

Health & Adults Scrutiny Sub-Committee

Combined Pack

Tuesday, 6 December 2022 6.30 p.m.
**Committee Room One - Town Hall, Mulberry
Place, 5 Clove Crescent, London, E14 2BG**

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Mohammad Chowdhury, Councillor Amy Lee and Councillor Abdul Malik.

Co-opted Members:

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

Deputies: Councillor Faroque Ahmed, Councillor Amina Ali, Councillor Abdul Mannan, Councillor Ana Miah, Councillor Bellal Uddin and Councillor Abdal Ullah

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Justina Bridgeman, Democratic Services Officer (Committee),

justinabridgeman@towerhamlets.gov.uk

020 7364 4854

1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG

<http://www.towerhamlets.gov.uk/committee>



Public Information

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.

<http://towerhamlets.public-i.tv/core/portal/home>

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London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Tuesday, 6 December 2022

6.30 p.m.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS (PAGES 7 - 8)

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

2. MINUTES OF THE PREVIOUS MEETING(S)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 18th October 2022 – To Follow

3. REPORTS FOR CONSIDERATION

3.1 Improving Access to GP Services (Pages 9 - 24)

3.2 Scrutiny Review: Tackling Workforce Shortages Across Health and Social Care Sector (Pages 25 - 52)

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT



Next Meeting of the Health & Adults Scrutiny Sub-Committee

Tuesday, 14 February 2023 at 6.30 p.m. to be held in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG



Agenda Item 1

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting


In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Asmat Hussain, Corporate Director, Governance and Monitoring Officer,
Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any 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 area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth 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 one hundredth of the total issued share capital of that class.

<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>6th December 2022</p>	 <p>TOWER HAMLETS</p>
Report of: Jo-Ann Sheldon, Head of Primary Care TH	Classification: Unrestricted
Improving GP Access	

Originating Officer(s)	Filuck Miah, Corporate Strategy and Communities
Wards affected	All wards

Summary

This cover report accompanies the presentation slide deck:

Understanding why GP access (physical appointments) continues to be a barrier for patients and developing solutions for improvements to access

Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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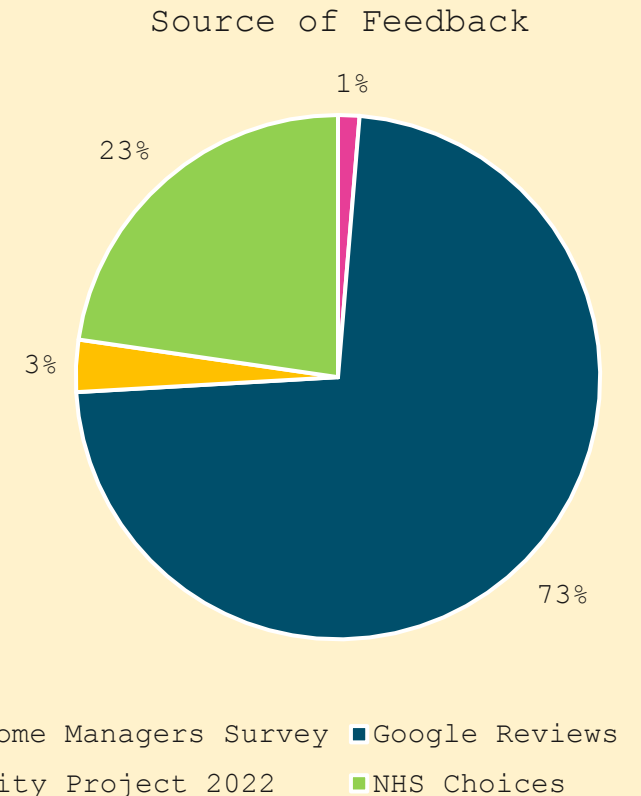


GP Access in Tower Hamlets – April
to September 2022

healthwatch
Tower Hamlets

Our data

- Community Insights System (CIS) – used by all Healthwatch organisations in North East London
- Gathers data online from social media, service provider websites, NHS Choices, Google Reviews etc., as well as from our outreach and engagement activities.
- Issues relating to different service aspects are identified, and positive, neutral and negative sentiments are applied to each issue.
- We analysed comments for 6 different service aspects that relate to access: *Booking, Choice, Registration/Access, Telephone, Timing, and Waiting List*.
- Overall, there were 687 issues identified from 323 reviews. (Multiple issues and sentiments can be identified per review.)



Key Findings

There has been a slight increase in positive feedback around GP Access in June and July due to an increase in positive comments relating to GP practices in PCN9.

The positive comments relate to quick response time to E-consult, short waiting times for appointments, and polite and helpful staff members.

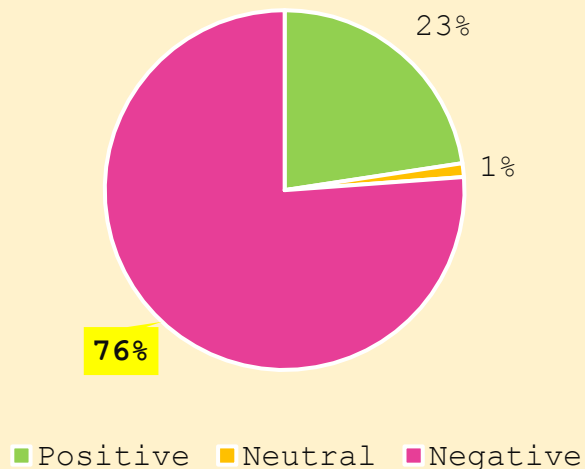
However, it is evident that the residents in Tower Hamlets are having issues with accessing GP services for the following reasons:

- Unable to get through on the phone
- Long wait times over the phone
- Lack of appointments / Only same day appointments available over the phone
- Long wait times for non-urgent appointments (up to 4 weeks)
- Being asked to fill in an e-consult (particularly difficult for elderly people, digitally excluded, and those who do not speak English)
- E-consult not working or only working at specific times

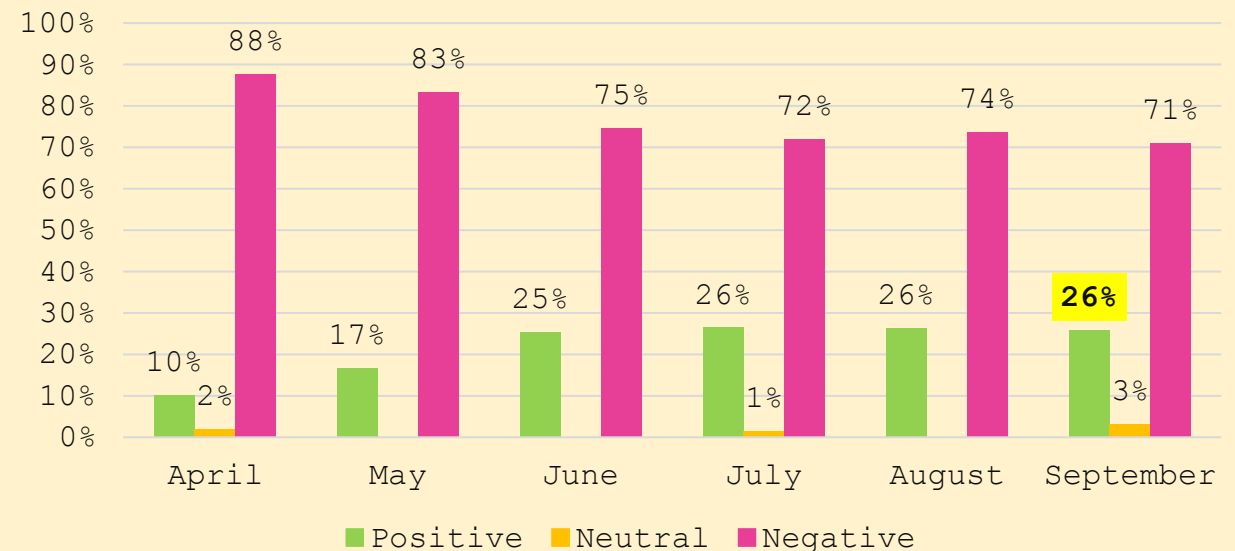
Sentiment around GP Access in Tower Hamlets

- Out of all the issues identified from the feedback received between April and September 2022, majority of the feedback relating to the 6 service aspects (*Booking, Choice, Registration/Access, Telephone, Timing, and Waiting List*) were negative in sentiment.
- Compared month on month, there was a steady decline in the proportion of negative feedback while the proportion of positive feedback increased from May to July and has remained at 26%.

Proportion of Sentiments April to September 2022

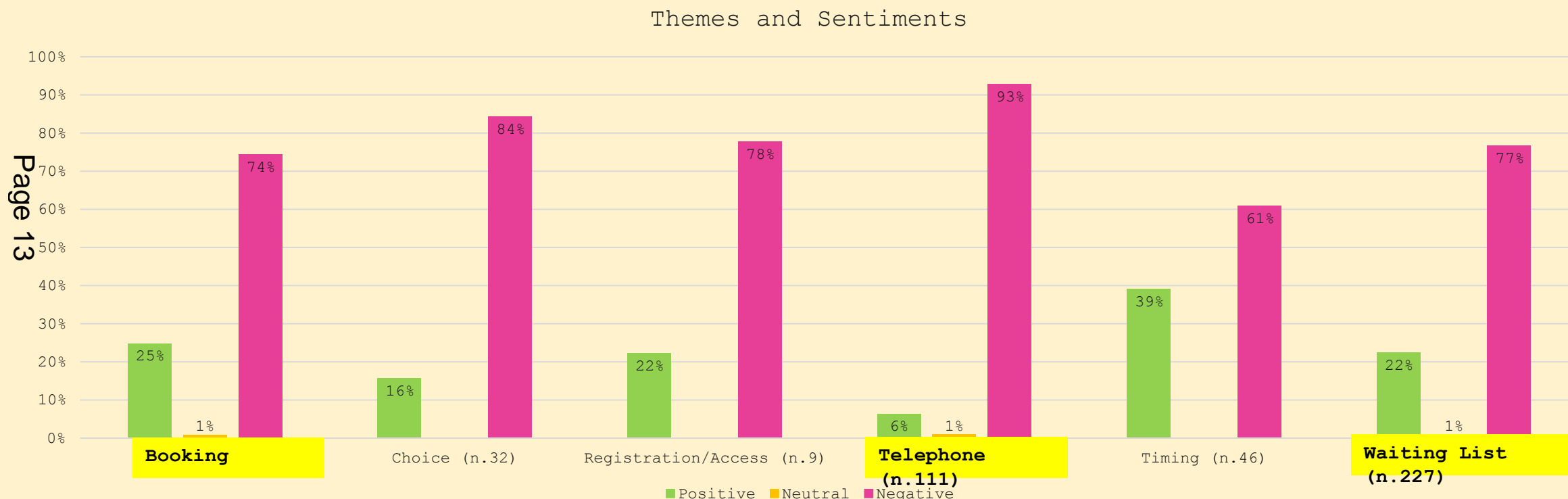


Proportion of Sentiments by Month



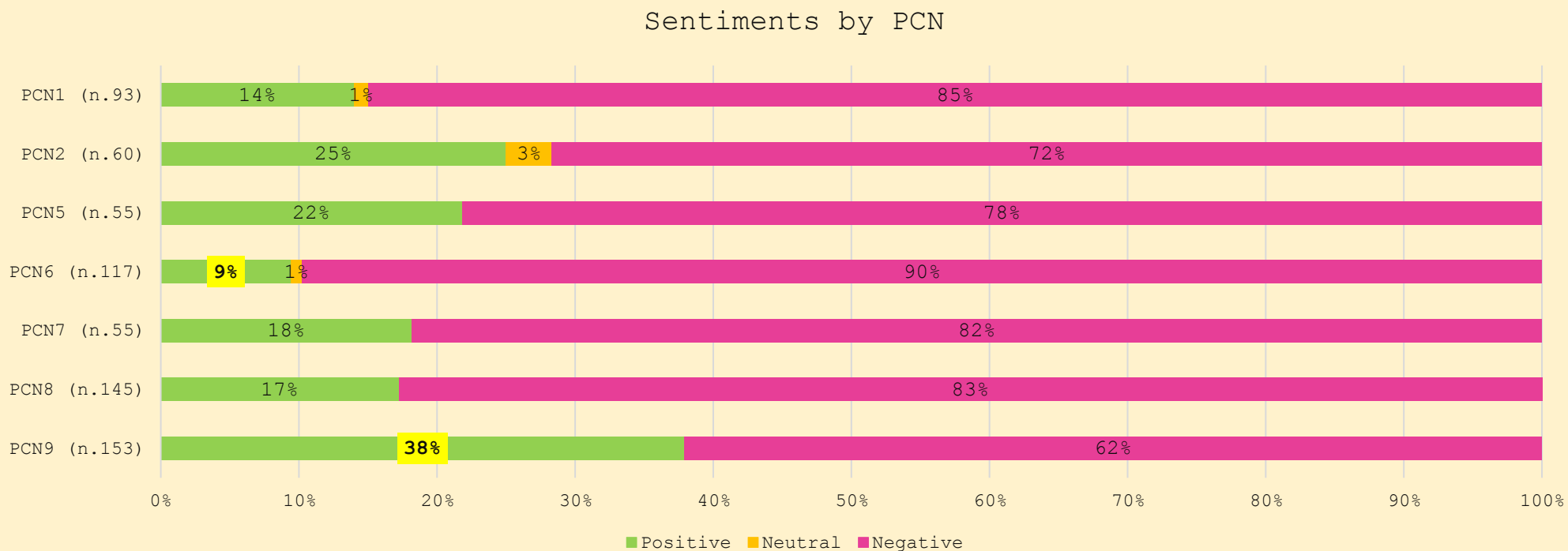
Breakdown of Key Themes

- When comparing each service aspect, *Booking* (n.262), *Telephone* (n.111), and *Waiting List* (n.227) were the three most commented on.
- Telephone had the highest proportion of negative sentiments.



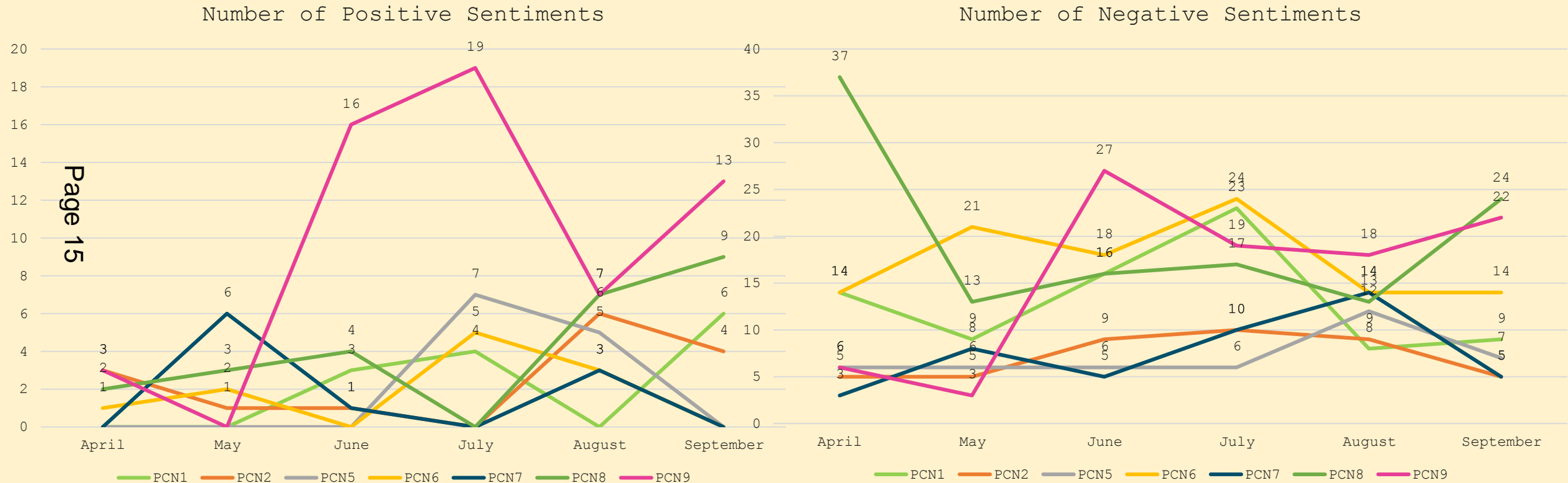
Sentiment by Primary Care Networks (PCNs)

- When comparing feedback for each Primary Care Network in Tower Hamlets, PCN9 had the highest proportion of positive feedback (38%) and PCN6 had the lowest (9%).



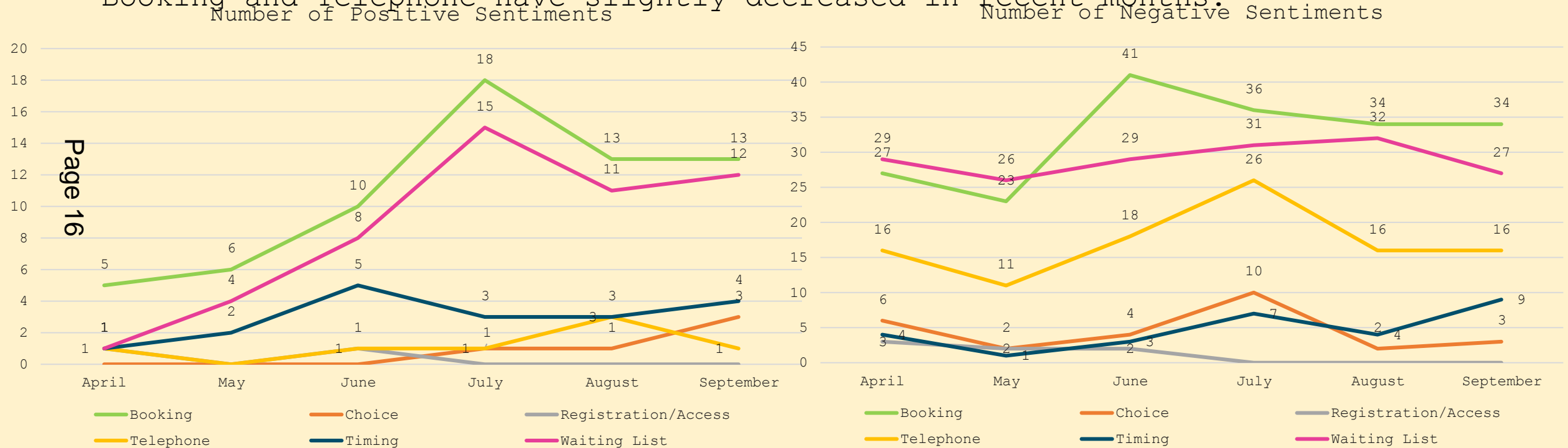
Sentiment by Primary Care Networks - Month by

- When comparing the different PCNs in Tower Hamlets, we can see that PCN9 had a big increase in positive feedback in June (n.16) and July (n.19), and again in September (n.13) whereas PCN8 had a drop in negative feedback in May (from 37 to 13) but have seen an increase in September (n.24).



Sentiment around GP Access in Tower Hamlets

- When looking at the specific service aspects and the number of positive and negative sentiments month by month, the number of positive sentiments around Booking and Waiting List increased in July which would likely be due to an increase in positive feedback for PCN9. The number of negative sentiments around Booking and Telephone have slightly decreased in recent months.



Positive Feedback

From the comments containing positive sentiments around the 6 service aspects, we identified the following themes that were mentioned most often:

Quick response time

“Over the last year I have needed to use the practice a few times. I have found their response to online consultations to be quick and thorough.”

“Easy online experience, Quick response. I always used the phone to contact the surgery, but first time I used the online contact, and found it easy to use.”

“When I ring for appointments I get through on the phone quickly and a doctor always rings me back that same day.”

Short waiting time for an appointment

“I rang the surgery on 8 June having had some worrying symptoms for over a week. I explained my concern and had a telephone consultation with a GP later that morning. The GP needed to physically examine me and arranged for me to go to the surgery the next morning.”

“I registered on Friday morning online and requested an appointment. I was called on Friday lunchtime and requested a doctor's appointment on Monday. By Monday afternoon I had an appointment with a doctor.”

Polite and helpful staff members

“The GP's are knowledgeable and thorough and ensure they are monitoring treatment well. The receptionists are professional and helpful and the practice nurses and HCA are wonderful in their provision of care.”

“Staff was extremely friendly and helpful. Quick to assist me in making me an appointment last week. Explaining the GP booking system confidently and easily for me to understand.”

*E-consult is a form of digital triage. Patients go online and submit information about medical or administrative requests to their own doctors. This request is sent to the GP practice to decide on the right care. Source: <https://econsult.net/econsult-faqs>

Negative Feedback

From comments containing negative sentiments around the 6 service aspects, we identified the following key issues that were mentioned most often:

Unable to get through on the phone / Long wait time on the phone

"I have been trying to get an appointment and have been on hold for an hour. They say they open their phone lines at 8:30 however I am still waiting to get through an hour later. This is poor."

"Waited for an hour and a half in the caller queue, only to be cut off when I was number 3. Urgently need medication."

Long wait time for an appointment

- **People reported having to wait for a non-urgent appointment for up to 4 weeks.**

"You will be lucky to get an appointment in 3 weeks and only on the telephone."

"Staff is very helpful and kind, keen to listen to you and deliver answers for any of your concerns; only downside is that you usually have to wait for an appointment for at least 2 weeks."

"Appointments take 3-4 weeks to be booked and you are asked to wait for a phone call which can occur any time of the day."

Lack of appointments / Only same day appointments available over the phone

- **People reported calling their GP practice to book an appointment only to be told there were no appointments left. Several people also mentioned that when calling their practice, they are only offered a same day appointment. For any other appointments, they were asked to fill in an e-consult.**

"I've been trying to book a face-to-face appointment for my disabled and severely vulnerable father for over a week. Each time I call I'm told to call back another day."

"They only make same day appointments- I called the moment they open, was in a virtual queue with 7 people ahead of me and by 8:10 am there were no more appointments - and this is not the first time it happens. I generally avoid even calling them unless I am in pain."

"Getting an appointment is near enough impossible. I'm confused as to why they only do on the day appointments, and you can't book in advance. I've waited nearly an hour on the phone to then be told no appointments are available and to do an online consultation which sometimes takes a week to get an appointment booked it."

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Request to fill in E-consult*

"This place never ever has any appointments, since Covid pandemic they have forced everyone to book appointments on the app, they do not take any by phone, they only release slots at certain time in the morning and they are always gone."

"They advise you to fill eConsult form for anything urgent, for which you need to answer 30+ questions, then after 3-5 days wait you only get a response not helpful at all."

"The health centres policy of e-consult first is absolute rubbish. You won't hear from them sometimes not even after 3 weeks and still waiting. What about people who struggle with online services and text messages they have to do the same and still at no avail."

*E-consult is a form of digital triage. Patients go online and submit information about medical or administrative requests to their own doctors. This request is sent to the GP practice to decide on the right care. Source: <https://econsult.net/econsult-faqs>

No call back/reply

"Tried to book a GP appointment for a month now. Didn't get an email reply when they said they would reply, didn't get a text message after calling when they said they would text either."

"Called up for a friend who I was interpreting for in regards to her son who was quite sick. I was told a GP will call the same day. No one called. So we called again the next day to be told a call will be made, again nothing. So my friend walked in crying with her child and she was told to leave the premises. No interpreter used no help offered at all."

"Twice now over the last couple of years I've arranged an appointment by phone making time for it by taking a day off work and haven't been called. This second time, after not being contacted I called them. They apologised and said the doctor would call back at the end of the day but he did not."

Rude Staff

"I am pregnant and trying to get an appointment with doctor to discuss my thyroid issues. The receptionists are so rude, and treats patients really bad. They shouted on me because I asked for an appointment."

"Like many others reviewing, the service from receptionists has made me come online to post my experiences. They are very rude for no reason whatsoever and will put people off from calling to book an appointment. The receptionist team should be tip top as they are the first port of contact for any brand and often represent the internal works."

"That receptionist is extremely rude. My english is not so good, so I asked one or two times "sorry?" to which she responded very rudely almost shouting at me merely repeating the same question without explaining the question. One of the doctors that I spoke with, understood my ethnic background and spoke and explained in so many ways."

E-consult not working or only working at specific times

“Long line to even for them to receive the phone, can’t get any appointments at all and they say to do e-consults but they don’t even keep the consults open the whole day or anything.”

“Long wait times on the phone, only to be told to use econsult, and when you try to do that, website states unavailable!”

“Online consultations haven't worked. When there are no appointments and you are directed to an online consultation form and it tells you to visit the pharmacy when you already have and the Pharmacists says the only option is to see your GP. The online form isn't done well as you can be straight up denied depending on how you answer the questions.”

Conclusion

Based on the feedback in this report, Healthwatch Tower Hamlets would recommend exploring some of the following suggestions in order to ease the pressure on staff members and to enable services to better meet patients' needs.

- Investigate what has increased the number of positive feedback for PCN9 and share learnings and good practice with other PCNs to replicate any processes that have been proven to work.
- Prioritise phone lines for the elderly, digitally excluded, and those who do not speak English.
- Offer non-urgent appointments over the phone as well as through E-consult.
- Direct younger patients and those who work to use E-consult.
- Increase the opening times for E-consult.

Improving access to GP Services & workforce shortages in primary care

Primary Care in Tower Hamlets

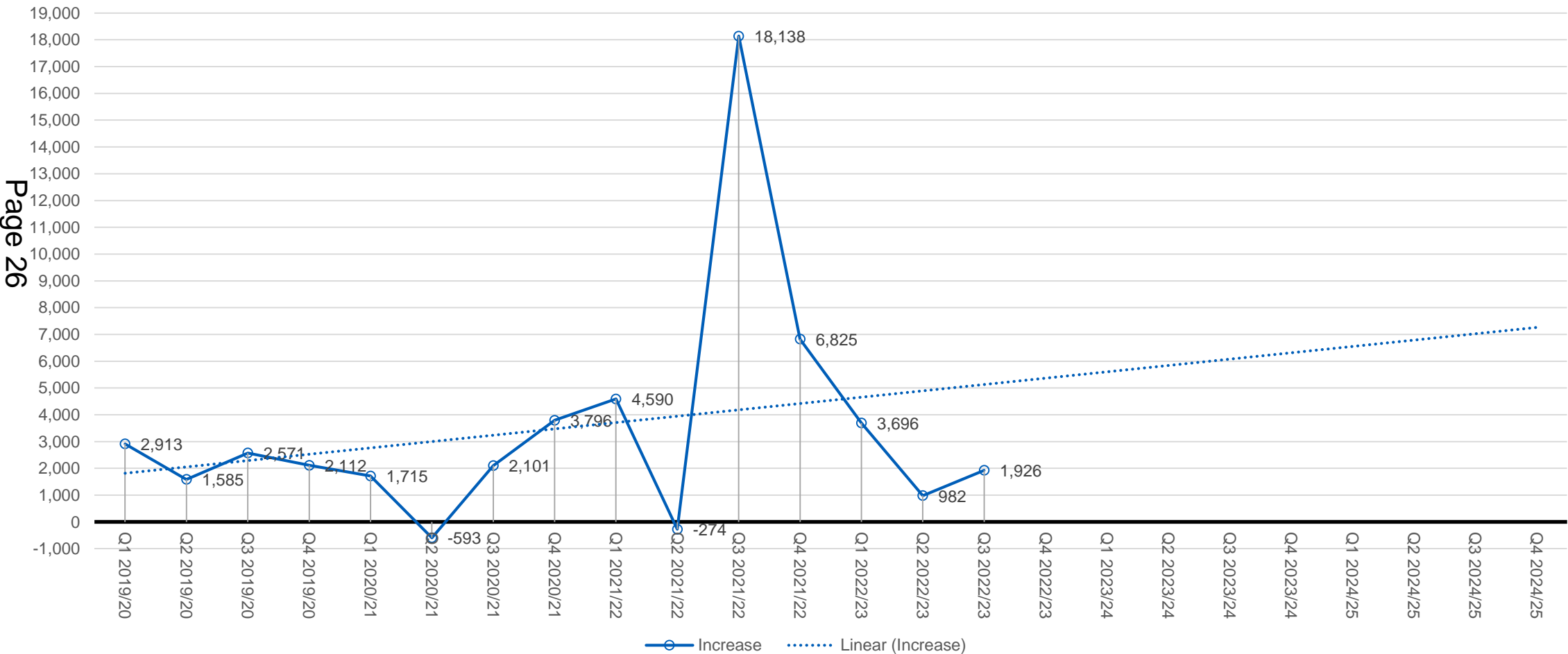
- 32 Practices
- National GP Contract
- Varying patient list sizes –ranging from 2,500 to 30,000
- 7 Primary Care Networks (PCN) - groups of Practices working together
- Weekday evening and Saturday appointments available across multiple sites in the borough
- Additional services (e.g. Long term conditions care) commissioned locally

Challenges

- Rapid population growth
- Mobile population leading to high turnover of patients (30%)
- GP and Nurse workforce crisis – exacerbated by the cost of living/housing compared to outside of London
- Impact of the pandemic is still very much alive and pressure on GP Practices and their staff remains high
- Hospital waiting lists add to existing pressures in primary care
- Telephony and access biggest post pandemic issues
- No single approach to access

List size growth

Tower Hamlets list size increase



The Experience of GP Services

A trends analysis report by Healthwatch Tower Hamlets, 5 October 2022



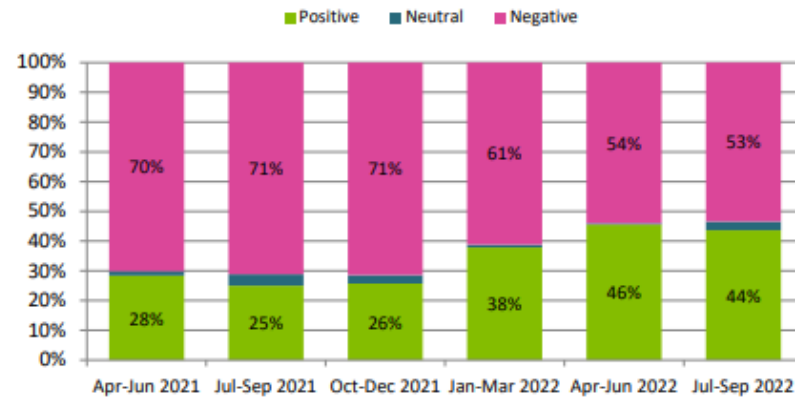
Healthwatch is the official consumer champion for users of health and social care services. We listen to people's stories, good and bad, and report on their collective experience. In this report, we examine the experience of local GP services.

Reporting Period: 1 October 2021 - 30 September 2022

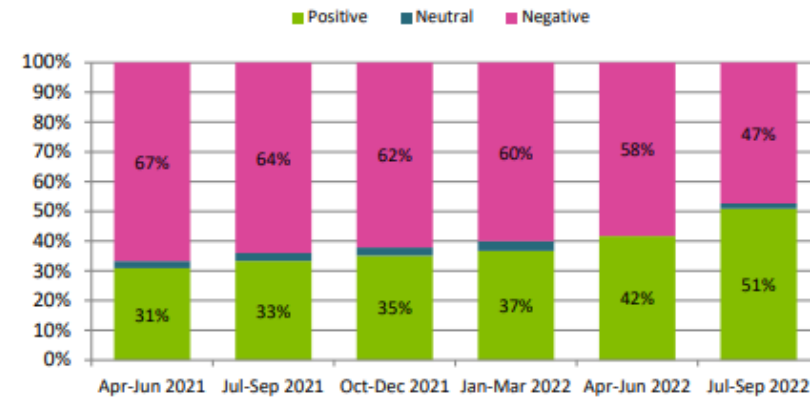
3. Timeline: 18 Month Tracker



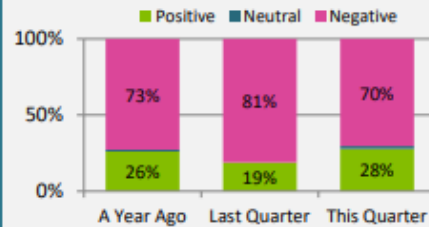
3.5 Administration, Sentiment



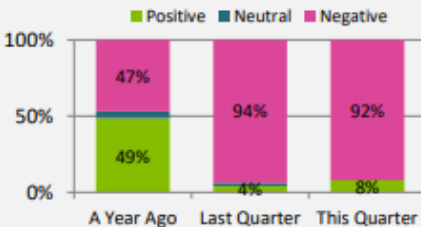
3.6 Communication, Sentiment



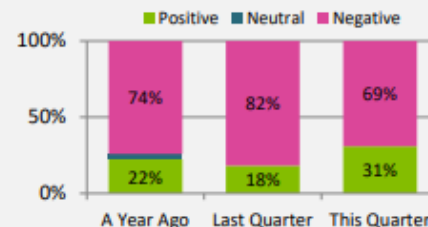
3.7 Booking, Snapshot



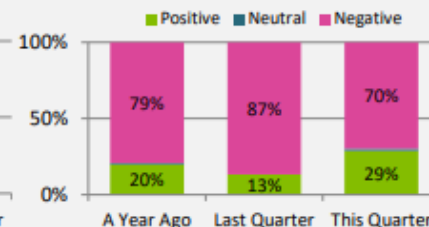
3.8 Telephone, Snapshot



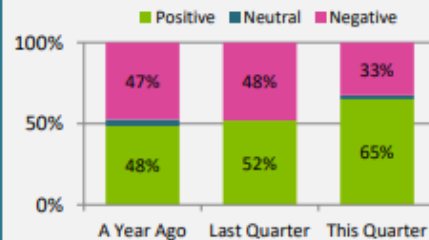
3.9 Online Access, Snapshot



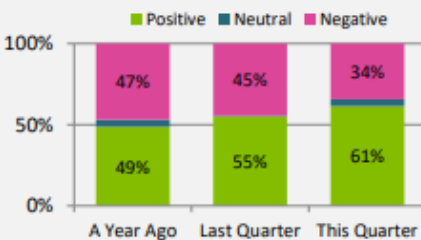
3.10 Waiting List, Snapshot



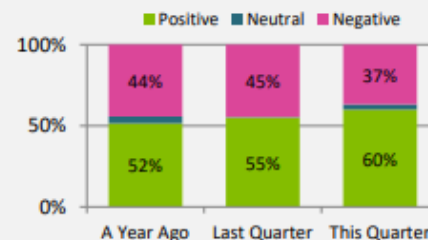
3.11 Involvement Snapshot



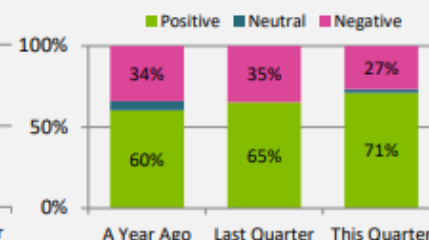
3.12 Support, Snapshot



3.13 Staff Attitude, Snapshot



3.14 Quality, Snapshot



User experience

***Source:** This follows the analyses of 28,212 pieces of feedback from 5,985 people from the NEL ICB / Healthwatch Community Insights system.

Themes captured from Healthwatch data show some clear priorities:

A **website** that explains clearly how to access practice services and is optimised for accessibility software. Surgery staff can provide initial support to help patients use it.

Provide **patients with comprehensive but clear information** about how the practice works supporting patients to find the help they need quickly and efficiently.

Text people to inform them that this is the **first point of access** for information on booking appointments and put together an information campaign to promote it.

Clear and transparent booking systems. Explain what booking systems you currently use and how to use them. **Say if these are in the process of changing and why.**

Page 29
Be **clear on the website about practice roles** e.g. Patient Assistants - what they are being asked to do and how they are trained.

Engage patients to help improve access.

Help those who are struggling (digitally excluded).

Simple online systems: Make online consultation application processes simple, straightforward and user-friendly.

A **telephone system that works for patients** (lets people know where they are in the queue).

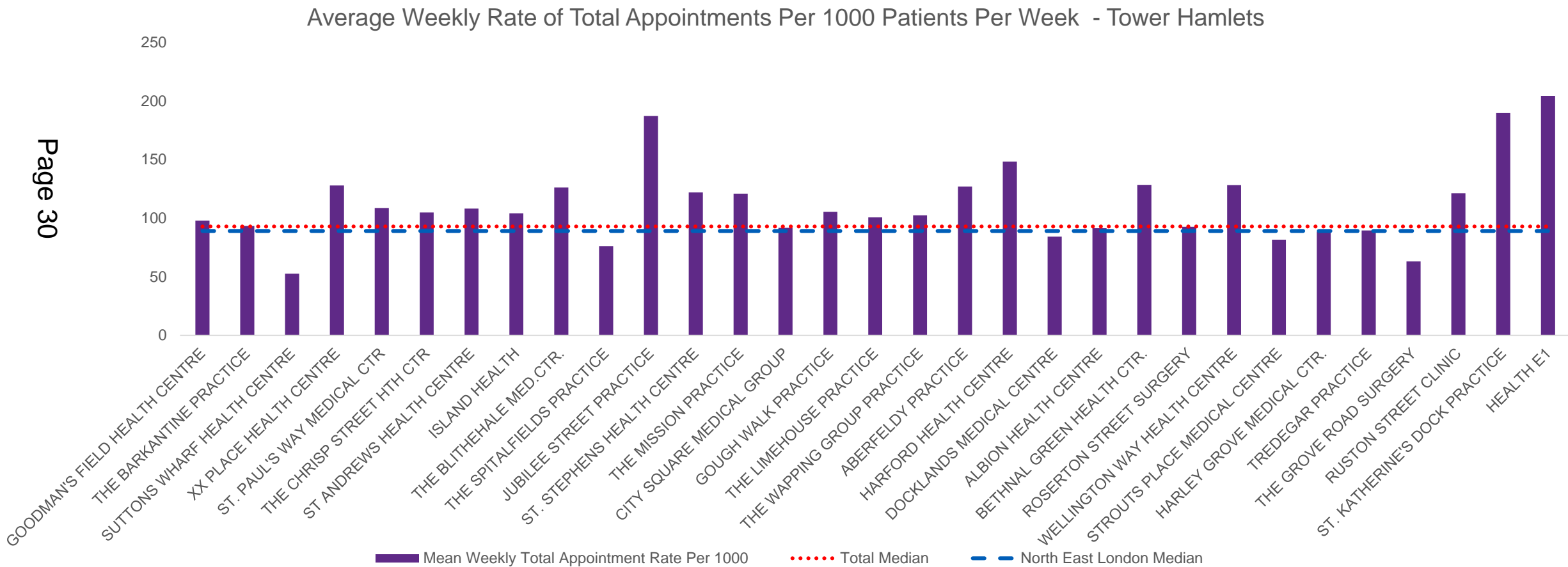
Total triage seems to have a knock-on **positive impact** on patient opinion of other factors, such as waiting for appointments, telephones and communication with reception staff.

Understand who **total triage doesn't work for** and **adapt** to their **needs** as well.

Provide more **narrow time slots than AM/PM** particularly for working people.

Average Appointment Rate Per 1000 Patients Per Week – Total Appointments

- The data in this slide is sourced from the recently published GP Appointments dataset. The bar chart the rate of all appointments per 1000 registered patients in 2022/23 Q2 for each Tower Hamlets practice.
- The practices have been ordered by their list size (largest to smallest from left to right)



Percentage of Appointment Mode By PCN and GP Practice - GP

“Uncategorised” appointments represent appointments slots that have not been mapped (or consistently mapped) to NHS England "National Categories".

PCN Name	Practice Name	Face-to-Face	Digital	Uncategorised
TOWER HAMLETS NETWORK 1 PCN	BETHNAL GREEN HEALTH CTR.	30.10%	69.90%	31.73%
	STROUTS PLACE MEDICAL CENTRE	48.45%	51.55%	0.54%
	SUTTONS WHARF HEALTH CENTRE	66.75%	33.25%	0.64%
	THE MISSION PRACTICE	67.57%	32.43%	18.01%
TOWER HAMLETS NETWORK 2 PCN	ALBION HEALTH CENTRE	99.58%	0.42%	2.95%
	HEALTH E1	63.55%	36.45%	0.23%
	THE BLITHEHALE MED.CTR.	94.47%	5.53%	17.11%
	THE SPITALFIELDS PRACTICE	49.86%	50.14%	12.01%
TOWER HAMLETS NETWORK 5 PCN	HARLEY GROVE MEDICAL CTR.	79.63%	20.37%	19.80%
	RUSTON STREET CLINIC	57.69%	42.31%	18.04%
	ST. STEPHENS HEALTH CENTRE	50.58%	49.42%	17.25%
	THE GROVE ROAD SURGERY	99.59%	0.41%	0.53%
	TREDEGAR PRACTICE	91.38%	8.62%	9.34%
TOWER HAMLETS NETWORK 6 PCN	ST ANDREWS HEALTH CENTRE	75.19%	24.81%	37.42%
	ST. PAUL'S WAY MEDICAL CTR	49.32%	50.68%	10.17%
	WELLINGTON WAY HEALTH CENTRE	45.05%	54.95%	33.38%
	XX PLACE HEALTH CENTRE	84.43%	15.57%	13.23%
TOWER HAMLETS NETWORK 7 PCN	ABERFELDY PRACTICE	40.61%	59.39%	22.18%
	GOUGH WALK PRACTICE	64.17%	35.83%	7.76%
	THE CHRISP STREET HTH CTR	44.50%	55.50%	6.51%
	THE LIMEHOUSE PRACTICE	93.62%	6.38%	12.66%
TOWER HAMLETS NETWORK 8 PCN	DOCKLANDS MEDICAL CENTRE	44.68%	55.32%	8.39%
	ISLAND HEALTH	43.23%	56.77%	16.32%
	ROSERTON STREET SURGERY	52.25%	47.75%	2.36%
	THE BARKANTINE PRACTICE	37.82%	62.18%	2.22%
TOWER NETWORK PCN	CITY SQUARE MEDICAL GROUP	54.61%	45.39%	20.51%
	GOODMAN'S FIELD HEALTH CENTRE	63.54%	36.46%	59.62%
	HARFORD HEALTH CENTRE	31.73%	68.27%	6.68%
	JUBILEE STREET PRACTICE	27.55%	72.45%	40.31%
	ST. KATHERINE'S DOCK PRACTICE	91.30%	8.70%	51.85%
	THE WAPPING GROUP PRACTICE	94.50%	5.50%	38.36%
Grand Total	0	58.71%	41.29%	20.14%

Practice Operating Models

- Telephone and online consultation model in practices to safely manage the current level of demand
- Helps to direct patients to other available services (community pharmacy, social prescribers, physiotherapist, occupational therapist, nursing associate etc.), where appropriate
- Reduces the waiting time for appointments
- Online consultation releases capacity for people who need face to face appointments the most
- Patients often feel these create a barrier to face to face appointments
- Can create long waits on telephone

Workforce Shortages

- GP and Nurse workforce crisis – exacerbated by the cost of living/housing compared to outside of London
- GPs reducing hours and retiring early
- GP and Nurse Locum work is more attractive than taking substantive permanent roles
- Practices unable to offer competitive salary packages
- The nature and pressure of the work can lead to long working hours, which is not appealing to a younger generation of graduates
- Need to recruit wider primary care workforce roles
- Patients need education on wider roles

Expanding our workforce

- Recruiting additional roles to create bespoke multi-disciplinary teams
 - Clinical pharmacists
 - Pharmacy technicians
 - First contact physiotherapists
 - Physician's associates
 - Dietitians
 - Occupational therapists
 - Community paramedics
 - Nursing associates and trainee nursing associates
 - Social prescribing link workers
 - Care co-ordinators
 - Health and wellbeing coaches

Recruitment and Retention

- Workforce planning and recruitment to the primary care workforce continues to be a key priority
- Key schemes include:
 - Protected Learning Time for all Practices in Tower Hamlets
 - Staff development programmes and apprenticeships
 - GP and Nurse graduate schemes – keeping trainees in Tower Hamlets
 - New to Partnership Payment Scheme
 - ‘Open Doors Programme’ - *providing nurse education, support, supervision, and assessment to nurses and health care assistants working for general practice teams*
 - General Practice Fellowship programme *(a two-year programme of support, available to all newly-qualified GPs and nurses working substantively in general practice)*
 - GP retention scheme *(financial and educational resources to help doctors, who might otherwise leave the profession, remain in clinical general practice)*
 - Supporting Mentors Scheme *(to upskill experienced GPs and provide a portfolio working opportunity)*

How we can collaborate to improve patient experience of access and address workforce shortages

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Communication/Education

- Signposting
- Pharmacy
- How to Self Manage
- Encourage Flu/Covid boosters
- Advice on where to raise issues relating to dental, housing and other letters (not to GP)
- Educating the community about the benefit of other specialised roles – nurses, pharmacists physiotherapists etc.
- Downloading NHS app for access to results and repeat prescribing

Shared Learning

- How do we communicate change to residents
- Inroads to excluded communities
- How did Council services manage to moving services online

Enablers – People

- NHS and Borough Communications teams
- Co-production
- Access to Council job recruitment team
- Patient experience feedback and measures

Enablers – Infrastructure

- Estates – Key worker housing
- Telephony upgrades for practices
- Any access to CIL funds
- Event spaces – free of charge
- Blood Pressure machines at home
- Thermometers at home
- Pulse oximetry machines for respiratory conditions

Royal London and Mile End Hospitals – Workforce Update November 2022

What is your current recruitment approach (please provide any local targets)? Is it working if so why and if not why?

We've got drive to 95 for Nursing and Midwifery, aim to achieve 95% + fill rate latest figures attached. Also, as part of our People Plan we are looking to do way more in terms of joint work with THT - meetings with NEL ICB in the New Year, also an aim to increase our levels of apprenticeships in line with our internal reviews at Pay Control Panels for roles at the Royal London and Mile End Hospitals.

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How are mitigating the risks for patients and waiting times for elective surgeries, discharging as a result of local recruitment issues?

As above with pushing to maximise our bank contract fill.

What are the implications of using locum and bank staff in medium to long term in terms of your budget implications? We have to reduce our agency spend by 10% and stop using non-framework agencies by the end of December 2022, which we largely have. Our aim on workforce is a Cost Improvement Programme of £3.5 million.



Royal London and Mile End Hospitals – Workforce Update November 2022

How will the ICS partnership arrangement help to support local recruitment and how are you currently working with anchor partners to drive recruitment requirements?

Barts Health is an Anchor Institute and we are ambitious to work with THT in 23/24 to promote careers in our organisations through improved communications with local schools to highlight the apprenticeship opportunities available.

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We are keen to work collaboratively within Place to promote our organisations as a great place to work and to build a career.

Any shared learning, innovation or modelling you're using to improve your recruitment policy?

We use a microsite and various forms of social media, again more work locally within TH would help.



Developing content for the strategy- key themes and actions from the Workforce Strategy Workshop

- Stakeholders from all parts of our ICS attended a workshop on 1st November- delegates represented a wide range of sectors and providers including health, care, local authority and the voluntary sector.
- Delegates came together and shared their motivation to improve the need to address the disparity within our workforce in NEL.
- There was broad agreement on considerations and work to address the challenges across key priorities extracted from the input of the group discussions.

Theme	Actions
Transformation/Innovation	<ul style="list-style-type: none"> Looking at future and current challenges through an innovative lens to create meaningful work opportunities. Embed transformative/innovative ways of working to address the themes and outputs in the strategy (thinking outside the box). Redesign roles to address the workforce supply challenges.
Recruitment	<ul style="list-style-type: none"> Making our recruitment processes lean and accessible Creating effective partnerships with our communities to access work opportunities in health and care
Retention	<ul style="list-style-type: none"> Develop our workforce and seek to retain them not only within our organisations but across NEL Build processes to support inter organisation transfers
Health and Well being	<ul style="list-style-type: none"> A consistent offer to support staff to recover from the pandemic Support for staff to manage through the cost of living approaches Build a targeted health and well-being offer at NEL level for all staff building on our Keeping Well NEL Platform
Addressing Inequity	<ul style="list-style-type: none"> Access to training across NEL Work across employers to develop solutions to ensure progress and a plan that at our workforce is demographically representative and reflect the community it serves Identifying the groups in the communities in our demographic which are under-represented in the workplace, including ethnic communities, neurodivergent people and those with mental health conditions.
Grow our Talent	<ul style="list-style-type: none"> Create a consistent pipeline and offer that educates, training and employs staff in NEL, utilising system wide approaches for all sectors Utilise and promote opportunities for local residents to work and build careers in our organisations Redesign work and skill requirements that match the demand of the future population.
Developing a NEL employment deal	<ul style="list-style-type: none"> A consistent offer of development, flexibility and mobility across organisations that all in NEL sign up to, including recognition of skills across sectors and professions

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Support for Local Residents into Health Careers

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Pathways



Intro to Care Programme

Pathway into Health

Community Works for Health

BHPP



Intro To care

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- One day training course and access to care support pool (pilot)
- Course covers:
 - Different aspects of care
 - knowledge and requirements for sector
 - Talks for specialists within the industry
- Programme has been developed in partnership with LBTH homecare commissioners and providers
- Pool provides a combination of guaranteed interviews and recruitment support

Pathway In To Health (PITH)



Placements are for 6 months and paid at LLW

Funded from ESF budget – Furthest from the labour market

All participants go through LBTH recruitment and selection process and are seconded to BARTS NHS Trust

Pre-placement training is undertaken and non-accredited work related training whilst on placement

All those who successfully complete their placement gain access to BARTS talent pool and iRes GIS



Community Works For Health CWfH



Provides local residents with access to lower bands roles with BARTS Health NHS Trust

The CWfH programme ring fences the following entry level roles for local candidates:

- Admin / Clerical
- Healthcare Assistants/ Theatre Support Workers
- Phlebotomists
- Medical Lab Assistants
- Pharmacy Assistants

Open to candidates across East London boroughs

All applicants must obtain Level 1 or 2 in BKB functional skills assessment



Barts Health Placement Programme



24 x four month Business Admin paid (LLW) work experience placements with Barts Health NHS Trust, Funded by NEL ICB

18-30 age group with priority given to women of Somali and Bangladeshi backgrounds

Not in long term education or training & unemployed 6 months plus

25 hours per week with flexible working patterns to accommodate caring responsibilities/family commitments

Paid at LLW

NHS pre-placement training including an accredited Level 2 Certificate in Mental Health First Aid

IAG/IWS is given to participants throughout the placement to help with the transition into a working environment and support individuals with any challenges or barriers



Stats

Post placement routes into employment are through the continued support from Workpath and access to Healthcare Horizons Apprenticeships Talent Pool, NHS Bank Staff, CWfH and iTres Talent Pool

Intro to Care

- 16 candidates currently in pool being supported through recruitment phase
- Projected retention target of 2 as a new approach to care sector recruitment

PITH

- 19 candidates are currently accessing this programme
- Overachievement of 90% due to creativity with the budget
- Projected retention of 50% - new programme of work

CWfH


- Ongoing programme delivered every 2 months
- Currently averages 5 referrals a cohort
- Previous Women into H&SC had retention rates of 76%

BHPP

- 6 to-date
- Second cohort recruitment taking place with starts in January 2023.
- 24 FTEs available in total
- Previous Women into H&SC had retention rates of 76%



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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>6th December 2022</p>	
<p>Report of:</p>	<p>Classification: Unrestricted</p>
<p>Scrutiny Review: Workforce Shortages Across Health and Social Care Sector</p>	

Originating Officer(s)	Filuck Miah, Corporate Strategy and Communities
Wards affected	All wards

Summary

This cover report accompanies the presentation slide deck: workforce shortages across the health sector

The content of the slide deck include presentations/ speakers from:

- Primary Care
- Acute Care
- East London Foundation Trust
- Tower Hamlets Employment and Skills
- QMUL
- New City College

Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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