the difficulty of getting through to the practice first thing in the morning for appointment booking.

“My GP do not offer online appointments, and we have to call. The line was always busy.”

“Unfortunately unless you phone very early all the appointments have been taken for the day, not very useful.”

“Process is easy but there may be a wait. I have also been very gratified by the speedy response from the Practice when I needed urgent help for my husband.”

“I can make an appointment only if I walk in between 8 am and 8.30 am. They never answer phones calls and emails.”

“Easy to make on the day appointments, pre-booked appointments need to be made well in advance.”

“Always excellent service.”

To what extent has the Covid-19 pandemic negatively affected your health and wellbeing?

To a great extent

“Feeling alone.”

“Mainly because it immediately followed the loss of my wife and partner of 36 years.”

“Becoming depressed and anxious, lonely, social anxiety about returning to normal interactions and anxiety over money.”

Somewhat

“Fed up with lockdown, as is everyone.”

“Lack of social contact. But there are pluses. I am walking much further. I miss gym classes. Online is ok but not the same.”

Very Little

“Mental health to an extent but nothing serious. I have been able to get treatment for all physical conditions as needed.”

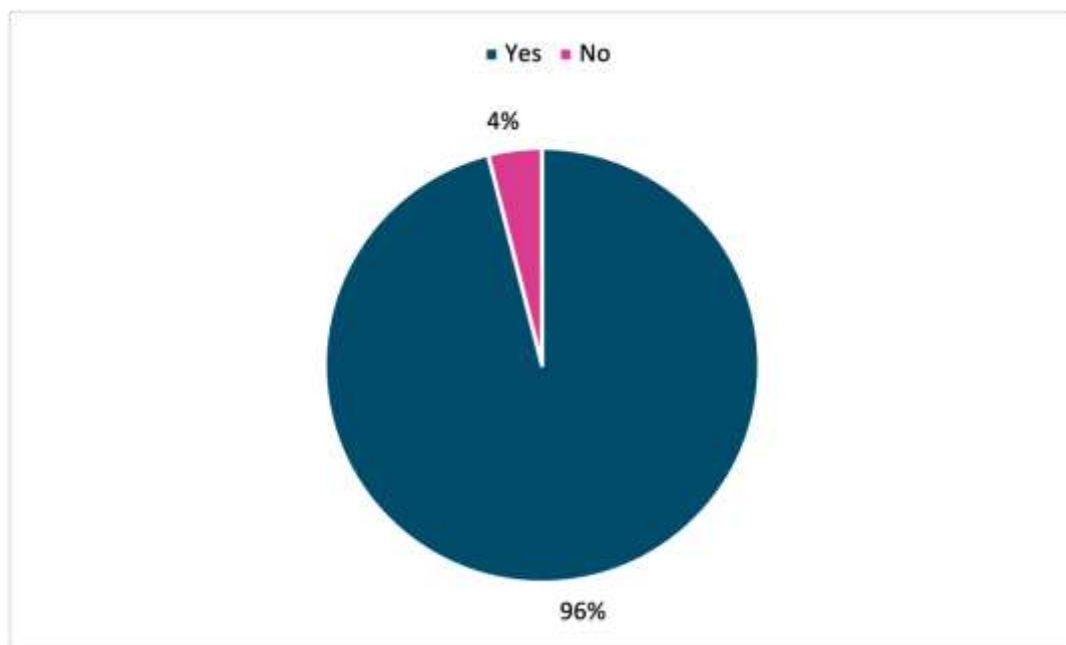
“I am doing physical exercise at home.”

“I'm finding it mentally grinding (monotony, threat of unemployment, worry about elderly mother and family members) but I'm in a much better position than many so just get on with it.”

Not at all

“I really enjoy the lockdowns, I have been working from home for almost a year, sure I do miss going into the office or the gym, but I much prefer to have the extra time and bought a treadmill to allow us to keep in shape.”

Figure 7. Will you take the Covid-19 vaccine if it is offered to you?



Note: Data from HWCOL, HWH, SPCPCN Online Survey, January–February 2021; N=947.

Comments

The responses to this question reflect in part the government advice at the time, in January 2021, for pregnant women or those planning to become pregnant, not to have the vaccine. Vaccination was also being offered only to over 70s at this point.

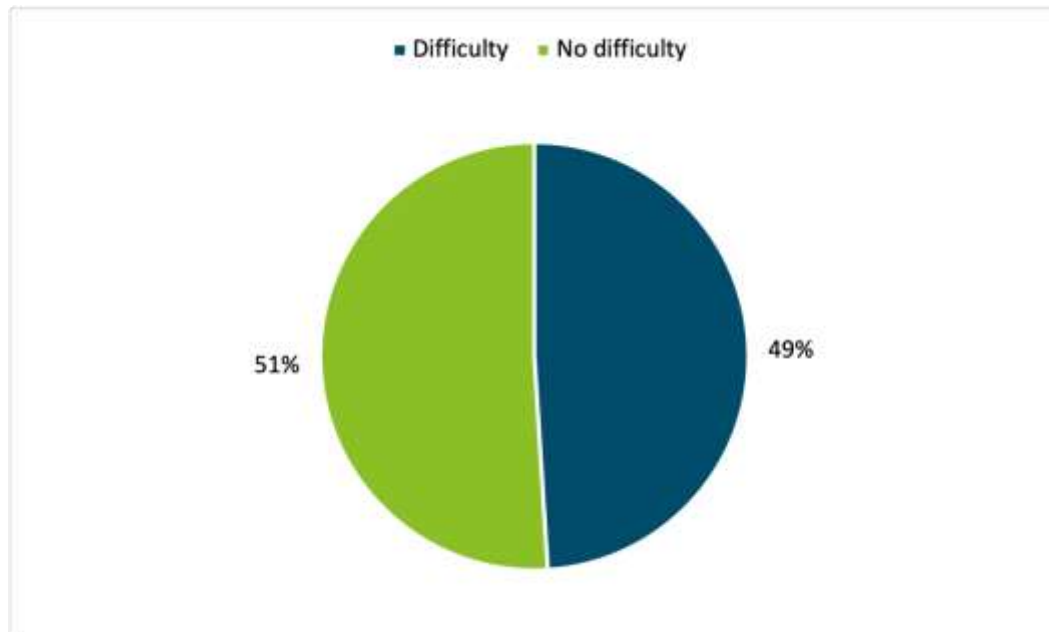
“I need to do more research on the vaccine and different types available.”

“Vaccine insufficiently tested (e.g. no testing was done of its effects on pregnancy).”

“It depends on which Covid vaccine I am to be offered.”

“I have a history of significant allergies and am worried about the risk of a severe allergic reaction.”

Figure 8. Have you experienced any difficulties accessing services since the start of the pandemic in March 2020?



Note: Data from HWCOL, HWH, SPCPCN Online Survey, January–February 2021; N=965.

Comments

“We were told not to contact the practice unless for very urgent problems.”

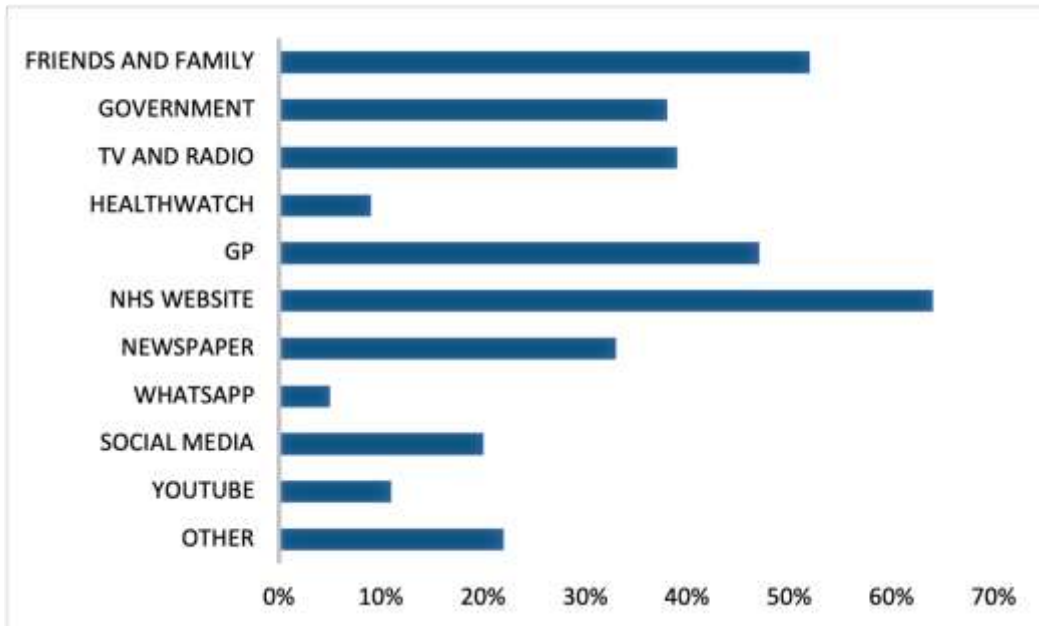
“Physio was online, which made examination and exercises more difficult. The service was excellent, however, and the time wait was no different to non-COVID-19 years.”

“Somewhat negative messaging from the practice has discouraged me from seeking and then pursuing help for non-Covid health concerns, to the extent that I consulted a private GP instead.”

“Good telephone access to GP and very impressive response by them when my partner was ill. Good service.”

“No face-to-face appointments available which whilst understandable does make things very difficult. It's almost impossible to reach the practice by phone and you can't go in. My repeat prescriptions have been messed up.”

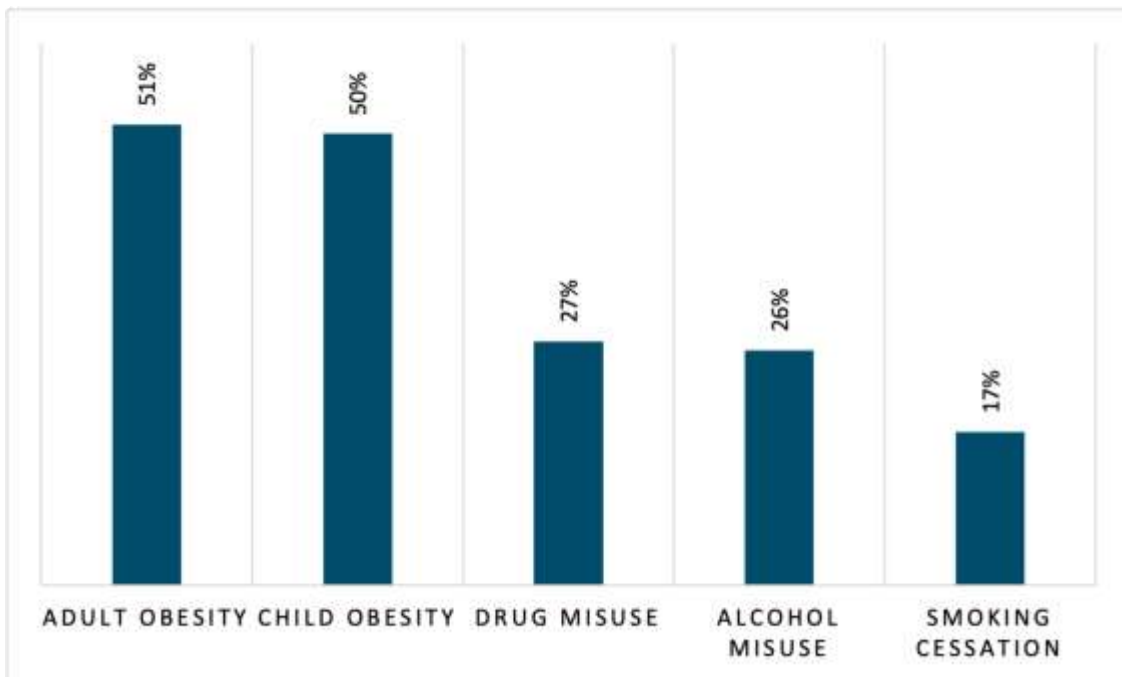
Figure 9. Where do you get your information about staying healthy?*



*Note: Data from HWCOL, HWH, SPCPCN Online Survey, January–February 2021. *Respondents were asked to select all that apply.*

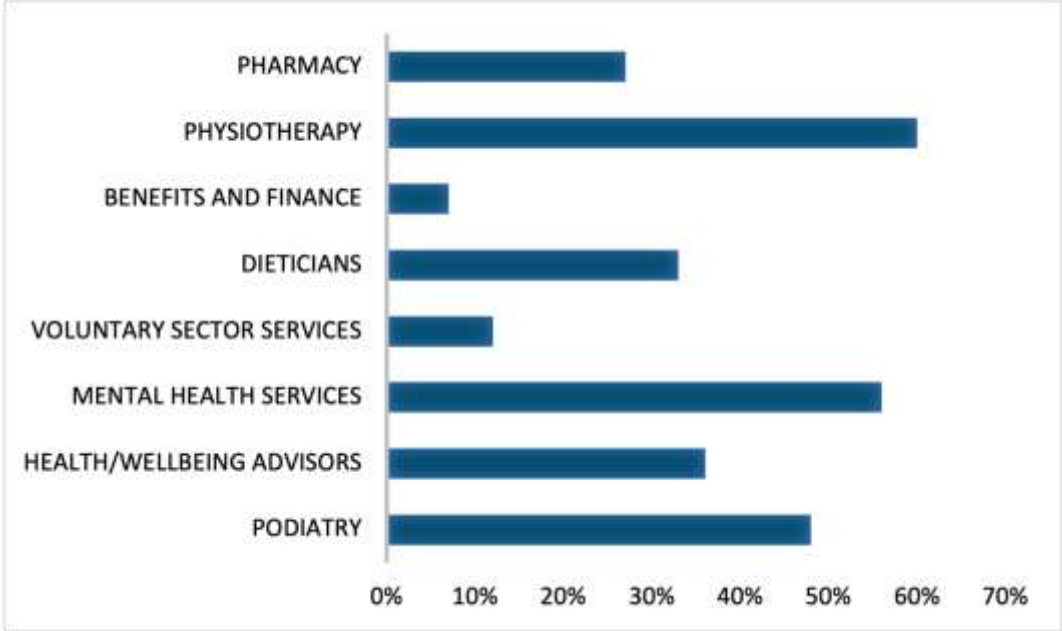
The NHS website is the most used source of health information at 64% of respondents, followed by family and friends (52%), the GP (47%), and TV and radio (41.2%). The least utilized sources are Whatsapp (5%), Healthwatch (9%), and YouTube (11%).

Figure 10. Which of the following health areas would you like us to prioritise?*



Note: Data from HWCoL, HWH, SPCPCN Online Survey, January–February 2021. *Respondents were asked to rank health priorities in order of importance; data shown is percentage of respondents who ranked each option as either first or second priority.

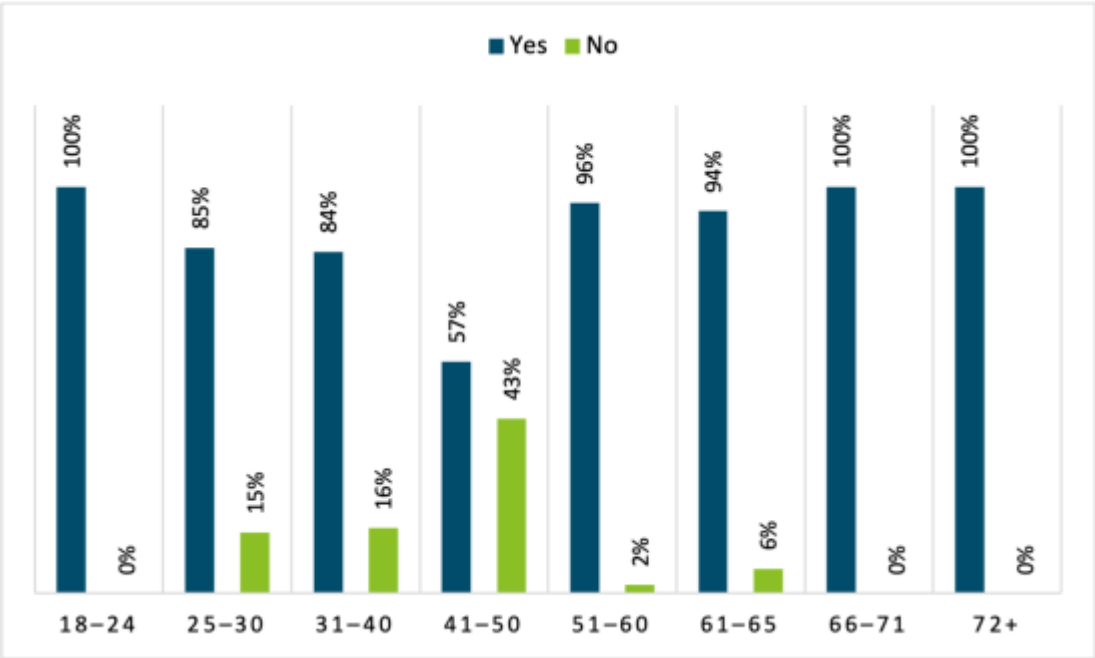
Figure 11. What services would you like to see in your GP surgery?*



Note: Data from HWCoL, HWH, SPCPCN Online Survey, January–February 2021. *Respondents were asked to select all that apply.

Physiotherapy (60%), mental health services (56%) and podiatry (48%) are the services City respondents most desired to see in their respective GP surgeries (Figure 11). Nevertheless, demand exists for health and wellbeing advisors (36%), dieticians (33%), and pharmacies (27%).

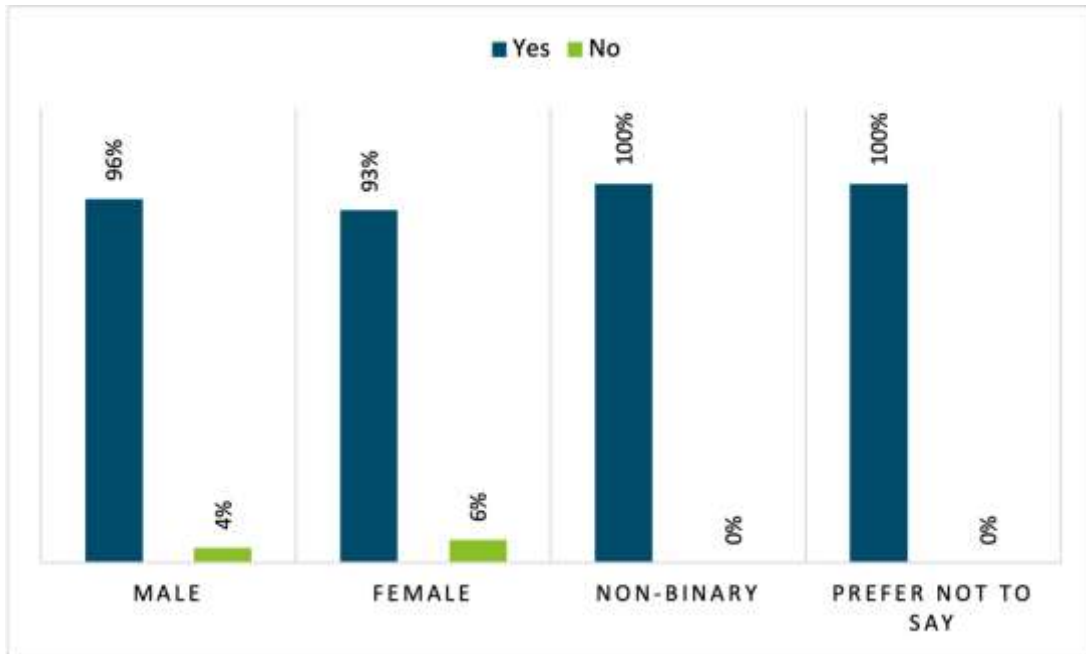
Figure 12. Willingness to get Covid-19 vaccine by age



Note: Data from HWCoL, HWH, SPCPCN Online Survey, January–February 2021.

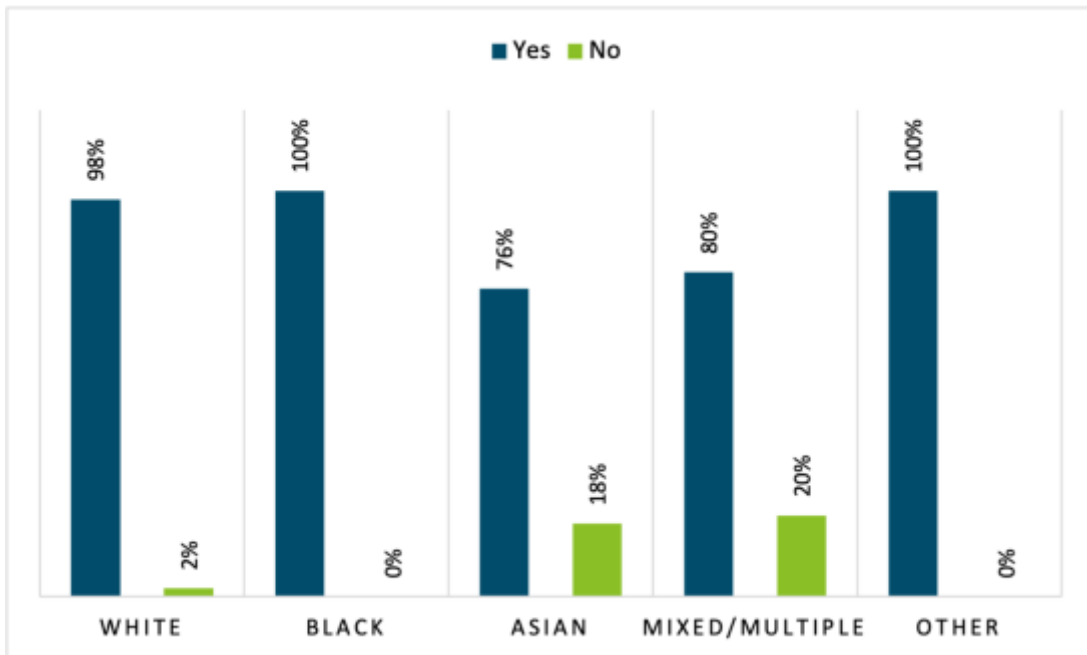
The 41-50 age group was the least likely to receive the vaccine at 57% (Figure 12), while the 72+ age group was most willing at 100%. It is important to note that an unspecified, yet small number of respondents who chose “No” did so because they had already been vaccinated.

Figure 13. Willingness to get Covid-19 vaccine by gender



Note: Data from HWCoL, HWH, SPCPCN Online Survey, January–February 2021.

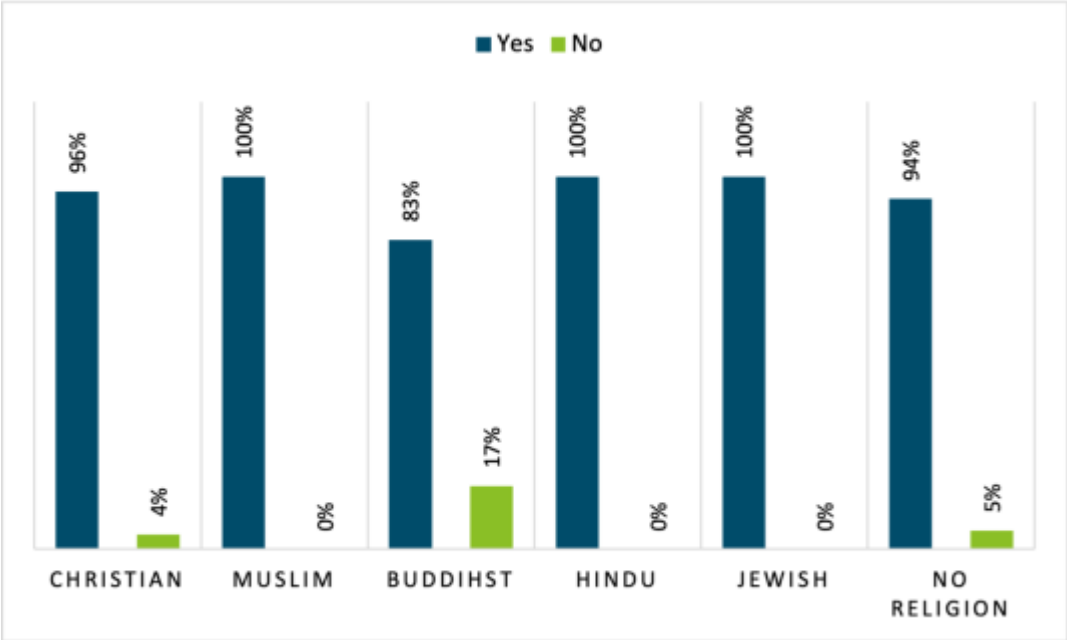
Figure 14. Willingness to get Covid-19 vaccine by ethnicity



Note: Data from HWCoL, HWH, SPCPCN Online Survey, January–February 2021.

In the ethnicity data, sample sizes for the “black”, “Asian,” “mixed/multiple ethnicity”, and “other” are small, which means it may not accurately reflect the population. With a larger sample sizes, white City respondents had the highest willingness to have the vaccine at 98%.

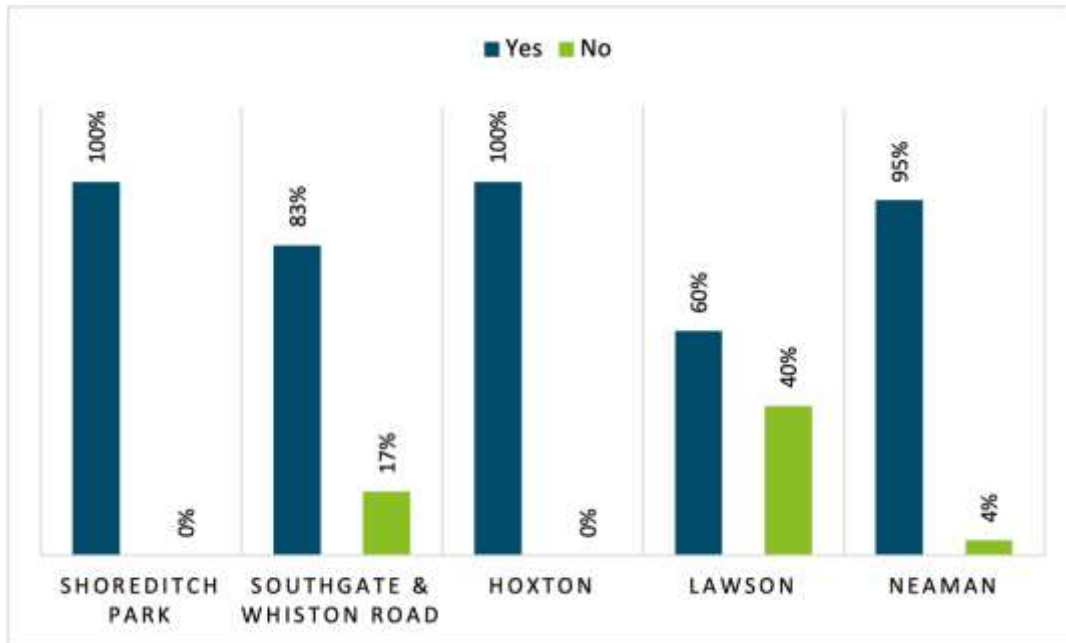
Figure 15. Willingness to get Covid-19 vaccine by religion



Note: Data from HWCofL, HWH, SPCPCN Online Survey, January–February 2021.

The sample size for Buddhist, Hindu, Jewish, and Muslim City respondents are too small to generalize to the population.

Figure 16. Willingness to get Covid-19 vaccine by GP surgery



Note: Data from HWCOL, HWH, SPCPCN Online Survey, January–February 2021.

Respondents registered with the Lawson Practice were the least willing to receive a Covid-19 vaccination at 60% (Figure 16). With smaller sample sizes, Shoreditch Park surgery and Hoxton surgery displayed the highest vaccination willingness at 100%.

City Focus Group Data & Results

1. Vulnerabilities of the elderly and minority communities

Concern was raised over the accessibility of health services for elderly and minority communities during the pandemic. Attendees highlighted that the elderly do not have easy access to the practices, mainly because of the emphasis on online booking of appointments. They felt as though the surgeries have not done an adequate job in establishing lines of communication between themselves and the most vulnerable populations in their care, and that they must be proactive in facilitating communication and care for the elderly. Beyond contacting the surgeries, participants were worried about the other aspects of health care during the pandemic, exacerbated by the inability of carers to provide the certain kinds of assistance.

2. *The Neaman Practice*

Neaman practice patients highlighted that appointment bookings by phone are difficult to secure, and that the practice has not advertised that you can get an appointment by booking online. A participant said that a separate system is needed to get a medication review or repeat prescriptions to make the entire system more efficient. Concerns were also raised regarding the continuity of care at the Neaman practice – one patient was dissatisfied with “never seeing the same doctor twice.”

Apart from the phone lines, one patient said that the “actual consultation online and [the Neaman practice] calling back is very high-quality service.” Further, another patient said that they had contacted the practice when they were extremely vulnerable and got an appointment within the hour. They sent a photo of their ailment, got a diagnosis straight away, and were “delighted” with the service. Another patient has been participating in trials offered by the Neaman practice over the years and said that they have been very useful. They suggested that practices give more information on such trials. Patients would like more mental health support at the Neaman practice.

3. *Health and service use of the homeless*

A homeless individual said that the GP and dental services he has received have “been great,” and that if he needs help in East London, he knows it is there. Getting medication has been easy for him, but he has not been contacted by the GP regarding his mental health status. He explained how many homeless individuals in London struggle with drinking, drugs, and gambling problems. However, he also mentioned that many homeless individuals do not want to get into mainstream society and will not use available services, even if they are free and accessible.

An outreach worker who attended the meeting described different programs that exist to support the homeless population, including frontline services where doctors come out weekly, people are assessed often, and detox and rehabilitation services are offered. However, another outreach worker said that the City does not really have a service to see what is needed for the homeless. It was raised that helping the homeless secure stable employment is imperative to moving people off the street. A proposal to make links with big companies and provide scholarships for housing and job seeking was made.

4. *Expanding role of chemists in delivering health services*

Pharmacies were identified as a potential source of service expansion. Focus group attendees described how many had been consulting pharmacists for medical advice with relative ease

compared to the GP. Participants reported that they “felt supported” and repeatedly referred to chemists as “helpful.” There were multiple suggestions to promote chemists as sources of medical information to help relieve some of the heavy burden on GPs.

However, other attendees voiced complaints with respect to pharmacies’ current service delivery. Difficulties with renewing prescriptions were cited; one participant mentioned that a prescription system change had occurred at their local pharmacy and was concerned that some individuals may have encountered challenges in adapting to the new process. The main concern was with the length of time taken to process prescription requests, which contributed to delayed and interrupted care.

Recommendations

- The Shoreditch and Park PCN practices should review the systems used to book appointments to ensure that it is accessible for all patients, including for vulnerable individuals who may have difficulty using the current GP appointment booking systems, such as those with hearing loss, the visually impaired, or the elderly.
- Offer methods of contacting the GP Surgeries other than via telephone, supporting patients’ desire for more online access and face to face appointments.
- Create a separate system for online/over-the-phone medication reviews and repeat prescriptions.
- Work in coordination with Public Health on programmes to address adult and childhood obesity.
- Work with pharmacies as part of the Neighbourhood Teams in delivering health services and information.
- Increase interest in the Covid-19 vaccine by (1) sharing relevant medical information and statistics, (2) being open and perceptive to questions asked by skeptical patients, and (3) communicate with underrepresented communities to understand their disproportionate hesitations.
- Respond to residents’ desire for physiotherapy clinics, mental health services, and podiatry clinics in the GP Surgeries, as per respondent request.

- Expand the outreach of mental health services in the community, making more residents aware of services and enhancing accessibility to high-risk populations.
- Help establish more drop-in centres during the winter for the homeless as relief from harsh conditions, especially during times of lockdown.
- Connect with the homeless population to increase the use of and educate about using addiction-related services.

Appendix

Survey Design and Methodology

Quantitative Method

Using an online survey, our quantitative study was designed to obtain general information regarding healthcare and wellness during the pandemic in the City of London and Hackney boroughs, and Shoreditch Park and City PCN. Survey Monkey was chosen as the online survey platform because of its user-friendly functions and free accessibility to the public. The survey was made available through our website, newsletters, and bulletins to maximize the number of responses and was made to be completed within approximately 20 minutes. If a participant had a question regarding the survey, a telephone number provided alongside the survey link could connect participants to a Healthwatch member of staff for advice. We had a total of 278 City residents complete the survey.

The survey consisted of 28 questions formatted as a mixture of yes or no, multiple-choice and free text questions, offering respondents the opportunity to expand on certain answers. The central questions focused on a variety of health and healthcare-related topics, while questions concerning gender, sexual orientation, age, ethnicity, religion, refugee status, and disability were asked for demographic purposes. If interested, respondents could sign-up for a voluntary online focus group to be conducted in March/April of 2021 and were to be awarded a £20 shopping voucher for their participation. Respondents had the option to skip questions they were unwilling or unable to answer.

To execute the quantitative analysis, raw data from the survey was transferred into an Excel document; cross-tabulation table analyses were conducted between the topical question statistics and demographic statistics to identify trends within certain demographic groups. Pie charts and graphs were created to display the discrete categories of univariate statistics visually and simplistically, while frequency tables were used where the number of categories was too large to feasibly fit in a graphic.

Qualitative Method

Focus group participants were sampled from our online survey respondents through an expression of interest. A £20 shopping voucher was used to incentivise participation. Once the data of willing individuals had been collected, focus groups were organized. Participants were able to choose from a selection of dates and times for their convenience. Three focus groups were held with a total attendance of 10 City patients. Two focus groups were general and one

was with members of the homeless community. Two members of Healthwatch staff were present during the sessions.

The focus groups were held over Zoom and ran for an hour. A semi-structured approach was adopted – broad discussion points were determined in advance based on topics raised in the survey, but the direction of the conversation was ultimately driven by participants. Specific focus was given to understanding the individuals' experiences with GP services in the Shoreditch Park and City PCN, with particular regards to appointment accessibility, telemedicine, and quality of care. At the start of the meeting, the facilitators confirmed that all participant information and contribution would remain anonymous and confidential. Attendees did not know the contact details for other people present, excluding the work details of Healthwatch staff. The Healthwatch staff asked community members to share how Covid-19 had impacted their lives to establish collective identity and a comfortable atmosphere amongst the group. Discussion points pertaining to experiences with lockdown, healthcare services, and personal health management were then introduced. Participants were allowed to provide general comments, concerns, or feedback at the end of each session, and were asked about their interest in signing up for the Healthwatch Newsletter.

To conduct the qualitative analysis, key trends were extracted from the session notes and coded into themes. Emerging themes included vulnerable groups, the expanding role of pharmacies, the Neaman Practice, accessibility barriers created by GP booking issues, the Covid-19 mental health burden, and barriers in the homeless community. The aim was not only to present the experiences participants had with the aforementioned discussion points but to highlight the ideas and concerns raised on their own accord. Through the use of evidence-based interpretation, connections could be made across focus groups, discussion points, and themes; furthermore, strategies for improvement could be reasoned from the data, which helped to fulfil the purpose of the study.

Cohort Characteristics (City Residents Only)

Table 1. Quantitative sample demographics (N=986)

Frequency (N), Percentage (%)

Variable	N	Total %
<u>GP Practice</u>	278	100
De Beauvoir Surgery	0	0
The Hoxton Surgery	4	1
The Lawson Practice	5	2
The Neaman Practice	258	93
Shoreditch Park Surgery	6	2
Southgate Road & Whiston Road	5	2
 <u>Age</u>	 249	 100
18–24	7	3
25–30	13	5
31–40	25	10
41–50	29	12
51–60	45	18
61–65	36	14
66–71	38	15
72–77	49	20
Prefer not to say	7	3
 <u>Gender</u>		
Male	278	100
Female	112	40
Non-binary	132	47
Prefer not to say	1	0
Unspecified	4	1
	29	10
Same gender assigned at birth		
Different gender assigned at birth	217	78
Prefer not to say	26	9
Unspecified	5	2
	30	11
 <u>Sexual Orientation</u>	 248	 100
Asexual	4	2
Bisexual	1	0
Gay	26	10

Heterosexual/straight	193	78
Lesbian	4	2
Prefer to self-describe	2	1
Prefer not to say	18	7
<u>Ethnicity</u>	248	100
Bangladeshi	2	1
Chinese	9	4
Pakistani	1	0
Any other Asian/Asian British background	5	2
African	5	2
Caribbean	1	0
Any other Black/Black British background	1	0
Black Caribbean and White	1	0
Asian and White	2	1
Any other Mixed/Multiple ethnic background	2	1
White British/English/Welsh/Scottish/Northern	145	58
Irish		
White Irish	10	4
Any other White background	46	19
Any other ethnic group	1	0
Prefer not to say	17	7
<u>Religion</u>	247	100
No religion	122	49
Christian (all denominations)	89	36
Buddhist	6	2
Hindu	1	0
Jewish	11	4
Muslim	1	0
Prefer not to say	17	7
<u>Refugee or Asylum Seeker (Yes/No)</u>	249	100
Yes	0	0
No	249	100
<u>Longstanding Disability, Illness, Mental/Physical Impairment (Yes/No)</u>	250	100
Yes	79	32
No	171	68

Note: Data from HWCOL, HWH, SPCPCN Online Survey, January–February 2021; italicized numbers are variable totals.