



Malcolm Thomson	-(Chief Operating Officer, THGPCG)
Karen Wint	-(Chief Executive Officer, Sister Circle)
Irantzu Perez Arribas	-(Head of Programmes, Sister Circle)

**Invited Virtual Guests:**

Lisa Dinh	-(External Relations Manager, BARTS Health NHS Trust)
Dr Khyati Bakhai	-(GP & Tower Hamlets Primary Care Development Lead)

**Apologies:**

Assan Ali	-(Resident Co-optee)
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**1. DECLARATIONS OF INTERESTS**

There were no declarations of disclosable pecuniary interest.

**2. MINUTES OF THE PREVIOUS MEETING(S)**

The minutes of the Sub-committee meeting held on 12 December 2023 were approved and signed by the Chair as a correct record of proceedings.

**3. REPORTS FOR CONSIDERATION**

**3.1 Maternity Services in Tower Hamlets**

The sub-committee were informed that a discussion on capacity issues will be heard at the next meeting on 18 April 2024. For this meeting, residents Momina Begum and Farhana Anjuman, discussed their experiences of poor maternity services provided in the borough. The residents described how some hospital staff dismissed requests for assistance, were persistently requested to either regulate diabetes with insulin or accept epidurals against their wishes, told not to push whilst having contractions and left alone by night staff to relieve themselves after a premature birth. These events resulted in severe anxiety for the women and a lack of empathy by staff.

Farhana Anjuman observed the vastly different treatment received in Italian hospitals where her first two children were born, compared to the Royal London hospital's service. She was kept in the hospital longer in Italy and received compassionate care from staff there. Momina Begum suggested that some night staff at the Royal London, appear to refrain from taking

responsibility without adequate clinical handovers and expect mothers to wait for day staff assistance.

Karen Wint, Chief Executive of Sister Circle, presented an overview of the charity that supports women with challenging experiences and complex issues and advocates for more investment in women's services. Many of the women have experienced gender violence and are more likely to experience poor health care.

Ms Wint informed the sub-committee that around 10 years ago, the borough assisted in funding the 'Maternity Mates' programme, to support women who experienced similar issues. Local women residents are recruited and trained by the program to support pregnant women, referred by BARTS Health, ensuring they receive adequate care and support. Although this has improved health care in many cases, poor care concerns are still being addressed.

BARTS were highly commended for the ongoing learning and education programs for health professionals and welcome this in practice on the wards. Although some women receive positive care, the service requires improvement, as all women should experience the same quality service. Members were also informed of a UK midwife shortage which exacerbates the issue.

Irantzu Perez Arribas, Head of Programmes at Sister Circle then presented an overview of issues faced by 13 women who gave lived experiences of maternity services. The main concerns were around resources, culture and care. They also recommended improvements, which included having one midwife, better clinical handovers, and a holistic approach to pregnant patients, to significantly improve the experience.

Other recommendations included, reducing request to induce labour rather than allowing a natural birth, more effective post-natal care, to reduce the need for urgent care, breast feeding support, more kindness and empathy given to mothers by staff, and a reduced use of technical terminology which can be frightening or confusing, particularly for women who do not speak English as a first language or have disabilities such as hearing impairments. Although BARTS is increasing the language support, pregnant women should be informed that this is available.

Further to questions from the sub-committee, Momina Begum, Farhana Anjuman, Karen Wint and Irantzu Perez Arribas;

- **Observed** that services should not be affected despite any staff shortages and regardless of the shift pattern and time of birth, a level of compassion towards mothers should be shown.
- **Noted** that a lack of funding and professionalism has caused disproportionate maternity provision. More recruitment and training for midwives and nursing staff is needed to understand the anxiety women who give birth can experience.

- **Encouraged** mothers to express any concerns they have at the earliest opportunity.
- **Observed** that maternity services are not culturally sensitive or responsive to BAME mothers, particularly with those who do not speak English as a first language. A culture change to treat women of all races and religions is also required to improve services. Cultural awareness training should be undertaken on an annual basis for health professionals.
- **Explained** that continuity of care is crucial to improve services, to ensure that pregnant women's complex needs are met.
- **Clarified** that the feedback on women with disabilities received from Sister Circle relates primarily to women with hearing impairments and has received mixed responses.

Further to questions from the sub-committee, Lisa Dinh, External Relations Manager, BARTS Health NHS Trust;

- **Confirmed** that colleagues from BARTS Health NHS Trust will be attending the sub-committee on 18 April 2024 to discuss clinical concerns raised at the meeting. A written brief will also be submitted highlighting specific measures to address service delivery and patient concerns.

**RESOLVED** that;

1. A written brief highlighting specific measures to address service delivery and patient concerns be brought back to the sub-committee at the next meeting scheduled for 18 April 2024.
2. The presentation be noted.

### 3.2 GP - Out of Hours Service

#### Update on Primary Care

Dr Roberto Tamsanguan, Tower Hamlets Primary Care & Clinical Lead, and Jo-Ann Sheldon, Head of Primary Care, Tower Hamlets, returned to the sub-committee presented an update on improving access to Primary Care. Dr Khyati Bakhai, GP and Tower Hamlets Primary Care Development Lead, also discussed the current initiatives implemented within the service.

Dr Tamsanguan reminded sub-committee members of the current challenges within the service which include a rapid population growth, high patient turnover, a workforce shortage, long hospital waiting lists, telephony queues and face to face services affected since the pandemic. Performance feedback from the GP Appointments Data Dashboard (GPAD) on booked

appointments from January to November 2023 was provided for both in borough and North East London statistics. This included a breakdown on the mode of contact to services from home visits, telephone or video consultations and face to face visits, which showed a significant increase in numbers.

Sub-committee members were also given an overview of various delivery plans to improve access, such as encouraging patients to use the NHS app to view test results and their position on the waiting list, increasing patient self-referrals to bypass GP's and promoting the 'Pharmacy First' initiative, which enables community pharmacists to supply prescriptions and antibiotics to patients for common conditions.

Other plans include a move to modern telephony with call-back services, more staff training, less time liaising with hospitals to improve primary and secondary care links and improved support for GP practices through a National General Practice Improvement Programme. Increasing the Additional Roles Reimbursement Scheme (ARRS) in the service, with physician associates providing additional assistance for patients.

Dr Khyati Bakhai, then updated members on the 'Improvement Week' which took place last October on patient survey feedback, to better understand residents' experiences. Interviews were conducted with 151 patients that week, across one of the five practices within the N6 borough. Staff interaction was reported by patients as the best part of the practice, Along with using e-consult to obtain appointments, the locality of the practice and familiarity with the clinicians. In contrast, lengthy waiting times for telephone bookings, difficulties with online access to appointments and admin staff appearing overwhelmed were considered the most difficult.

The general consensus seemed to be that making appointments and e-consult were both the most positive and the most unpleasant. Further work is required to reduce telephone waiting times, as data received showed the longest times marked at over 30 minutes, with many patients hanging up before they got through to reception staff. Although satisfaction figures received were generally satisfactory, more support in listening to patients' concerns, a holistic approach to patient needs and more flexibility is required to improve the service for the community. Further efforts to improve patient concerns are ongoing.

Further to questions from the sub-committee, Dr Tamsangan, Dr Khyati Bakhai and Jo-Ann Sheldon;

- **Explained** that further awareness is necessary to alter the perceptions of physician associates, as they can ease the pressure and shortage of GP's within the service.
- **Clarified** that the N6 is one of the largest networks in the borough supporting around 70,000 residents. Adequate levels of service are being provided with appointments, despite the overcrowded population.

- **Confirmed** that there are plans to open more practices. A building program for practices in the borough will be submitted to the sub-committee for review.
- **Explained** that the patient survey emphasised the importance of a holistic approach to patient modes of contact to improve resident's experience. An overview on the number of surveys conducted in borough practices will be brought to the sub-committee
- **Confirmed** that patient feedback revealed that good access to the services is paramount. Priority will always be given to vulnerable patients who require home visits.
- **Acknowledged** that resource and workforce constraints mean that a face to face only approach is not feasible for the entire community who require different methods of access.
- **Noted** that all Tower Hamlets practices hold details on the most vulnerable patients to ensure they are supported via the Integrated Care initiative. Further work to improve this is ongoing. Residents and councillors advocating for vulnerable residents were advised to contact the practice management team of that specific practice for face to face access issues or to the NHS North East London Complaints team.
- **Requested** the council inform the community via the website that the GP's in the borough are comprised of a number of trained clinicians who can assist them and not just doctors.

#### GP Out of Hours Service

Malcolm Thomson, Chief Operating Officer, Tower Hamlets GP Care Group, presented a summary of the Out of Hours service (OOH), providing around 1500 patients monthly from the Urgent Treatment Centre (UTC) at the Royal London Hospital. The Care Quality Commission (CQC) rated the service last September as good. Sub-committee members were informed of the service accessibility, methods of contact and the comprehensive directory of services, which also includes home visits, face to face and telephone consultations.

The independent GP's working in the service undertake clinical 'tool kit' audits to review note taking and safeguarding and monthly training sessions. Pharmacists also undertake monthly audits on prescribed medications to ensure individual performance levels remain high.

Performance and patient satisfaction are reviewed on a constant basis and patients are encouraged to give feedback on the service. Leaflets and QR codes are displayed in the UTC for patients who wish to make a complaint. The Patient Experience Team will conduct patient surveys to better understand residents' experiences of the OOH service this year. This was

initially conducted in 2018 and feedback received by a patient with impaired hearing who returned to the department, ensured rectifications were made with communication equipment. Further learning and education are ongoing with both staff and patients with different access requirements.

Sub-committee members were informed that access to various Care Plans are available using 'Adastra' the clinical patient management software. This allows OOH GP's to send "event messaging" to notify the patient's registered practice, ensuring complete integration with Primary Care. Discharge notes are electronically sent to the patient within 2 hours of closing a consultation. All urgent outcomes are sent directly to the surgery.

Mr Thompson informed members that the department has sufficient resources allocated to facilities and staff and on weekends, there is usually a 41-hour headcount with two GP's managing at peak times. All staff have access to DATIX, the incident reporting software, which highlights service alerts or incidents related to complaints. Staff are fully trained on OOH procedures at induction and reviews on policies are conducted annually. Senior staff investigate all incidents and these are added to the risk register, which the Service Manager reviews monthly.

Further to questions from the sub-committee, Malcolm Thompson;

- **Observed** that an instance of a misdiagnosis by a clinician would be reported through the governance system. The Clinical Director, and the Chief Operating Officer would conduct a full investigation to determine if the patient was harmed, any lessons learned and or any policy changes required. A Duty of Candour discussion would also take place with the patient.
- **Acknowledged** that a 2 hour response time can be difficult for patients who require swift access to OOH services. The task of balancing effective clinical triage in order of need and reducing over capacity within the department can be challenging.
- **Explained** that further efforts to identify a lack of empathy or compassion by staff is necessary to enhance the patient's experience with more training and development.
- **Confirmed** that providing an effective service requires qualified, competent and compassionate staff. Recruiting OOH GP's can be challenging, although ensuring the needs and concerns of the patients are at the forefront is paramount to quality service provision

The Chair thanked Mr Thompson as well as the Primary Care team for organising sub-committee visits to local GP services, which were beneficial.

**RESOLVED** that;

1. A written brief from Primary Care on the building program for practices in the borough be submitted to the sub-committee.
  2. A brief overview from Primary Care on the number of surveys conducted in borough practices be brought to the sub-committee.
  3. The presentation be noted.
4. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

None.

The meeting ended at 8.44 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee