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Scrutiny Health & Social Care Sub-Committee Agenda

To: Councillor Sean Fitzsimons (Chair), Councillor Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Robert Ward and Fatima Zaman

Gordon Kay (Healthwatch Croydon Co-optee) and Yusuf Osman (Service User Co-optee)

Reserve Members: Sue Bennett, Tony Pearson and Stewart

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 24 January 2023** at **6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX.**

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
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www.croydon.gov.uk/meetings
Monday, 16 January 2023

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AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 5 - 12)

To approve the minutes of the meeting held on 28 November 2022 as an accurate record.

3. Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Director of Public Health Annual Report 2022 (Pages 13 - 26)

The Health & Social Care Sub-Committee is asked to:-

1 To note the content of the Director of Public Health's Independent Annual Report; and

2 To endorse the recommendations in the report.

6. Responding to Urgent and Emergency Care Pressures (Pages 27 - 38)

To receive an update from Croydon Health Service NHS Trust.

7. Adult Social Care & Health Directorate - Budget & Performance (Pages 39 - 70)

The Sub-Committee is recommended to

1. Note the updates on:
    - 2022/23 Period 7 (October 2022) budget and savings position.
    - 2023/24 indicative savings (as of 10 January 2023).
    - The Council's position in relation to the benchmarked key

performance indicators.

2. To consider any comments it may wish to make on the 2023-24 indicative savings proposals, which will be fed into the wider budget scrutiny process led by the Scrutiny & Overview Committee.

8. Healthwatch Croydon Update (Pages 71 - 204)

This item is an opportunity for the Manager of Healthwatch Croydon, a co-optee on the Sub-Committee, to provide an update on their latest activity.

9. Scrutiny Work Programme 2022-23 (Pages 205 - 208)

The Health & Social Care Sub-Committee is recommended to: -

1. Note the most recent version of its Work Programme, as presented in the report.

2. Consider whether there are any other items that should be provisionally added to the work programme as a result of the discussions held during the meeting.

10. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Monday, 28 November 2022 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Stewart and Robert Ward

Gordon Kay (Healthwatch Croydon Cooptee)

Apologies: Yusuf Osman (CASSUP Cooptee) and Councillor Yvette Hopley (Cabinet Member for Health & Adult Social Care)

PART A

28/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 18 October 2022 were agreed as an accurate record.

29/22 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

30/22 **Urgent Business (if any)**

There were no items of urgent business.

31/22 **Update on proposed health facilities in Coulsdon and New Addington**

The Sub-Committee considered a report set out on pages 15 to 18 of the agenda which provided an update on the provision of new health facilities in Coulsdon and New Addington by Croydon Health Service NHS Trust (CHS). This update had been included on the agenda to inform the Sub-Committee of the reasons for the delay in delivering these projects.

During the introduction to the report by Matthew Kershaw, the Chief Executive of CHS and Place Based Lead for Health, the following points were noted: -

- The provision of new health facilities on the sites in Coulsdon and New Addington were both long running developments.
- CHS had recently written to patients' groups, MPs and other stakeholders to flag the delay in the development of these sites, which had been caused by a request for further rent on the site from the developer.
- As the higher cost would make the developments financially unviable, CHS was in negotiation with the developer and would provide a further update once it was possible to do so. Confirmation

was given that CHS remained committed to the provision of new health facilities on both sites.

- It had originally been proposed that both sites would be developed in conjunction with the Council through their Brick by Brick development company. As this option was no longer available CHS had chosen to work with a developer.

Following the introduction, the Sub-Committee was given the opportunity to ask questions on the information provided. The first concerned the plans for the sites, with it confirmed that except for consideration being given to parking drop-off provision on the Coulsdon site, the plans were the same as originally proposed.

Regarding the timeframe for the negotiations with the developer, it was confirmed that CHS was looking to resolve the outstanding issues by the end of March 2023 as a longer delay would impact upon the funding provided by NHS England requiring an extension to be negotiated. It was expected that negotiations with the developer should be concluded within six to nine months. There was a commitment from both CHS and the developer to work together on this site, but if the outcome from the negotiation meant it was not viable to proceed, then other options would need to be considered.

It was confirmed that neither the Coulsdon nor New Addington developments were reliant on the other to proceed. The same developer had been appointed for both sites, but they could be developed separately if needed.

Given the delay to the provision of health facilities on the Coulsdon site, it was highlighted that the Purley War Memorial Hospital was the hub for the south of the borough. CHS was looking at improving both the surgical and diagnostic services available from this site.

In response to a question about feedback from the local community on the delays, it was highlighted that the health service had been managing without these facilities and would continue to do so. There had been conversations with patient groups throughout the process and information had been shared at the Healthwatch Croydon AGM. CHS would continue to share information wherever possible.

It was questioned whether the issues experienced on the two sites regarding the development budget was due to Croydon specific issues. It was confirmed that this was not the case as construction costs had increased nationally and the developer was having similar issues on developments outside of the borough.

At the conclusion of this item the Chair thanked Mr Kershaw for attending the meeting to provide the update on the Coulsdon and New Addington developments.

Resolved: That the update on the provision of new health facilities in Coulsdon and New Addington is noted.

32/22 **Balancing Adult Social Care Legislative Duties with the Available Financial Resource**

The Sub-Committee considered a report set out on pages 19 to 26 of the agenda which explained how the Adult Social Care service maintained its statutory requirements in the face of delivering its budget savings targets. This report had been requested to allow the Sub-Committee to seek reassurance that there were sufficient safeguards in place to ensure that any changes to individual care provision was managed safely.

During the introduction to the report by the Corporate Director for Adult Social Care & Health, Annette McPartland, the following points were noted: -

- The report provided for the Sub-Committee set out the services provided by Adult Social Care, outlined the requirements for the Service under the Care Act and how these requirements were met in Croydon.

- Reassurance was given that the Service was meeting its requirements, and as they were statutory, this would continue to be the case despite the Council having recently issued another Section 114 Notice.

- The Service engaged with the people of Croydon in several different ways including the recently established Resident Voice Group. Engagement was vital as it allowed the Service to hear directly from residents about any issues they experienced with their care.

Following the introduction, the Sub-Committee had the opportunity to question officers on the information provided. The first question asked for an update on how winter pressures were being managed by the health and social care services in the borough. It was confirmed that at present the situation was extremely challenging across the whole health and care pathway. All aspects of the system were under significant strain, which was impacting upon the flow through the system affecting access times across services. Although the level of activity seen at the Croydon University Hospital tended to fluctuate, it was broadly in line with levels seen in previous years. Issues within the hospital and across the whole health and care pathway were slowing the flow through the system. However, this was not unique to Croydon, with the hospital being one of the top performers in London, even with the level of performance being significantly lower than in previous years.

As a follow-up, it was questioned whether staffing was a particular issue exacerbating patient flow through the system. It was confirmed that staffing was always one of the contributing factors to patient flow through the system. Although the hospital was doing well in terms of nursing staff, the availability of therapists along with shortages in social care were creating issues. There was also staffing hotspots in other areas across the system that had an impact.

The Government had announced new funding to help health and social care services manage the impact of winter pressures. Croydon had been given the

biggest allocation in South West London, which equated to £2.5m for the borough. 60% of this would be allocated to health care services and 40% to social care.

Given it was recognised that health and social care services nationally were going through a challenging time, it was questioned whether there was sufficient capacity within the system to manage any unexpected issues that may occur. It was advised that contingency plans were in place to manage the demand for services over the winter, but it was expected to be a very demanding period. The Service worked with Public Health colleagues to encourage the take up of vaccinations to prevent the possibility of a flu or covid-19 spike. Longer term plans were being made to ensure a sustainable social care system was in place going forward, which focussed on keeping people fit and well by working across the health and care system.

It was questioned whether any of the information provided in the report would be impacted by the recent publication of the Section 114 Notice by the Section 151 Officer. It was advised that the recent budget announcement from the Government had not been available at the time the report presented to the Sub-Committee was written. The budget announcement had confirmed that the introduction of the care cap would be delayed, although the Government still intended to introduce its fair cost of care proposals. A new inspection regime had also been announced. Moving forward into winter, the workforce including the wider care workforce was likely to be increasingly affected by cost of living crisis. Commissioners from the Council were meeting with providers in the care home and domiciliary care market to ensure that they remained able to support people across the sector.

Further information was requested on the support being provided for the care market in the borough. It was highlighted that there were two care networks aimed at supporting the market to ensure it was managing the pressures from risks such as the cost of living crisis and increased energy costs. Only one care home in the borough had closed in the past year, but that was due to the provider not wanting to continue in the sector. The Service was looking at how best to support care homes with inflation and specific pots of money such as those available through the Government's Fair Cost of Care provision had been distributed. Currently, the care home market in the borough was sustainable and the Council continued to be able to buy beds as needed.

Regarding the domiciliary care market, it was highlighted that it tended to be more difficult to source domiciliary care in the south of the borough around Coulsdon, due to the lower number of providers in the area, as it was geographically more spread out in comparison to the north of the borough. Some boroughs across London were finding it difficult to find both types of care provision, but at present this was not the case in Croydon. The Council had a robust safeguarding team that worked with providers where concerns were identified to bring up the level of care.

Officers were asked to explain how they were reassuring themselves that the Service was keeping people as safe as possible when going into or leaving hospital. It was advised that there was a Life team in place to support people

leaving the hospital environment, with a virtual ward system set up to monitor people outside of hospital to the same level as would be the case on a ward. People are first visited within 24 hours of leaving hospital and all cases are reviewed within four weeks to ensure the resident continued to be safe and was receiving the required level of care. Although there was confidence in the system to support vulnerable residents, it was acknowledged that sometimes things did go wrong and when this happened there was a robust safeguarding process in place to review any such case.

It was questioned whether there would be any impact upon the services provided by non-statutory partners in the community and voluntary sector from the discontinuation of the Community Fund. In response it was highlighted that many of the contracts in the Community Fund were naturally coming to an end in March 2023. The Adult Social Care service worked with voluntary sector providers to access the various pots of money that were available for different services, such as the previously mentioned services to help alleviate winter pressures. The carers contract was due to be reprocured in the New Year and work would continue with the voluntary sector on the provision of Personal Independence Coordinators.

In response to a question about the monitoring of performance indicators, it was confirmed that national indicators were used with formal returns made to the Government. The Service had been working to a three year savings plan, which included relevant indicators to ensure spend on working age adults was being reduced safely. The service reviewed data locally alongside London wide and national sources. Complaints and other forms of feedback were also used to provide an overall picture of the Service. There were key performance indicators (KPI) in the Mayoral Business Plan that would measure referrals, the time residents waited for an assessment, the time residents waited for a review and cost of care packages. These were reviewed monthly alongside the risk register for the Service by both the Corporate Management Team, Directorate Management Team and Cabinet.

It was further questioned whether any of the data was publicly available. It was confirmed that the NHS website published Adult Social Care financial returns. The most recent use of resources data was not yet publicly available as the Service was going through a process of reviewing the data but would be made available once complete.

It was confirmed that the Service was in the second year of a three year transformation journey, with the first year's targets met last year. The Service was also on track to deliver the second year's targets this year. A key part of the role for the Statutory Director of Adult Services was to ensure that the transformation programme was being delivered both properly and safely. There were risks around areas such as transitions and the workforce which were being actively managed, with a combined health, care and education approach being used to ensure the best outcomes for the young people supported by the Transitions service.

The importance of ensuring the Council only paid for what it was required to do so was highlighted and it was questioned how this was balanced against

meeting the needs of individuals. The Sub-Committee was advised that the needs of each person needed to be met, but the timing of the support provided was key to managing the cost. The Council needed to ensure it was supporting people before their circumstances negatively impacted upon their individual care needs. It was also importance to have a thorough understand of the different legislative frameworks used for childrens, adults and health, to ensure the most appropriate support was provided.

In response to a question about the quality of the budget monitoring data, it was highlighted that all staff with budget responsibility had received training. Staff worked within the corporate finance system and knew the importance of entering spend as soon as possible, working with accountants to ensure the figures were correct. The finances were monitored regularly by the Improvement & Assurance Panel, and by the corporate and political administration. If any inconsistencies were spotted, a deep dive would be undertaken to review the issues involved. It was agreed that the Sub-Committee may want to undertake its own deep dives and review data as part of the budget scrutiny process to seek further reassurance on the deliverability of the budget.

It was questioned how conversations with service users and residents had shaped the service. As previously mentioned, the Voice of the People Group had recently been set up to provide direct feedback, with the most recent meeting held earlier in the day to discuss the budget. The Service had worked with the National Team for Inclusion to ensure that service users felt that they were part of the solution. The immediate focus was on managing demand, pathways and ensuring they reflected lived experience. The membership of the group was fluid to ensure it focussed on residents with lived experience. It was acknowledged that there will always be people who are hard to reach, but it was about finding ways to communicate such as through representative groups. There was also a need to create connections with other groups such as local Community Partnerships.

It was confirmed that to ensure a consistent message, all communication was disseminated by the Communications team to ensure it reflected the Mayor's messaging. It was important to ensure that all partners had the same information to enable people to be directed to the right place.

In response to a question about accomodation types available in Croydon, it was confirmed that residential nursing care, tenancy agreements with support and supportive living with a care package were all available. There was also shared lives, which was similar to fostering with an individual living with a family.

It was questioned whether the system in Croydon was affordable. In response it was advised that the fair cost of care exercise had been worked on by the commissioning team and providers, but the team was now waiting on the new guidance from the Government. The Care Cubed software was used to provide an indication of care costs, which was a useful tool when negotiating with care providers on the cost of care.

Conclusions

Following its review of this item, the Health & Social Care Sub-Committee reached the following conclusions: -

1. The Sub-Committee welcomed the robust responses given to its questions and agreed that there was nothing it had heard to raise concern that there was not a firm grip on the budget and there was a emphasis on providing services safetly.

2. The Sub-Committee agreed that it would want to undertake a deeper dive on specific areas of the service to gain further reassurance as part of the budget scrutiny process in the New Year.

33/22 **Healthwatch Croydon Update**

The Sub-Committee received an update from the manager of Healthwatch Croydon, and co-opted member of the Sub-Committee, Gordon Kay, on the latest activity of his organisation.

Healthwatch Croydon had recently held its Annual General Meeting (AGM), which was the first held in person for since before the pandemic. The meeting was split into two parts, the first focusing on reviewing the services available in the borough and the second focusing on what services people would like to see.

From the review section of the meeting issues raised included access to services, availability of dentistry, continuity of care, the need for joined up services, social prescribing, mental health provision and maternity care. From the improvement section of the meeting items raised included easier access to services, improved digital inclusions, the provision of dental hubs like the GP hubs, services returning to pre-covid levels, an improved provision of information and increased support for the homeless.

A summary of the question and answer session from the AGM would be published by Healthwatch and used to inform future work planning.

Resolved: That the update from Healthwatch Croydon is noted.

34/22 **Scrutiny Work Programme 2022-23**

The Sub-Committee considered a report on pages 29 to 32 of the agenda which presented the work programme for review.

The Chair confirmed that the South West London Joint Health Overview and Scrutiny Committee (JHOSC) had recently met and was in the process of agreeing its work programme. At the moment the JHOSC was primarily focussed on specific capital projects across the healthcare estate, but a request had been made by the Croydon representatives for the JHOSC to look at dentistry provision across South West London.

Resolved: That the work programme for the Health & Social Care Sub-Committee is noted.

35/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.25 pm

Signed: .....

Date: .....

LONDON BOROUGH OF CROYDON

REPORT:		**HEALTH AND SOCIAL CARE SUB-COMMITTEE**
DATE OF DECISION		**24th January 2023**
REPORT TITLE:		**Annual Report of the Director of Public Health 2022 – Health Inequalities in Croydon**
CORPORATE DIRECTOR / DIRECTOR:		**Rachel Flowers, Director of Public Health**
LEAD OFFICER:		**Rachel Flowers, Director of Public Health, Email: Rachel.Flowers@croydon.gov.uk Telephone: Extn:22722**
LEAD MEMBER:		**Cllr Yvette Hopley, Cabinet Member for Health and Adult Social Care**
AUTHORITY TO TAKE DECISION:		Under Health and Care Act 2012 The Director of Public Health is required to produce an independent report on the health of the population that they represent. The recommendations made are independent recommendations
KEY DECISION?	**No**	REASON: Not applicable
CONTAINS EXEMPT INFORMATION?	**No**	**Grounds for the exemption: Not Applicable**
WARDS AFFECTED:		**ALL**

1 SUMMARY OF REPORT

1.1 The 2022 report focuses on how circumstances and experiences across the life course can impact on people's health outcomes and will spotlight how these influences impact people unequally. The report discusses what can be done to reduce health inequalities across the life course and will highlight the good work already happening around the borough to address them.

2 RECOMMENDATIONS

For the reasons set out in the report and its appendices, the Health and Social Care Sub-Committee is recommended:

1 To note the content of the Director of Public Health's Independent Annual Report; and

2 To endorse the recommendations in the report

3 REASONS FOR RECOMMENDATIONS

3.1 There is a statutory requirement for the Director of Public Health to produce an annual report which the Council is required to publish.

4 BACKGROUND AND DETAILS

Overview

4.1 The causes of ill health are complex and numerous. Some of these causes are genetic but most are the result of economic and social circumstances and the impact these have on health behaviours.

4.2 The factors that impact on health begin before birth and build throughout people's lives. The environments people live, socialise, study and work can make it easier or more difficult to maintain their health. Not everyone has the same life chances and same opportunities.

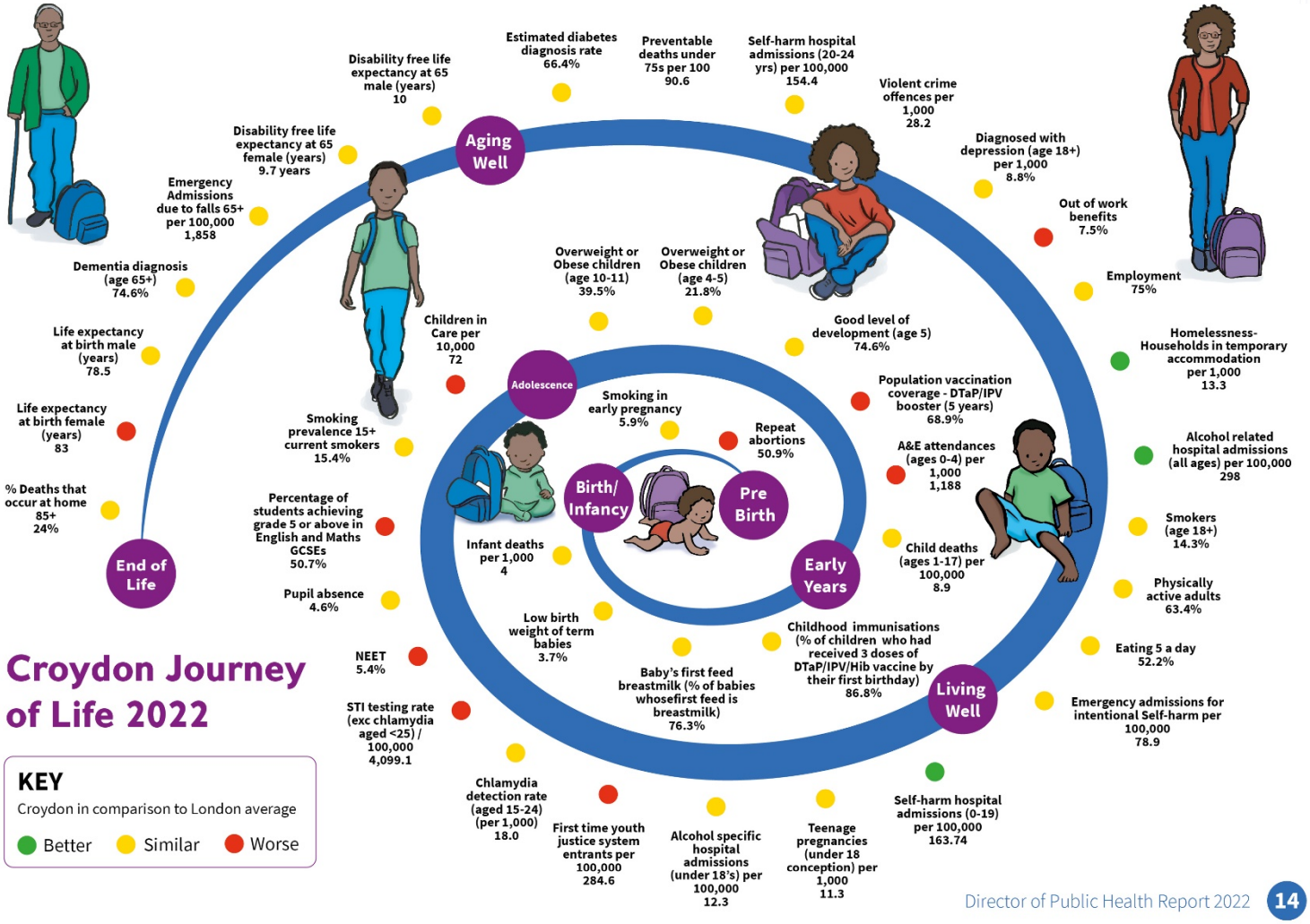
4.3 The Covid pandemic and the cost-of-living crisis are severely impacting on the inequalities that already exist in the borough. Some of the lasting impacts within communities in Croydon include:

- People being driven into poverty
- Children's education been disrupted with broad social impacts for young people
- Poorer mental health, increasingly more for already disadvantaged and marginalised groups
- Food insecurity disproportionately affecting some rather than others

4.4. The report discusses inequalities in health and wellbeing outcomes across the life course in the following stages:

- Starting well (ages 0-5)
- Developing well (ages 6-11)
- Developing well (ages 12-18)
- Living and working well (ages 18-64)
- Ageing well (ages 65 and over)

4.5. The figure below highlights Croydon's data for health and determinants of health indicators across the life course compared to the London average.



4.6. The report contains 'Explainers' that provide a guide to the different methods and public health terminology used to describe the health of the population.

4.7. The report also discusses what is already happening in the borough to address health inequalities and what we can collectively do to continue to reduce them.

Risk Factors

4.8. Some of the risk factors for health inequalities across the life course are highlighted below.

Table 1: Some Risk Factors for health inequalities

Life stage	Examples of Risk Factors
0-5 years	• Smoking in pregnancy • Maternal physical or mental ill health • Having a young/lone parent • Poverty • Lack of or inadequate social networks

6-11 years	• Adverse childhood experiences like abuse, neglect, witnessing drug or alcohol abuse or experiencing domestic violence • Poor educational attainment • Being overweight or obese • Stigma and discrimination
12-18 years	• Being not in employment, education or training (NEET) • Teenage pregnancy • Having a physical or learning disability
18-64 years	• New, young or lone parenthood • Becoming a carer (both young and old) • Unemployment • Substance misuse problems • Domestic abuse and violence • Homelessness • Recent migration • Physical or mental impairment or disability • Stigma and discrimination
65+ years	• Retirement • Becoming a carer • Bereavement/ loss of a spouse or partner

Recommendations

4.9. The recommendations in the report are highlighted below:

Starting well (ages 0-5)

- Deliver and report on the outcomes from the implementation of the 2022-2025 Partnership Early Years Strategy's objectives and principles particularly those aimed at addressing inequalities in the early years
- Ensure that the new national Best Start for Life funding delivers improved outcomes for children and families from 0 to 2 years
- Co-produce an infant feeding strategy which leads to improved breastfeeding rates and reduces the risk of health inequalities
- Develop a system wide approach to understand late booking for antenatal care and how we can increase early engagement with maternity services
- Widen and strengthen engagement with parents and prospective parents about what they need from services
- Develop a strategic approach to preconception care across all partners in line with the Early Years strategy objectives and principles
- Work as a partnership to ensure eligible families are enrolled in the Healthy Start scheme

Developing well in childhood (ages 6-11)

- Work as a partnership including the voluntary and faith sectors to create Croydon's Family Hubs approach for all families and children from 0 to 18 and 25 with SEND in Croydon, ensuring that families who need support most can access support in a place / way that suits them best
- Review the support in place to help children whose parents have a mental illness; identify gaps and investigate possible service options
- Report on the delivery, uptake, particularly from high-risk groups, and outcomes of the Early Years and Key Stage 1 Family Healthy Behaviours Service that provides weight management support to children and families
- Provide multi-disciplinary support for Children who are obese by commissioning a Children's Tier 3 weight management service
- All Croydon partners to work together and advocate for a long term, sustainable and strategic approach to poverty and food insecurity in the borough
- Support measures to increase levels of physical activity including school streets, active travel, use of school premises after hours for physical activity, use of green spaces, walks and cycle rides through Croydon as part of Croydon Borough of Culture
- Explore local powers to implement a junk food advertising ban in accordance with the Transport for London model

Developing well in adolescence (ages 12-18)

- Work as a partnership and use data from across Education, Health, Early Help, Children's Social Care, police, and community and voluntary services to ensure that children and young people with multiple risk factors for vulnerability are identified early
- Co-produce a plan of action with the Youth Council using the feedback from the school health and wellbeing survey focusing on reducing the inequalities highlighted in the survey
- Use the learning from the Harris Invictus Superzone project to develop a template for use around other borough schools to improve the environments for children and young people in the 400 metres around their schools, starting with those schools in areas of deprivation
- Evaluate the impact that Croydon's 2022 600 place trauma informed training programme has had on trauma informed practice across the borough with a view to writing a business case for increasing the number of training places
- Encourage all partners including council, health and voluntary sector staff to adopt the Unconscious Bias training within their organizations

Living and Working Well (ages 18-64)

- Increase the number of businesses signed up to the Mental Health First Aid Training. Ensure that small to medium Croydon businesses have access the Mental Health First Aid training programme for their staff

- Increase the number of businesses signed up to the Good Work Standard. Support the promotion of the Good Work Standard and increase uptake amongst Croydon workplaces
- Further embed work to tackle of drug and alcohol related substance misuse within Croydon and its partners. The additional funds from the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant will allow additional capacity in the wider public health system to begin to tackle issues related to drug and alcohol misuse, such as clearer coordination of actions in the event of a drug and alcohol related death and improved data of people accessing treatment. All this will be directed via the formation of the Combatting Drugs Partnership Board and a newly formed SSMTR Grant related substance misuse team
- Advocate for a Mental Health Day in borough workplaces. A mental health day allows employees to take a day to rest and do something positive for their emotional wellbeing. People who take a mental health day may look well on the outside, but their mental health may be suffering. Taking some time out may help prevent them from becoming unwell and allowing this to be taken can help remove the stigma around mental health
- Awareness and understanding of domestic abuse should be ‘everyone’s business’. Businesses and local services should support staff with training to ensure effective prevention, identification, and intervention
- Encourage local businesses and voluntary sector organisations to embed and promote the *Five Ways to Wellbeing* in their workplaces and with service users. Evidence suggests that this approach is simple and can be a cost-effective way for business and organizations to support their staff and/or service users take care of their wellbeing
- Encourage local businesses and voluntary sector organisations to adopt the Croydon Equalities Pledge. By adopting the pledge, organisations can reinforce the borough’s commitment to treat everyone equally and fairly and will be making a public declaration to stand against equalities
- Encourage local businesses and voluntary sector organisations to adopt the George Floyd Race Matters Equalities Pledge. By adopting the pledge, organisations will be making a public declaration to stand against racism and discrimination. They will also be making a commitment to develop cultural awareness and challenge racist behaviour in their organisation

Ageing Well (ages 65 and over)

- More work is needed to understand the barriers to minoritised groups are less likely to access palliative care services and develop policies and processes in response. N.B. These groups are referred to as Black, Asian and Minority Ethnic in the Director of Public Health report because of the way these groups are referenced when data is collected nationally

- Use the learning from COVID-19 to understand the community assets available to reduce isolation to widen the reach and to infiltrate communities with unmet need
- Maximise the offer of hyper-local assets to address social isolation and loneliness, by helping people maintain relationships, develop new ones, and access services, which is critical to building resilience among our older at-risk groups

5 ALTERNATIVE OPTIONS CONSIDERED

5.1 *N/A*

6 CONSULTATION

6.1 Feedback has been requested from readers of the 2022 Director of Public Health report.

7. CONTRIBUTION TO COUNCIL PRIORITIES

7.1 The recommendations of the report will focus on opportunities to reduce health inequalities in Croydon across the life course.

8. IMPLICATIONS

FINANCIAL IMPLICATIONS

8.1 The Head of Finance for Assistant Chief Executive and Resources comments on behalf of the Director of Finance that there are no finance considerations arising directly as a result of the recommendations in this report.

8.2 Any financial implications from initiatives in the report above will be or have been evaluated through the Councils governance procedures.

8.3 Comments approved by Lesley Shields, Department Head of Finance for Assistant Chief Executive and Resources, on behalf of the Director of Finance (Date 21/10/2022)

LEGAL IMPLICATIONS

8.4 The Head of Litigation and Corporate Law comments on behalf of the Director of Legal Services that under the Health and Social Care Act 2012 section 31(5) the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority which by section 31(6) the local authority is required to publish.

8.5 There are no additional legal considerations arising directly as a result of recommendations in this report.

8.6 Comments approved by Sandra Herbert, Head of Litigation and Corporate Law on behalf of Legal Services and Monitoring Officer (Date 21/10/2022)

EQUALITIES IMPLICATIONS

8.7 An equalities impact assessment was not conducted due to the nature of the report.

8.8 This report discusses inequalities across the life course in different communities and groups and will support discussions and future actions to address inequalities and narrow the gap between those who are disproportionately affected by inequalities compared to those who are not.

8.9 Comments approved by *Denise McCausland – Equalities Programme Manager* (Date 19/10/2022)

OTHER IMPLICATIONS

8.10 N/A

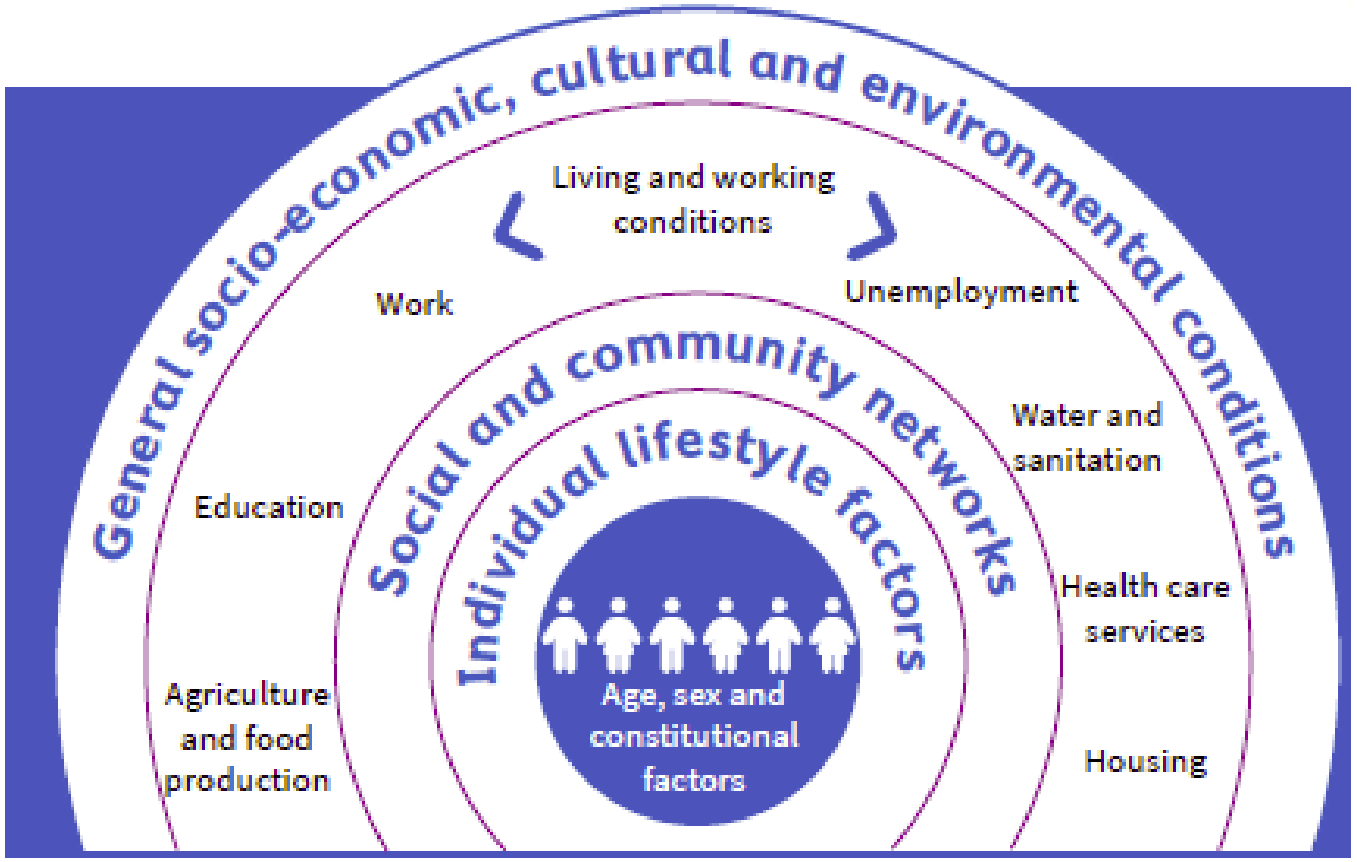
Health Inequalities in Croydon

Director of Public Health Report 2022

CROYDON
www.croydon.gov.uk

Introduction

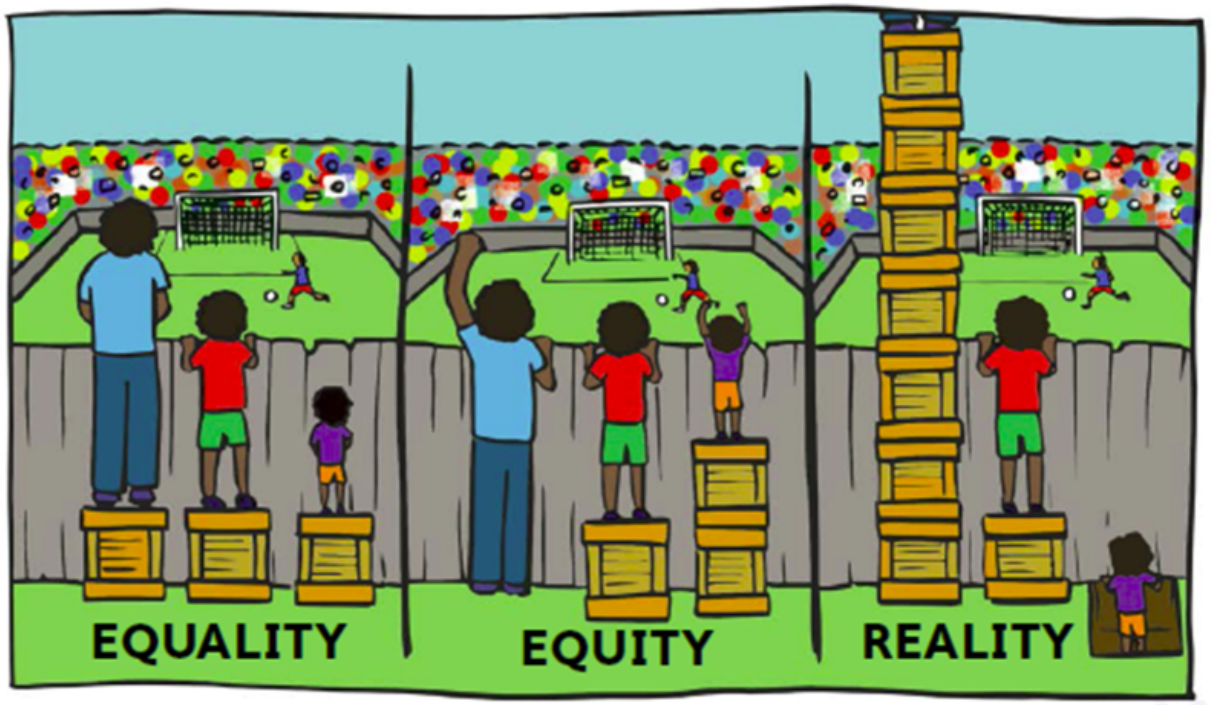
- The causes of ill health are complex and numerous
- Some of these are genetic, but most are the result of the impact of economic and social circumstances on our health behaviours
- The environment in which we live, socialise, study and work can make it easier or more difficult to maintain our health
- The COVID-19 pandemic, the war in Ukraine and the cost of living crisis have worsened existing health inequalities



The Wider Determinants of Health. Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

Introduction

- Achieving health equity means ensuring everyone has an opportunity to lead a healthy life, no matter where they live or who they are
- The wider determinants of health are significant drivers of health inequalities and are factors that can be controlled to achieve health equity
- Addressing health inequalities is not just about fairness and justice - it also makes sense financially
- Health inequalities are estimated to result in economic losses of between £31-33 billion (Frontier Economics, 2010)



Economic losses are a result of productivity losses, reduced tax revenue, higher welfare payment, increased demand on health and care services, increased treatment costs, illness, disability, and premature death. (Frontier Economics, 2010)

Health Inequalities associated with Deprivation

The difference in health outcomes between the most deprived ward and least deprived ward in Croydon

LIFE EXPECTANCY AT BIRTH

2016-20 (males)

5.8 years difference

2016-20 (females)

6.2 years difference

LONG-TERM UNEMPLOYMENT- RATE

2021-22

2.6 x higher

per 1,000 working age population

EMERGENCY HOSPITAL ADMISSIONS

2016/17 - 20/21

1.3 x higher

for injuries in under 5 years old, crude rate

INCIDENCE OF ALL CANCERS

2015-19

1.2 x higher

standardised incidence ratio

RECEPTION: PREVALENCE OF OBESITY

2017/18 - 19/20

2.9 x higher

(including severe obesity), 3-years data combined

YEAR 6: PREVALENCE OF OBESITY

2017/18 - 19/20

2.1 x higher

(including severe obesity), 3-years data combined

DEATHS

2016-20

2.3 x higher

Deaths from causes considered preventable, under 75 years, standardised mortality ratio

LOW BIRTH WEIGHT OF LIVE BABIES

2016-20

1.3 x higher

(five year pooled)

EMERGENCY HOSPITAL ADMISSIONS

2017/18 - 19/20

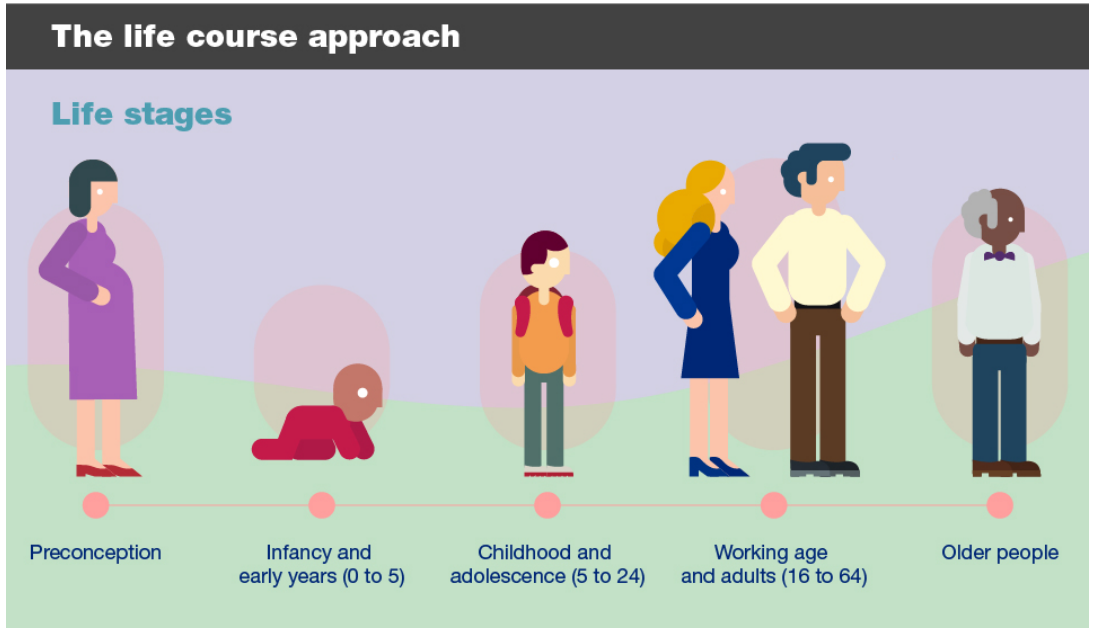
1.6 x higher

for injuries in 15 to 24 years old, crude rate

Overview of the 2022 Report

- Directors of Public Health have a statutory duty to produce an annual report on the health of the local population.
- This report discusses inequalities in health and wellbeing outcomes across the life course following two fictional characters (Morgan and Taylor).
- Dotted throughout the report are ‘explainers’; that provide a guide to the different methods and public health terminology used to describe the health of the population.
- The report also discusses what is already happening in the borough to address health inequalities and what we can start to do collectively to reduce them.

A life course approach considers the critical stages or transitions in life where large differences can be made in promoting or restoring health and wellbeing.



Call to Action

- I hope to inspire collective action with my 2022 report
- Health inequalities are increasing in Croydon, and my report has highlighted what some of the challenges are
- No one person or organisation can address all the borough's health inequalities; a collective approach needs to be embedded into long term practice
- There are already several projects and programmes across the borough that are addressing health inequalities
- I have made additional recommendations for what we can all do at different levels in the borough to continue to reduce them

REPORT TO:	Heath & Social Care Sub-Committee 24 January 2023
SUBJECT:	**Responding to Urgent and Emergency Care Pressures**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Matthew Kershaw – Croydon Health Service NHS Trust Chief Executive & Place Based Leader for Health
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	Scrutiny of local healthcare provision is one of the key areas of work for the Sub-Committee.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is presented with an update from Croydon Health Service NHS Trust on the response to the urgent and emergency care pressures

1. RESPONDING TO URGENT AND EMERGENCY CARE PRESSURES

1.1. The Chief Executive of the Croydon Health Services NHS Trust and Place Based Leader for Health, Matthew Kershaw, will present an update on the response to the urgent and emergency care pressures.

1.2. Attached at Appendix A is an update for the information of the Sub-Committee.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

APPENDICES TO THIS REPORT

Appendix A: Update on the response to Urgent and Emergency Care Pressures.

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Responding to urgent and emergency care pressures

Croydon Health Scrutiny and Social Care Sub committee update

January 2023

Sustained and severe pressure

The vast majority of patients continue to be seen, treated and discharged without hospital stay…but without improved flow in, through and out of hospital, many patients are having to wait longer periods for hospital beds to become available.

Like other NHS Trusts, Croydon's urgent and emergency care services remain extremely challenged.

We have enacted our winter plans and continue to take additional measures to care for patients and support our staff.

Latest published data (Nov 2022)

- **ED performance:** 72% patients admitted, transferred or discharged within four hours, below the 95% standard.
- **23 hours –** average total time patients waiting in ED care when admitted to a hospital bed if required.
- **10.6% patients** waiting over 12 hours for hospital bed from arrival.
- **Three days** higher average length of stay for emergency inpatients than pre-pandemic.
- **Non-elective** hospital length of stay has increased from 7.4 pre-COVID to 10.42 (Nov 19 - Nov 22).

Increasing attendance: 17,325 attendances across GP Hub, main ED and UTC

- **9% higher** ED site attendances than in Nov 2019 (12,958 compared to 11,914)

Ambulance handovers: Like other trusts, we have incurred significant numbers of ambulances waiting longer than expected to handover patients

- **211 patients** waiting over 60 mins for ambulance handover
- This equates to 9.6% of ambulance arrivals, compared to 1.4% in Nov 2019
- Impacting ambulance response times through delays in getting crews back on the road

Maintaining patient safety.
Croydon's ED is one of the busiest in south London, seeing up to 500 patients a day.

- Around 50 patients a day are waiting a significant length of time in ED for a hospital bed, due to the current pressures.
- This is the equivalent of almost two wards – increasing the risk to maintain patient safety across the emergency care pathway.

Infection control. We continue to face the challenge of COVID-19, albeit on a much smaller scale than in 2021

- Plus, increasing numbers of flu and norovirus limiting flexibility to keep patients safe from infection.

Industrial action. None of the trade union ballots met the threshold for industrial action at CHS, but we have been impacted by LAS strikes and await the junior doctors' ballot for strike action, which opened on 9 January.

Actions we're taking

We have introduced a number of new initiatives to get our most seriously ill and injured patients into hospital beds as quickly as possible during the busy winter period and reduce the number of patients waiting in our Emergency Department.

24/7 Operations Centre

In December, we stood-up our brand new Operations Centre to ensure informed and fast decision making by senior clinicians and managers throughout the winter period.

'Focus Weeks'

Trust-wide events throughout December and January where non-essential activity is paused to increase support for clinicians on the frontline and improve patient flow across care pathways.

Admissions and Discharge Lounge

Expanded 24/7 facility with 12 additional beds, as well as seated area. Helping to ensure patients awaiting admission or discharge are not treated in corridors and are cared for in a more comfortable area. Easing congestion in ED and allow emergency teams care for the more critically ill.

More GPs at the front door

Doubled the number of GPs in a new GP led Hub at the front of ED to care for patients not needing hospital treatment. Increasing our capacity to care for patients not needing a hospital stay, including children whose parents who were worried about recent outbreaks of Strep A or a rise in respiratory illnesses.

HALO (Hospital Ambulance Liaison Officer)

Dedicated LAS paramedic based in ED to support safe, effective and timely handover over patients from ambulance to hospital, including the cohorting of patients when required.

The aim of this role is to reduce the number of ambulance hours lost at the hospital, reducing the risk of avoidable harm to patients in the community awaiting an ambulance response.

Croydon was one of the first NHS trusts to return to more than 100% of pre-lockdown levels for routine elective care to tackle the COVID backlogs.

CUH currently has no backlog and now carries out 300 operations a week, an 11 per cent rise on the 270 before the pandemic.

Despite the wider pressures, we have not once stopped elective surgery since wave one, opening a 'hospital within a hospital' to separate elective and emergency care.

To support surgical flow, 12 'short stay' beds are now open to care for patients likely to be discharged within 48 hours. This includes surgical, urology, orthopaedic and gynaecology patients.

As far as possible, the CEC's elective ward is being retained. However, at times of extreme demand, we have had to flex our activity to keep elective and emergency care services safe.

Croydon resident, Lillian, shared her care at the Trust with the Sun on Sunday (10 Dec 2022). More than 30,000 people have been cared for in the Croydon Elective Centre since July 2022.

Shared challenges

The challenges facing the NHS go far beyond the walls of one public service, which is why we are working together as One Croydon to help meet rising demand and changing expectations

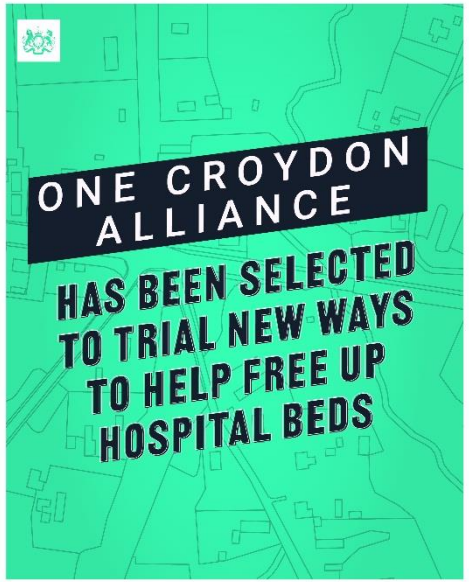
Croydon was selected as one of six national frontrunners to take part in a pilot to free-up hospital beds by giving people care in the community.

£800,000 of government funding awarded to One Croydon to triple the number of residents who can continue treatment at home once they are well enough to leave hospital.

- **Increasing the number of fully residents** six weeks after discharge from 24% to 75%.
- **Reducing the length of stay** in hospital for a patient medically fit for discharge from 11 to 7 days.

Funding will also be utilised to expand existing services and develop a fully integrated team between acute and community, with a shared and secure IT system, leadership and oversight to improve the quality of client care and support seven days a week.

Further funding available: There has also been a social care discharge fund and further resources announced nationally which we are working on together across health and care to support flow.



Together with our partners in the borough, we are striving to provide more coordinated care, in the right care setting to meet the health needs of Croydon residents.

- **Home first:** helping people live independently at home for as long as possible
- **After hospital stays:** Providing care through One Croydon's LIFE team, which includes domiciliary care, reablement, therapy at home
- **Social care:** Working with Council to facilitate placements for residential and nursing homes

Intermediate care beds

12 beds are being commissioned across a number of care homes to support with the management of patients on Pathway 3 (requiring a Care Home placement).

This will ensure patients are in the most suitable setting for the care they require, and reduce the number of patients in an acute bed that no longer need hospital care. These beds will be used for patients requiring:

- Assessment for long-term bed-based care out of hospital;
- Step-down monitoring after a hospital stay;
- Temporary residence whilst awaiting ongoing care, for example housing placement/

Virtual wards

Caring for people in the comfort of their own home, freeing-up hospital beds to care for patients with more complex needs.

- Saving more than 1,000 days of care in six months (2022).
- Helping to keep people well at home and prevent avoidable hospital admissions.

Increasing access to primary care

General practice appointments have increased compared to the same month in previous years, including COVID-19.

Supporting primary care workforce

The number of reported GPs in Croydon has increased by 7.2% from Q4 2019/20 to Q2 2022/23. This is above the 5.5% average for SWL. However, given the scale of Croydon's population, there is under provision of GPs compared to the SWL average. Recruiting and retaining GPs, Practice Nurses and other practice staff remains a challenge across the region and the country.

Training Hub

Croydon has a Training Hub focused on primary care workforce, education and development, including:

- 'Here to Stay' sessions - an opportunity to meet Croydon GPs to share learning, leadership and develop new roles;
- Fellowship programme - two-year programme for newly qualified GPs. So far, 8 applications have been received in Croydon.
- Mentorship – from experienced GPs and matched mentees in Croydon. Topics include leadership, specialist interests, and the new strategic landscape.

General Practice Nurses (GPNs)

Over the last 6 years, approximately 23 new general practice nurses have been recruited and retained in Croydon. However, the number of reported GPNs in Croydon has decreased by 17.3% in the period from Q4 2019/20 to Q2 2022/23. This is larger than the average for SWL (-9%) and for London (-14%).

- Trainee Nursing Associates: Currently 13 in post across Croydon Primary Care.
- Health Care Assistants: Around 40 being trained in essential core skills to support General Practice.

Additional Roles for Primary Care Networks

NHS England has made funding available for new roles to support general practice and this opportunity has been taken up by Croydon's Primary Care Networks. By the end of 23/24, Croydon's workforce will account for 34.6% of the SWL roles through this scheme. These roles include pharmacists, physios, community paramedics, social prescribers and health and wellbeing coaches.

SWL view

Over 750,000 appointments were delivered in October 2022.
Face-to-face consultations in general practice are increasing:

- Up from 52% to 68% (Jan – Oct 2022)

Above the London average in SWL since April 2022.

Type	Capacity increase	How to access
PCN additional capacity during core hours	All 9 PCNs have signed up to provide additional primary care capacity.	Expansion of routine and same day capacity in GP practices.
PCN Enhanced Access Service	There are approximately 1,730* enhanced access appointments available each week in Croydon delivered by the full multidisciplinary team during the Network Standard Hours: Mon-Fri 6.30-8pm, Sat 5-8pm with some PCNs also offering appointments outside of these hours in-line with patient need. Mixture of Face to face and remote appointments. **The appointment value is based on 15 minutes appointment slots however, appointment slot length will vary depending o the type of service offered.*	Core GP services bookable via practices two weeks in advance. Unused slots available to NHS111 same day booking.
Borough-wide Wrap Around Service	The Croydon University Hospital Hub is providing over 290 appointments each month during the following hours: Sat 5-8pm, Sun 8am-8pm & bank holidays 8am-8pm.	Core GP services bookable via practices two weeks in advance. Unused slots available to NHS111 same day booking.
Borough-wide additional winter capacity	Capacity will be increased across the daytime GP hubs for urgent, same day appointments that can also be booked into by NHS111. The additional capacity will be offered by the existing GP hubs (East Croydon, Purley and New Addington), plus a new satellite hub at Croydon University Hospital, which will also be able to take redirections from A&E. The additional capacity will be in place from 1st December 2022 to 31st March 2023.	Accessed via NHS111 as per existing model. CUH presence accessed via redirection from ED.
Acute respiratory infection hubs	Two hubs planned in Croydon, one based at CUH (went live on 9/01/23) and one in New Addington (in progress). The service operate face-to-face appointments as follows: Mon-Fri 18.30-22.30, Sat-Sun 9.00-17.00. The inclusion criteria for ARI hubs are adults and children (all ages) with acute respiratory symptoms.	GP referrals, NHS111, ED following a remote assessment. Same day appointments.

To make it easier for Croydon residents to see a GP in the borough, the above actions have been taken.

Engaging with our communities

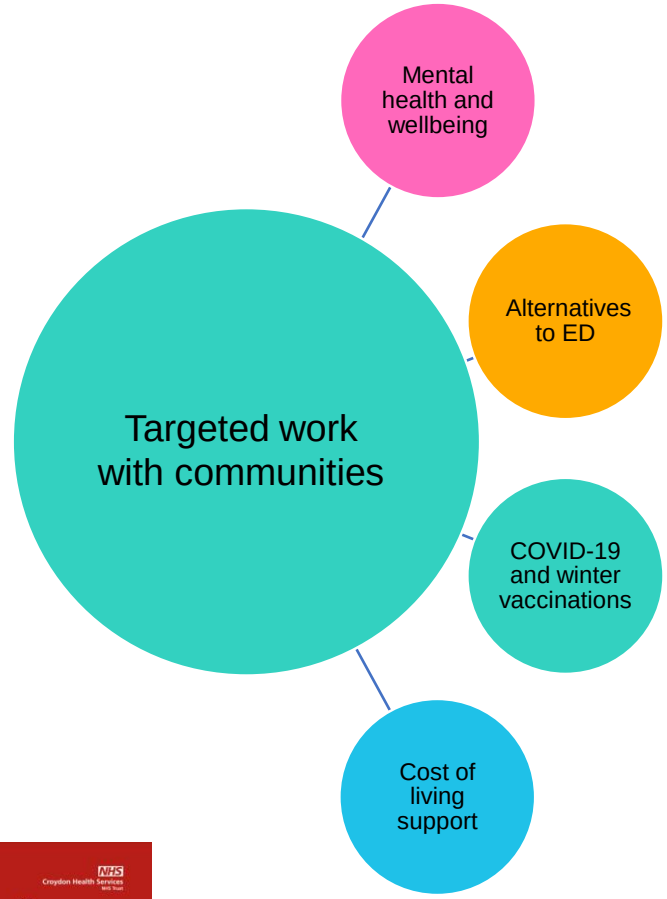
To support frontline teams, we are engaging with our local communities to help raise awareness of the support available, including pre-crisis mental health intervention and alternatives to A&E, to help people access the care they need in the right care setting.

We expect the current pressure to continue, at least towards the spring.

- To help residents now and bolster our services for the future, we are continuing to engage with our local communities.
- Using community networks and mapped relationships to disseminate information and inform behaviour.
- Outreach events, on street engagement and visiting existing community groups in most affected areas and communities.
- Commissioning community and voluntary sector organisations to engage on our behalf, where appropriate.
- Translated leaflets and WhatsApp voice notes in different languages, targeting hard-to-reach groups.
- Using media, social media and websites to involve and inform local people.

What we want to achieve:

- Encouraging people to access the most appropriate service for their healthcare need – be that a pharmacy, urgent care centre, or NHS 111
- Encouraging the public to stay safe and well, including getting vaccinated against flu and COVID-19 (if eligible)
- Demonstrating how the system is prepared and responding to the pressures
- Highlighting the phenomenal efforts of staff working hard to meet the demand to lift staff morale
- Boosting recruiting and retention of staff.



In November 2022, the South West London ICS held a Primary Care workshop to inform development of a primary care strategy. Croydon was very well represented, with over 20 people attending from a variety of settings, including local GPs. The strategy, which is expected to be complete by this Spring, will focus on three key strands of work: anticipatory care, access and prevention.

How can community leaders help?

We are asking MPs, councillors, voluntary organisations, Healthwatch, GP leads and other key stakeholders to help disseminate their own networks and channels to involve people in our community.

Help us care for you

If you feel unwell, it's important that you continue to come forward for NHS care. There are plenty of local services available to help you if you need medical advice, but it is not an emergency, including 24/7 mental health support. See our 'know where to go' leaflet for more.

Supporting our staff

One in three CHS staff overstretched in 2021, in line with the national average. The results of the latest annual NHS Staff Survey are expected very soon.

The current pressures have undoubtedly taken their toll.

- Increased staff sickness levels, showing the early impact of flu season and other winter viruses
- On top of existing vacancies and national recruitment challenges

- Staff sickness rate:
  Up 1 percentage point to 5.5% (Nov 19 to Nov 22), above target of 3.5%)
- Vacancy rate:
  15.2% Oct 22 (above target of 14%)

To combat this, we are continuing to increase the support available

- **Culture change** – embarking on a Trust-wide change programme to improve equality and civility in the workplace.
- **Leadership visibility** – to ensure staff feel appreciated, heard and listened to
- **'Thirst Responders'** – sometimes smallest gestures can make the biggest difference, including weekly refreshments served by leadership team
- **Employee Assistant Programme (EAP)** for free and confidential advice without referral from your manager for concerns about work or home
- **24/7 Mental Health Crisis Line** team if staff feel overwhelmed
- **Winter Wellbeing booklet**, includes cost of living support

Joseph Foster,
Charge Nurse, ED

"I'm very proud to be part of the ED team, from our porters and domestics through to senior management, who are constantly battling against insurmountable odds.

"We are constantly making the best of a bad situation and the way our team have continued to keep the department safe in the last 3-4 weeks is a tremendous achievement, something only possible with the great effort from our team."

Upcoming NHS Staff Survey

The 2022 NHS Staff Survey, which seeks to understand the experiences of staff working across the Trust, closed in late November having received feedback from almost 2,000 of CHS staff (48% of our substantive workforce, up from 44.5% last year).

Whilst we await the publication of the full results over the coming months, what we know already is how vital it is that we continue to listen to and support our staff, particularly during these busy winter months.

Early analysis suggests a number of areas where we have to do more, but also the continuation of some clear improvements, particularly relating to the areas that impact our staff each and every day.

This includes support from immediate line managers and compassionate leadership through to career development, as well as our ability to empower colleagues to show initiative and make improvements happen in the areas they work in.

The bigger picture

Pressures are ever increasing for GPs, hospitals, mental health, social care and voluntary services, but we cannot forget what we have achieved to date.

Biggest-ever Croydon Stars

Held for first time since the COVID-19 pandemic, increasing pride and recognition in our staff

650 nominations, resulting in over **70** finalists.

PM chooses Croydon

New PM chose Croydon Health Services for his first official visit, less than a week into his premiership

Bringing investment into the borough

Additional £15 million secured to expand elective services in Croydon and PWMH, including eight enhanced procedure rooms.

Plus funding for a new Community Diagnostic Hub in Purley and New Addington to deliver more life-saving checks, scans and tests.

Transforming services

Officially opened state-of-the-art stroke unit in December, with the help of award-winning actor, Miriam Margolyes OBE. The move is the next stage in the £15m transformation of services, including new Critical Care Unit opening Autumn 2023.

Our continued focus needs to be:

- Managing unpreceded demands
- Maintaining patient safety
- Ensuring high-quality care,
- Improving patient experience
- Supporting staff wellbeing
- Balancing rising costs to live within budgets

This requires us to build on our successful track-record of collaboration in Croydon

- Combining our experience and expertise
- Joining-up health and care
- Breaking down barriers between professions
- Reducing health inequalities by improving access to the right services, in the right care setting

CHS has an ambitious and challenging financial plan for 2022/23:

- **£22.6m (6%)** recurrent savings
- **£10m** non recurrent support
- **£8m** elective recovery fund income
- To achieve a deficit of **£16.7m**
- Against annual income of **£400m**

This requires financial efficiencies to be clinically-led, safeguarding patient and backed by strong financial controls.

One Croydon

NHS
Croydon Health Services
NHS Trust

Thank you

Questions and discussion

Living our **Trust values**

Excellent care for all
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LONDON BOROUGH OF CROYDON

REPORT:	**HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**
DATE OF DECISION	**24 JANUARY 2023**
REPORT TITLE:	**ADULT SOCIAL CARE AND HEALTH DIRECTORATE BUDGET AND PERFORMANCE**
CORPORATE DIRECTOR	Annette McPartland Corporate Director Adult Social Services
LEAD OFFICER:	Annette McPartland Corporate Director Adult Social Services
LEAD MEMBER:	Councillor Yvette Hopley Health And Adult Social Care
AUTHORITY TO TAKE DECISION:	**This report is presented to the Health & Social Care Sub-Committee to inform the budget scrutiny process.**
WARDS AFFECTED:	**All**

1 SUMMARY OF REPORT

1.1 This report continues the regular budget and savings progress updates to Health and Social Care Scrutiny Sub-Committee. On this occasion Scrutiny have requested specific updates on key benchmarked performance indicators.

2 RECOMMENDATIONS

2.1 The Sub-Committee is recommended to note the updates on:

- 2022/23 Period 7 (October 2022) budget and savings position.
- 2023/24 indicative savings (as of 10 January 2023).
- The Council's position in relation to the benchmarked key performance indicators.

2.2 To consider any comments it may wish to make on the 2023-24 indicative savings proposals, which will be fed into the wider budget scrutiny process led by the Scrutiny & Overview Committee.

3 BUDGET AND SAVINGS POSTION – MONTH 7 (OCTOBER 2022)

(Extract from 25 January 23 Cabinet paper)

3.1 At month 7 an **underspend of £1.097m** is forecast which is an improvement of £0.031m. This includes £10.215m savings achieved or on track, £0.971m savings are at risk of non-delivery and £5.314m savings are not deliverable. Quantified opportunities remain the same as period 6.

3.2 The forecast underspend of £1.097m is a net position, the key items being:

- £2.962m Underspend in staffing which, in return, is a barrier to achieving savings. This is an increased underspend of £0.785m. There is a national shortage of both social workers and occupational therapists, recruitment to many roles is proving challenging.
- £0.668m Underspend following the detailed of 21/22 accruals for planned care cost. It is usual that care is delivered at a lower level than planned for many reasons including delayed hospital discharge, temporarily staying with family etc. However, this year is slightly higher than normal which is believed to be Covid related.
- £5.295 Non delivery of savings which had previously been shown as at risk, £3.215 in 18-65 Disabilities, £1.195m in Over 65 Localities and a £0.380 incorrect Public Health income budget which will be corrected. This is being mitigated by managing demand for care and other underspends.
- £0.555m Overspend in care for 18–25-year-old Transitions clients which is a reduction of £0.073m from month 6.

3.3 Unquantified Risks present continued concerns as to impact upon the Directorate budget over the remainder of the financial year:

- Potential post COVID-19 latent demand working through the population resulting in additional care package placements and community equipment.
- Inflation, rising fuel costs will result in significant expenditure for ASC Providers – may result in claims for increased fees and/or financial instability with potential for 'handing back' contracts.
- Hospital discharge pressure as current system risk is running at winter activity levels due to COVID-19. To assist pressures in the health and care system, the Adult Social Care Discharge Fund has recently been announced which should mitigate the worst of these pressures.
- High vacancy rate is caused by significant challenges in recruitment across the Directorate. This means staff are focussed on statutory delivery, rather than transformation. This is a national issue.

3.4 Continued detailed analysis of demand and cost will take place each month to the end of the financial year to enable, where possible, an estimate of the value of these current Unquantified Risks as listed.

3.5 Finance continues to work closely with the service to improve reporting and monitoring for finance and performance data to give additional quality assurance.

Table 1 - Month 7 forecast for the Directorate

Forecast Variance as at Current Month 7	Forecast Variance as at Prior Month 6	Change from Month 7 To 6	Savings non-delivery as at Month 7	Other Pressures as at Month 7
£'000s	£'000s	£'000s	£'000s	£'000s
(1,097)	**(1,064)**	**(33)**	**5,314**	**(6,411)**

Table 2 - progress on MTFS savings

Target value	Savings Not Delivered (In Forecast)	On track value	Delivered value	Current Month At Risk Value	Prior Month At Risk	Change from Prior Month At Risk
£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
(16,500)	**5,314**	**1,851**	**8,364**	**971**	**519**	**452**

Table 3 - service budgets and forecast Month 7

	Approved Budget	Current Actuals	Full -Yr Forecast	Projected Variance
	£'000s	**£'000s**	**£'000s**	**£'000s**
Operations	107,785	67,705	106,001	(1,784)
Directorate	1,171	703	1,551	380
Policy and improvement	14,734	5,589	15,041	307
Total adults	**123,690**	**73,997**	**122,593**	**(1,097)**

Table 4 – Medium Term Financial Strategy - savings not delivered

Saving description	Total Target	Savings Non Delivery as at Month 7
	£'000s	£'000s
Refocusing Public Health funding	(380)	380
Disabilities Operational Budget (baseline)	(4,371)	2,021
Disabilities Operational Budget (stretch)	(1,213)	1,213
Older People Operational Budget (baseline)	(3,195)	1,195
Review of Older Adults Packages of Care	(505)	505

Table 5 - Medium Term Financial Strategy - savings risk

Description	Savings at risk as at month 7	Savings at risk as at month 6	Change from Month 7 To 6
	£'000s	£'000s	£'000s

Disabilities Operational Budget (baseline)	850	0	850
Mental Health Operational Budget (baseline)	0	83	(83)
Review of Mental Health Packages of Care	50	0	50
Older People Operational Budget (baseline)	0	194	(194)
Review of contracts	36	132	(96)
HWA contract savings	35	110	(75)
Total	**971**	**519**	**452**

Table 6 - other quantifiable and un-quantifiable risks

Quantified Risks	**P7** £'000s	**P6** £'000s	**Details of Risks**
Adult Social Care and Health	-	-	None.
Un-quantified Risks	**P7** £'000s	**P6** £'000s	**Details of Risks**
Adult Social Care and Health	-	-	**Potential post Covid-19** pandemic latent demand working through the population resulting in additional care packages placements.
	-	-	**Inflation**, rising fuel and food costs significant expenditure for care providers - may result in claims for increased fees or face financial instability
	-	-	**High vacancy rate** is caused by significant challenges in recruitment across the Directorate. This means staff are focussed on statutory delivery, rather than transformation. This is a national issue.
	-	-	**There is Hospital discharge pressure** as the current system risk is running at winter levels due to Covid and backlog despite being summer. Work is being done on a deep dive, as the numbers of placements and equipment cost are rising.

Table 7 - quantifiable and unquantifiable opportunities

Quantified Opportunities	P7 £'000s	P6 £'000s	Details of Opportunities
Adult Social Care and Health	(380)	(380)	**Public Health (£0.380m)** Ongoing Internal Review of Public Health Funding towards related expenses.

4 PROPOSED 2023/24 SAVINGS

4.1 The table below outlines the indicative savings plans for 2023/24.

Description	£000
Disabilities operational budget	- 5,277
Mental health operational budget	- 834
Contracts review	- 275
Older People operational budget	- 3,019
Transitions operational budget	- 260
Contracts review	- 75
Review Of Staffing Portfolio Across C&P Services	- 100
Active Lives Post Deletion	- 60
Fees and Charges Increase in Line with DWP	- 150
Closure of the Cherry Orchard Garden Centre	- 180
Close Whitehorse Day Centre (facilities management cost only)	- 38
PPE growth hand-back and swap with COMF money	- 325
Managing demand programme will deliver a revised operating model.	- 150
Staff vacancy factor of 5%	- 1,000
Absorption of inflation within existing budgets	- 500
Total of proposed savings	**- 12,243**

(Accurate as of 10 January 2023)

4.2 The Directorate will deliver its 2023/24 medium term financial plan and Mayor's Business Plan commitments through three key areas:

- **Reviewing packages of care** (which is a requirement of the Care Act). Ensuring the costs remain relevant to the care and support plan agreed between the resident and the social worker.
- **A strategic managing demand programme** delivering a financially sustainable operating model, developing and enabling a successful provider market that ensures full use of technology enabled care, reablement (including discharge from hospital).
- **Commissioning models of care** that are sustainable, meet minimum statutory duties, and maximise community / integration partner opportunities.

4.3 These plans are a continuation of the transformation activity reported to the Committee in November 2022. The only significant change to note is the two year pause to elements of the ASC Reforms announced by the Government during the Autumn statement. In particular the charging elements. The Care Quality Commission Assurance Framework remains in place, and the Council is waiting for further government guidance on the Cost of Care exercise.

4.4 Announced on 9 January 2023, the Council and Health System partners, have been successful in becoming one of six national 'front runner' pilots, focussed on improving hospital discharge and community reablement.

5 BENCHMARKED PERFORMANCE MONITORING

5.1 Our overall performance objectives are to continue reducing activity/expenditure to:

- The London average or below for younger adults by March 2024.
- The English average or below for older adults by March 2024.
- Whilst fulfilling all our statutory responsibilities.

5.2 Appendix 1, provides key analysis of the Directorate's performance movement between 2020/21 and 2021/22, benchmarked against the performance objectives.

BUDGET AND ACTIVITY FORECASTS

5.3 Slides 2 – 5 shows spend and activity from 2019/20 through to 2024/25. Please note:

- 2019/20 through to 2021/22 are published numbers.
- 2022/23 is based on current in year forecasts.
- 2023/24 and 2024/25 are based on a forecast methodology we developed in conversation with the Local Government Association Finance and Performance Advisor the Directorate has been working with.

5.4 The key points highlighted include:

Activity moving to London average or below for younger adults

- On current trends Croydon will not get activity below the London average until after 2024/25.

Spend moving to London average or below for younger adults

- Progress is being made towards the London average.
- On current trends this could be met in 2023/24.

Activity moving to England average or below for older adults

- Progress is being made towards the England average.
- The data is showing a year-on-year reduction of 7%.

- Performance is below the London average, but still has work to be done to get to the England average.

Spend moving to England average or below for older adults

- Good progress is being made towards the England average.
- If the current trends continue, this could be reached by or during 2023/24.
- Performance is already below the London average and is reducing (London and England averages are increasing).

USE OF RESOURCES – BENCHMARKING FOR ADULT SOCIAL CARE 21/22

5.5 Slides 6 – 20 are relevant to the November 2022 publication of the Local Government Association's 'Use of Resources (2021/22)' benchmarking report for adult social care in England.

5.6 This is a significant report for the Directorate. The Use of Resources 2020/21 report was viewed nationally as of limited benchmarking use due to the impact of Covid 19 on activity and finances. Largely in that void, on activity data the Directorate has had to rely on applying a 3% demographic growth to the year end (31 March) data, with the minimum aim of not exceeding the revised figure.

5.7 The new report now allows us to view a benchmarked progress against the key performance objectives. The data sets are relevant to the financial year 2021/22.

5.8 The standout analysis suggests that Croydon is moving in the right direction on budget and activity levels, although pace of change remains challenging. Key issues on this remain aligned to challenges noted in the budget section. Namely, post Covid-19 pandemic latent demand working through the population resulting in additional care package placements. Also, the high vacancy rate caused by significant challenges in recruitment across the Directorate. This means staff are focussed on statutory delivery, with limited ability to support transformation. This is a national issue.

5.9 The other point of note is the Directorate's Managing Demand programme and Commissioning service (now with commissioning leads fully recruited). Each is moving into key delivery on our Front Door, digital offer (including technology enabled care), and developing new commissioning models for home care, reablement, and Transitions.

5.10 The key analysis to draw from the Use of Resources report is highlighted below and shown in greater detail in Appendix A.

5.11 **Net expenditure**

- In 2020/21 Croydon had the highest net current expenditure per 100,000 18+ year olds in London (out of 32).
- In 2021/22 Croydon had the 8th highest in London (out of 24 submissions).

- Please note, there was an issue with submitted data that meant the published results set Croydon more favourably as 13th highest, but our revised position lowers that to 8th. The issue was identified and should not occur next year.

5.12 **Gross expenditure**

- In 2020/21 Croydon had the 2nd highest gross current expenditure for adult social care in London (out of 32 submissions).
- In 2021/22 Croydon had the 8th highest rate in London (out of 31 submissions).
- This reduction on spend per adult aged over 18, has seen Croydon fall from above the national average to below it.

5.13 **18-64 year olds accessing long term care**

- In 2021/22 there were 2,325 residents accessing long term care in Croydon.
- This is 970 per 100,000 and is the 4th highest in London.
- The 1.1% increase was the 19th largest increase in London.

5.14 **65+ year olds accessing long term care**

- In 2021/22 there were 3,600 residents accessing long term care in Croydon.
- This is 6,665 per 100,000 and is the 14th highest in London.
- The 7.2% decrease was the 3rd largest decrease in London.

5.15 **Rate of 18-64 year olds accessing nursing or residential long term support**

- Between 2020/21 and 2021/22 the was no change (425) 18-64 year olds accessing either nursing or residential long term support in Croydon.
- This is 177.7 per 100,000 and is the highest rate in London.
- At December 2022 this has reduced to 400, down from 415 in September 2022.
- This is 167 per 100,000.
- To date this had been rated as green in the corporate performance framework; as the target was set to stay within a 3% growth limit.
- With the release of the Use of Resources, the rating is now Red. Further analysis will confirm the speed at which moving to the London average is possible.

5.16 **Rate of 65+ year olds accessing nursing or residential long term support**

- At March 31st 2022 there were 690 clients.
- This is 1,276.6 per 100,000 65+ year olds; 11th highest rate in London.
- This increased to 787 by September 2022, but no further growth as of December.
- This is 1,482.1 per 100,000 65+ year olds.
- The 7% increase in 65+ year olds accessing long term care in an either nursing or residential setting in Croydon from 645 in 2020/21 to 690 in 2022/22 was the 17th largest increase in London.

5.17 **Clients reviewed, accessing long term support more than 12 months**

- In 2021/22 there were 3,310 clients that have been accessing long term support for more than 12 months at the end of the year (31 March 2022).
- 635 of them (19%) have had a review in 2021/22. This was lowest in London.
- In Sept 2022 this was 56.7%.
- Reviews are a core focus of our transformation programme during the last few years. However a key issue is recruitment of suitably qualified staff.

6 PROVIDER MARKET

6.1 Croydon has the largest care provider market within London.

- 123 registered care homes with over 3,150 beds.
- 139 registered home care providers.
- 35 registered supported living services.

6.2 The Council has strengthened its working relationship with our providers since the start of the covid-19 pandemic. We have done this by:

- Hosting in person provider engagement events for the whole of the sector.
- Regular information webinars and helping providers by introducing them to key stakeholders who can support them in developing services to residents.
- Regular communications highlighting key local and national issues.
- Developing with the market a Workforce Recruitment and Retention Strategy that reflects the needs of the provider market in best support of our residents.
- Accessing national funding streams in developing and maintaining services.
- Seen as a partner/single point of access in signposting to various partner services.
- Co-design of our Market Position Statement.

Quality of the market

6.3 The Council has a strong and pro-active approach to reviewing the quality of the market. We do this via collaborative working with care providers which supports continuous improvement. The quality of the market is monitored by:

- Dedicated team of officers who monitor all regulated care providers within Croydon on a risk matrix basis.
- Detailed monitoring plan and follow up action plans monitored on any key actions that are required by providers.
- Reviewing the CQC ratings on a monthly basis to understand changes in the market and meet with providers immediately for any decreased ratings.

- Monthly meetings with CQC to review approach to monitoring of providers.
- Review of providers with concerns at the subgroup of Croydon Adult Safeguarding Board (CASB), Intelligence Sharing Committee. All key stakeholders attend to share intelligence and agree follow ups
- Monthly provider report issued to key stakeholders showing current quality of market and sharing intelligence.
- If there are serious provider concerns then they will enter the pan-London approved 'Provider Concerns' process.
- Dedicated intelligence sharing form and email address for any professional to refer in any feedback on providers.
- Quality and safeguarding support meetings held with providers.
- Spot visits to care providers where required.
- Updates provided to Croydon Adult Safeguarding Board on a regular basis.

6.4 The overall quality of the market within is comparable to other London boroughs which is good considering the overall size of the market.

7 RESIDENT VOICE

7.1 In December 2022, the Directorate's Managing Demand programme manager met with the group to provide an overview of the Managing Demand programme. The session was held on MS Teams (the group had agreed previously for development sessions meeting online was the best method), and 5 residents attended.

7.2 The session explored our ambition to support residents better through a preventative approach that promotes independence. We explained that is very much aligned to out Adult Social Care and Health Strategy and the obligations in the Care Act 2014. The approach will look at a person's strengths, so that the right help at the right time to the right person can be provided by the right agency. The group were very engaged but found the information a lot to digest and asked for sessions to be 'bite sized'.

7.3 The feedback in now enabling us to plan a regular set of engagement sessions on this area of transformation. The next session on 19 January will explore how we are planning to deliver Information, Advice and Guidance (IAG) on our Adult Social Care and Health webpages.

8 NEXT STEPS

8.1 The Directorate is focussed on final analysis and business cases for the annual growth and cost of living requirements for the 2023/24 budget.

8.2 We are moving into key delivery phases of the Transformation programme; in particular on reviews, hospital discharge and reablement.

8.3 Although challenging due to issues described in this report; the Directorate has developed sufficient transformation plans that should enable us to deliver the 2023/24 savings target.

CONTACT OFFICER: Annette McPartland - Corporate Director, Adult Social Care & Health
Appendix 1 – Adult Social Care and Health – performance slides.

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Health and Social Care Scrutiny Sub-committee

Adult Social Care and Health

Key performance

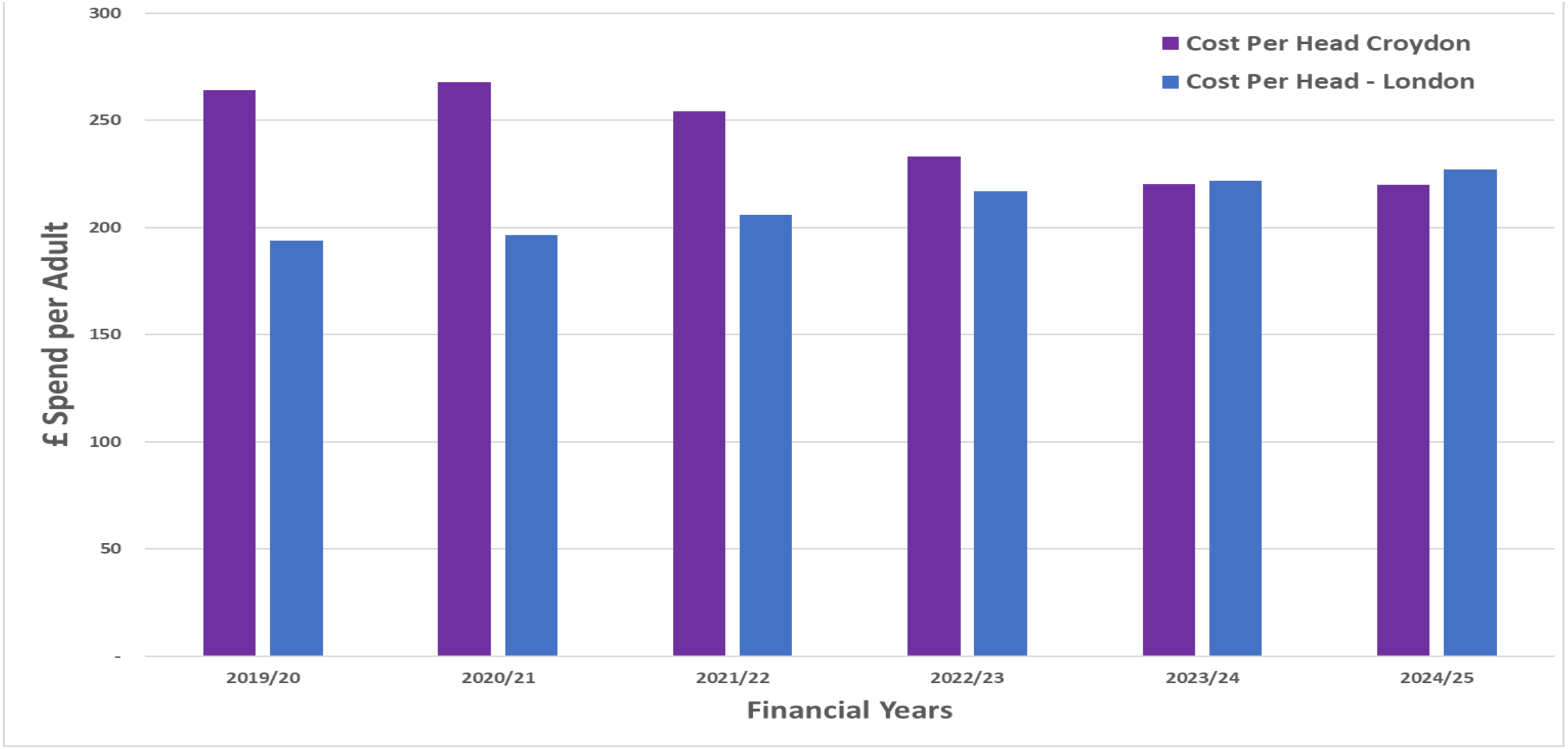
Budget, Activity and Reviews

24 January 2023

Changes in 18-64 % of population in long term support

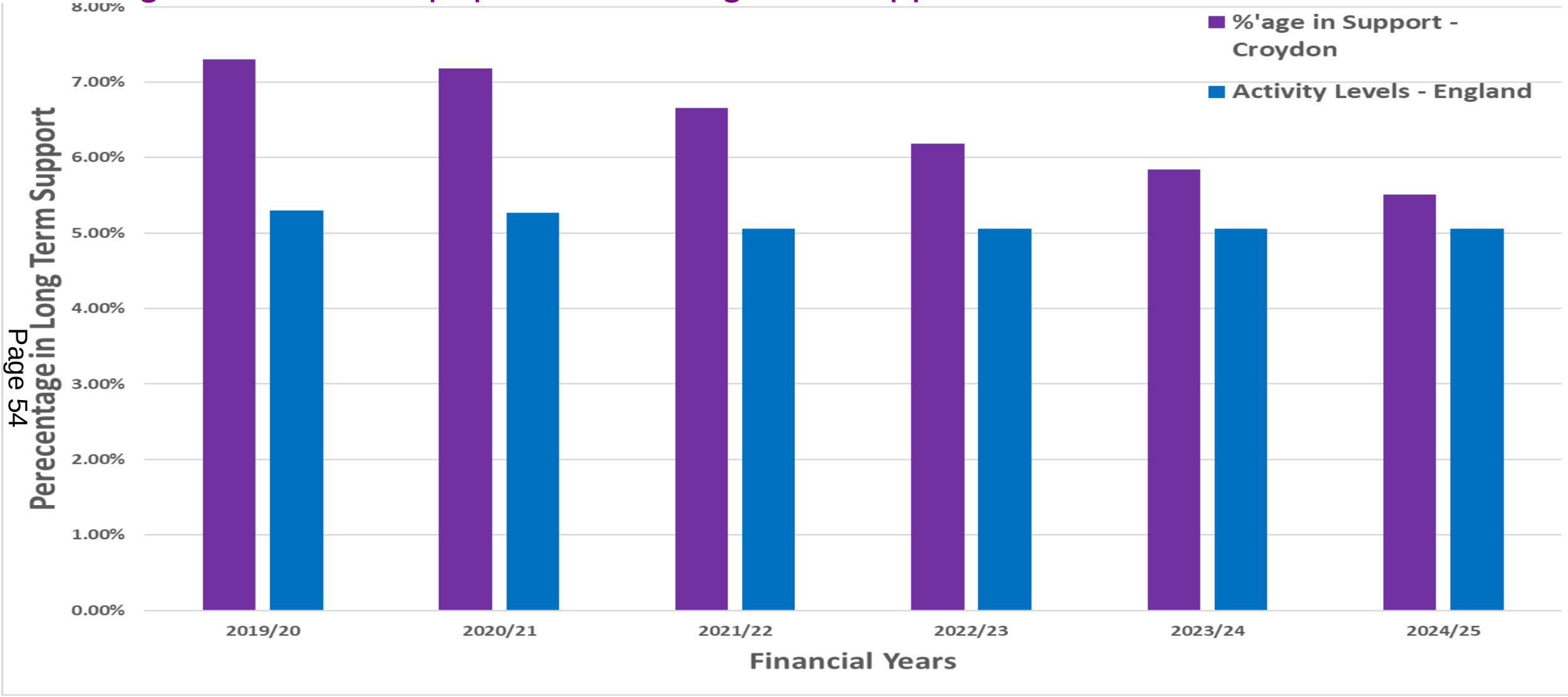
Progress is being made towards the London Average Activity Levels 18-64.
On current trends Croydon will not get activity below the London average until after 2024/25.

18-64 spend per adult on long term support



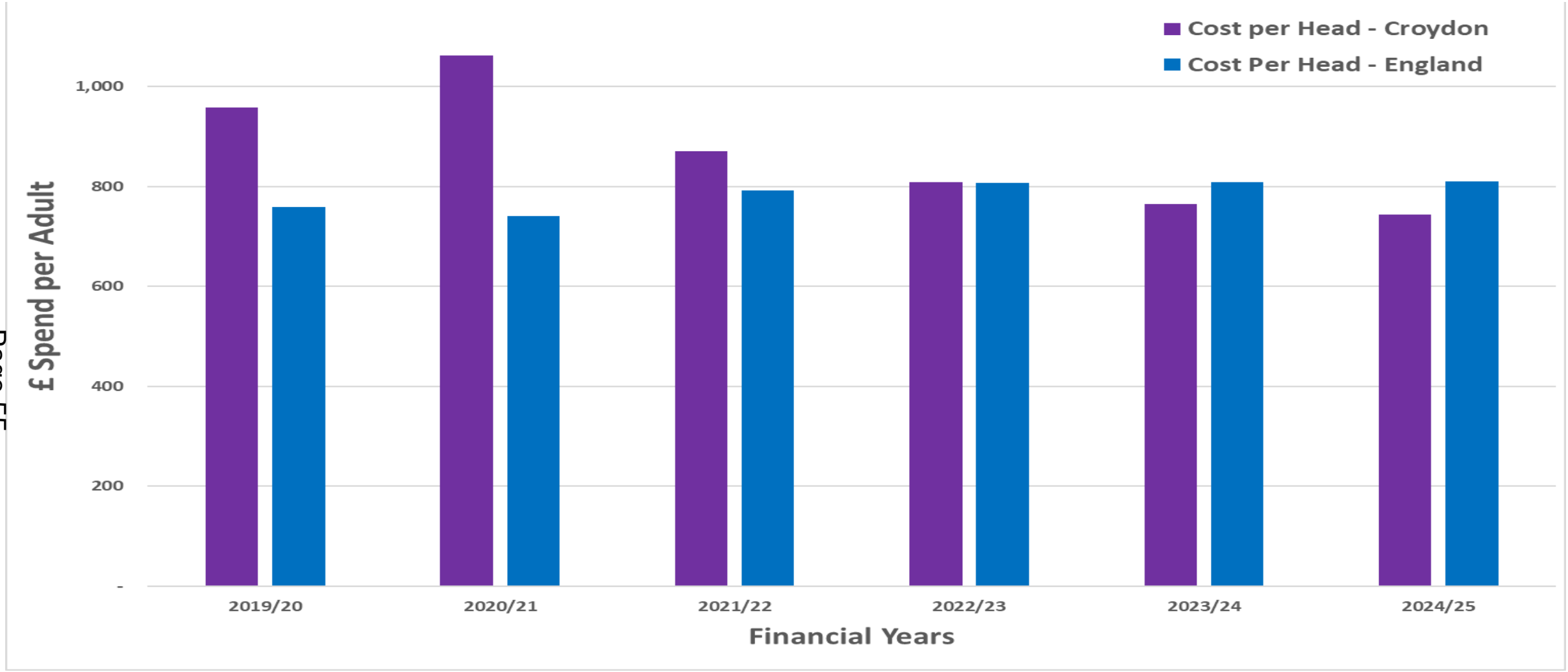
Progress is being made towards the London Average, but there is still work to be done.
On current trends this could be met in 2023/24.

Changes in 65+ % of population in long term support



Progress is being made towards the England average for over 65 activity levels.
The data is showing a year on year reduction of 7% (please note there is still some data validation work ongoing).
Activity levels are below the London average but still has work to be done to get to the England average.

65+ spend per adult on long term support



Good progress is being made towards the England average of £ spend per Adult for Over 65's.
If current trends continue, this could be reached by or during 2023/24.
To note, performance is already below the London average and is reducing (London and England averages are increasing).

2021/22
Use of Resources Benchmarking

Key performance measures

Net expenditure

- In 2020/21 Croydon had the highest net current expenditure per 100,000 18+ year olds in London (out of 32).
- In 2021/22 the published data suggests that a reduction in Croydon expenditure meant it had become the 13th highest (out of 24).
- However, we identified the published data is incorrect.
- Revised data means that in 2021/22 our analysis in fact places Croydon as the 8th highest in London (out of 24).

Gross expenditure

- In 2020/21 Croydon had the 2nd highest gross current expenditure for adult social care in London (out of 32).
- In 2021/22 a reduction in expenditure meant that Croydon is now the 8th highest rate in London (out of 31 as Hackney didn't submit data).
- The 8% reduction between 2020/21 and 2021/22 was the joint 2nd biggest proportionate reduction in London.
- 22 out of 31 LAs saw an increase in expenditure in this period.
- This reduction has seen Croydon fall from above the national average to below it.

Activity

- 4th highest rate of 18-64 long term clients in London.
- 1st rate of 18-64 residential or nursing home clients in London.
- 14th highest rate of 65+ long term clients in London.
- 11th highest rate of 65+ residential or nursing home clients in London.
- Lowest rate of long-term clients for over 12 months who have received a review.

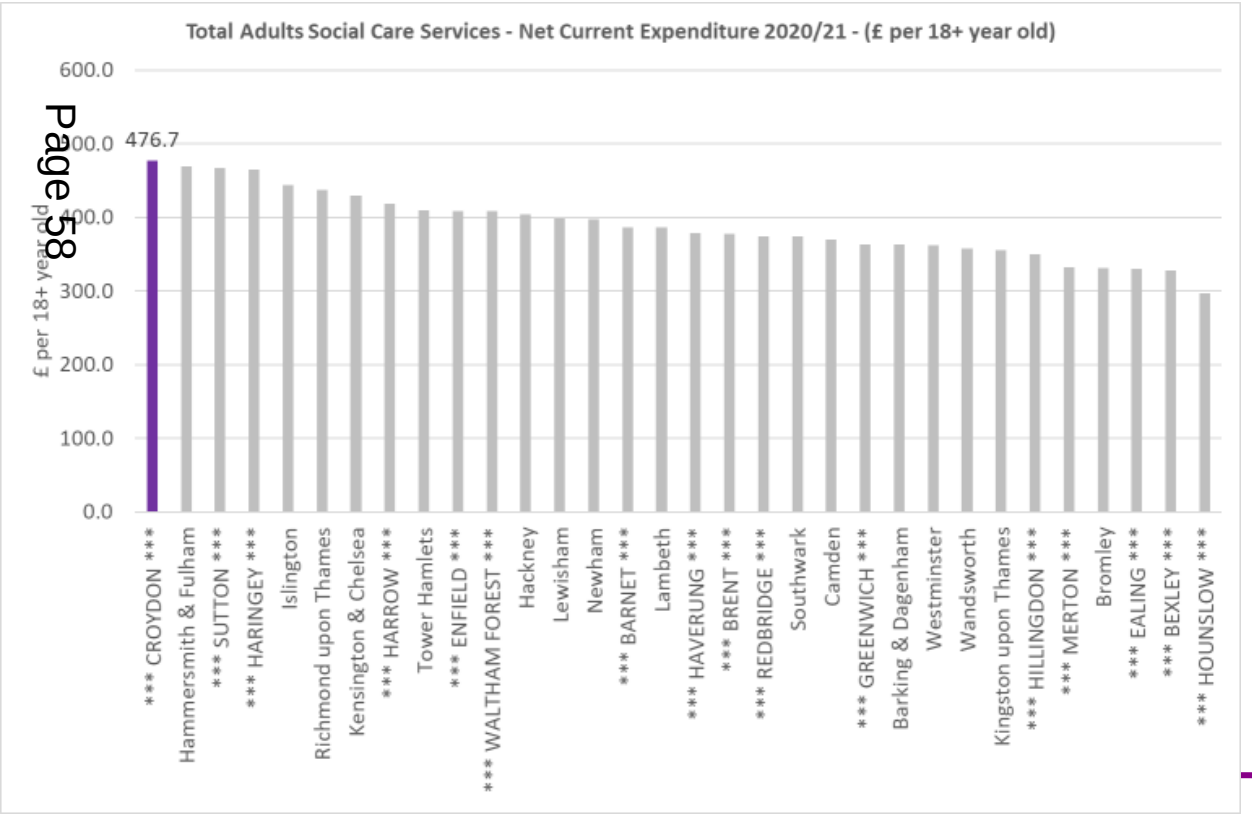
Net current expenditure

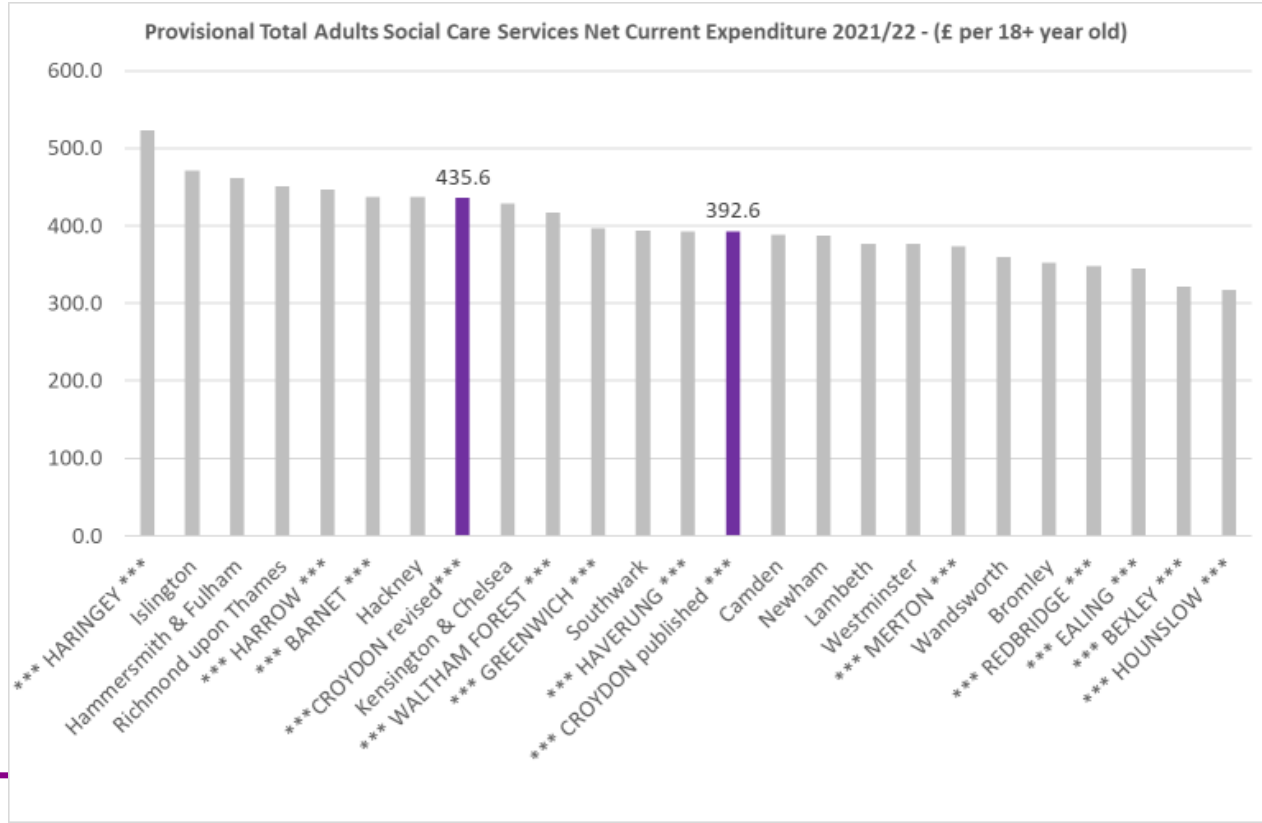
In 2020/21 the Croydon net current expenditure for Adult Social Care was £139.797m. This equates to £476.71 per 18+ year old.
This was the highest rate in London (out of 32).

In 2021/22 the net current expenditure was nearly £25m less at £115.139m. This equates to £392.63 per 18+ year old.
This is the 13th highest rate in London (Provisional as only 24 boroughs had submitted). However, the published data is incorrect.

The revised net current expenditure was in fact just over £12m less at £127.740m.
This equates to £435.60 per 18+ year old and is the 8th highest rate in London (out of 24)

The budget set for adult social care in the revenue account (RA) was £138.379m for 2021/22 and £133.926 for 2022/23.



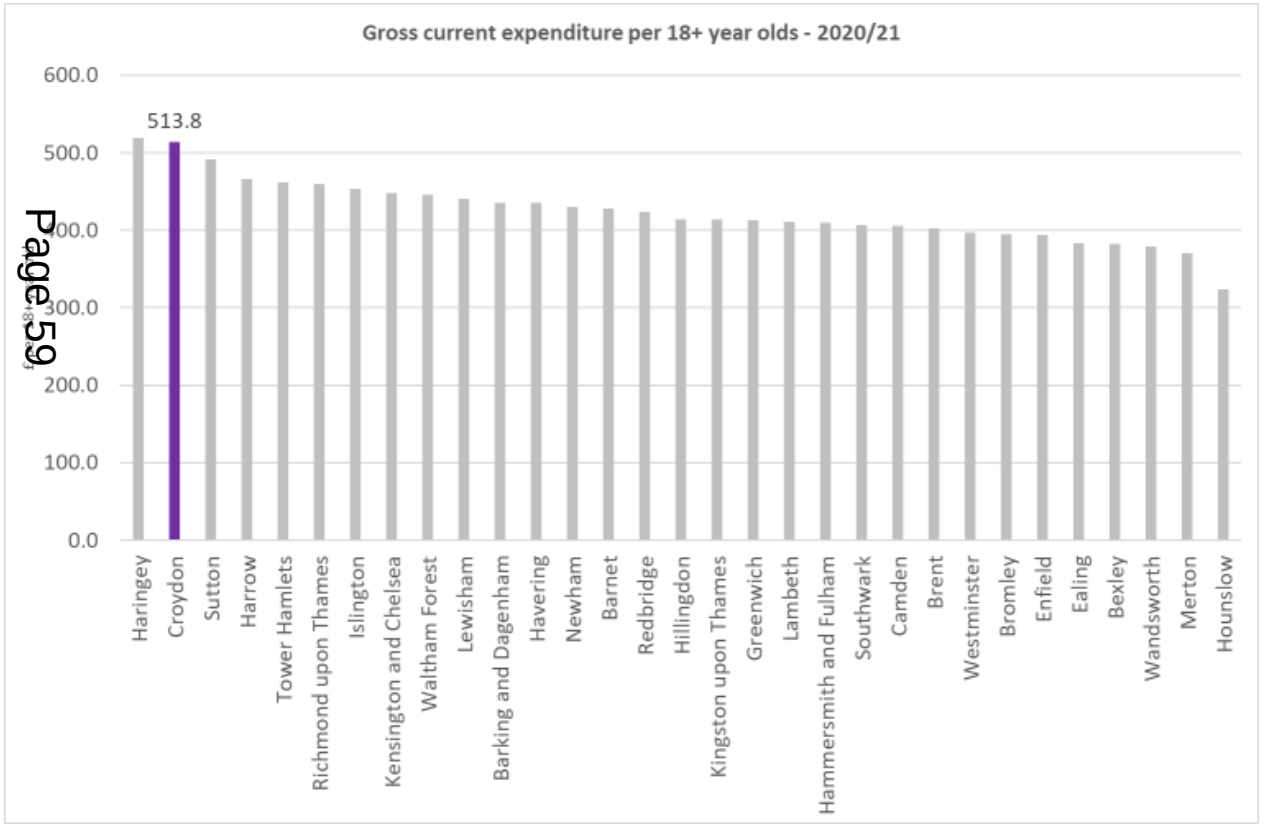


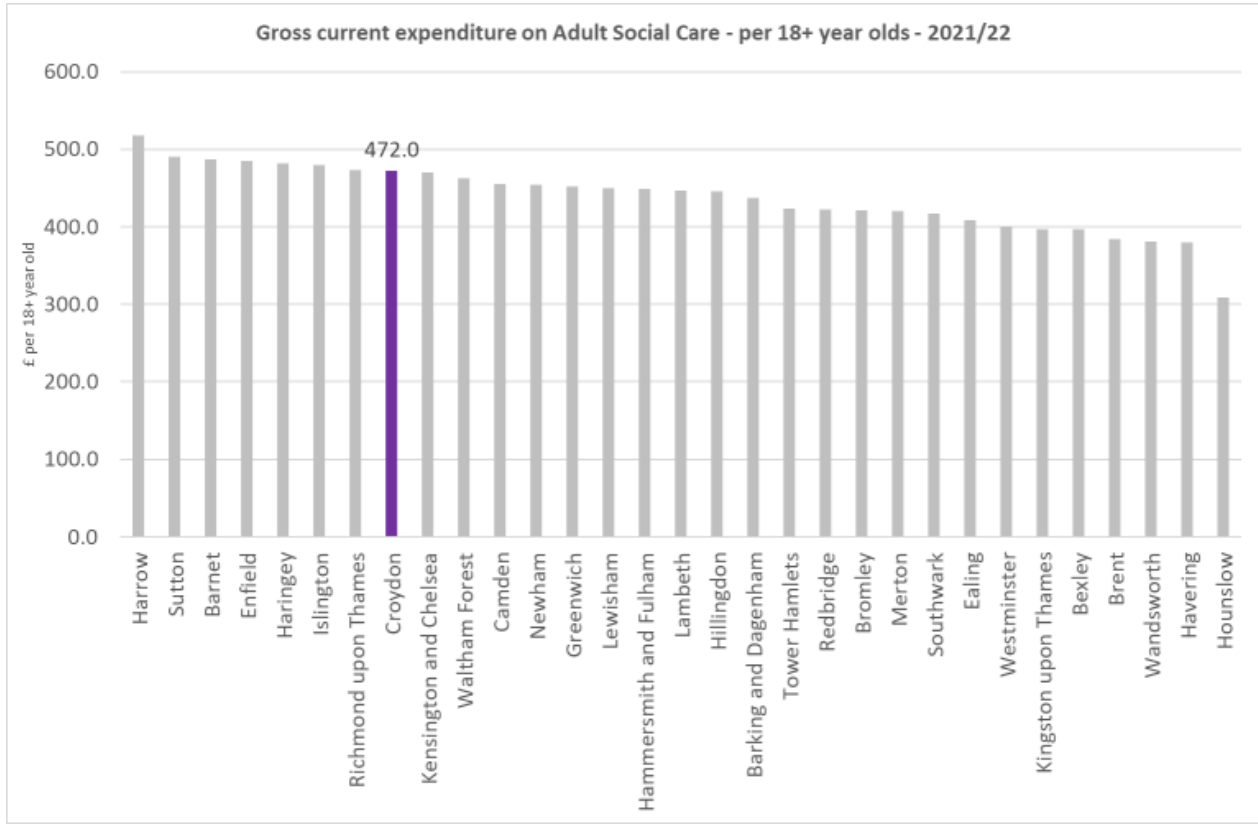
*** Croydon CIPFA nearest neighbours ***

Gross current expenditure

In 2020/21 the Croydon gross current expenditure for Adult Social Care was £150.678m.
This equates to £513.8 per 18+ year old. This was the 2nd highest rate in London (out of 32).

In 2021/22 the Croydon gross current expenditure for Adult Social Care was over £12m less at £138.415m.
This equates to £472 per 18+ year old. This is the 8th highest rate in London (out of 31 – Hackney did not submit data).



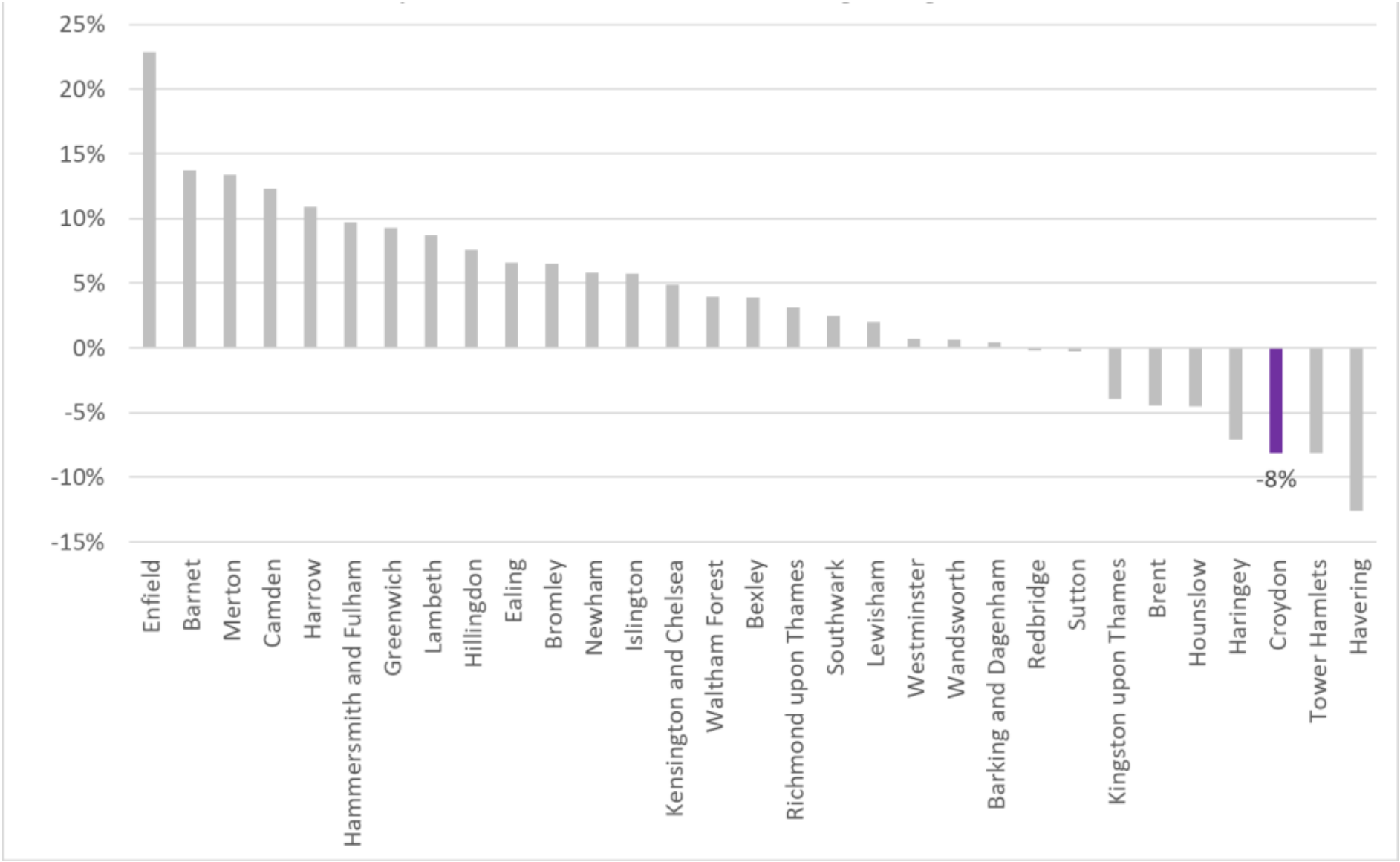


Gross current expenditure percentage change 20/21 to 21/22

The 8% drop in Croydon gross current expenditure for Adult Social Care between 20/21 and 21/22 was the joint 2nd biggest reduction in expenditure in London.

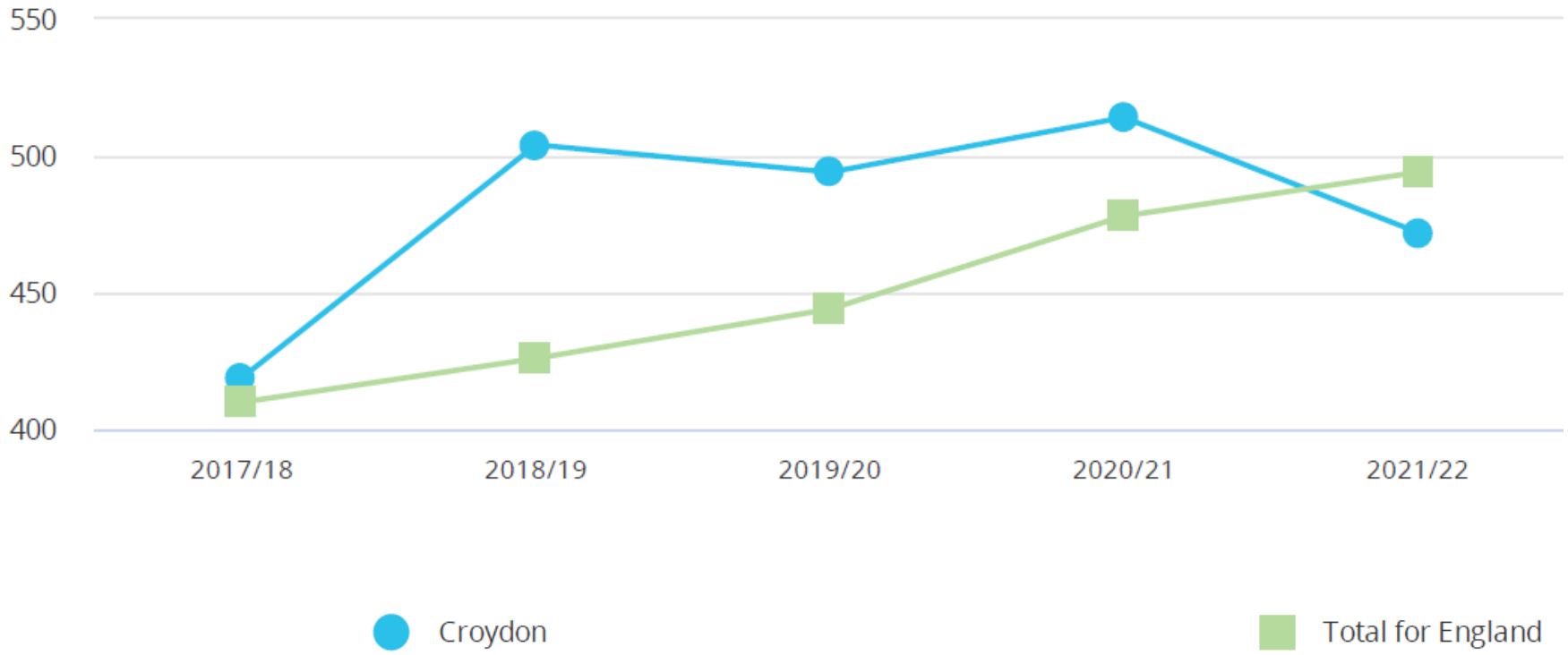
(Hackney did not submit data).

22 out of 31 councils saw an increase in expenditure in this period.



Spend on adult social care per adult aged 18 and over (2017/18 to 2021/22)

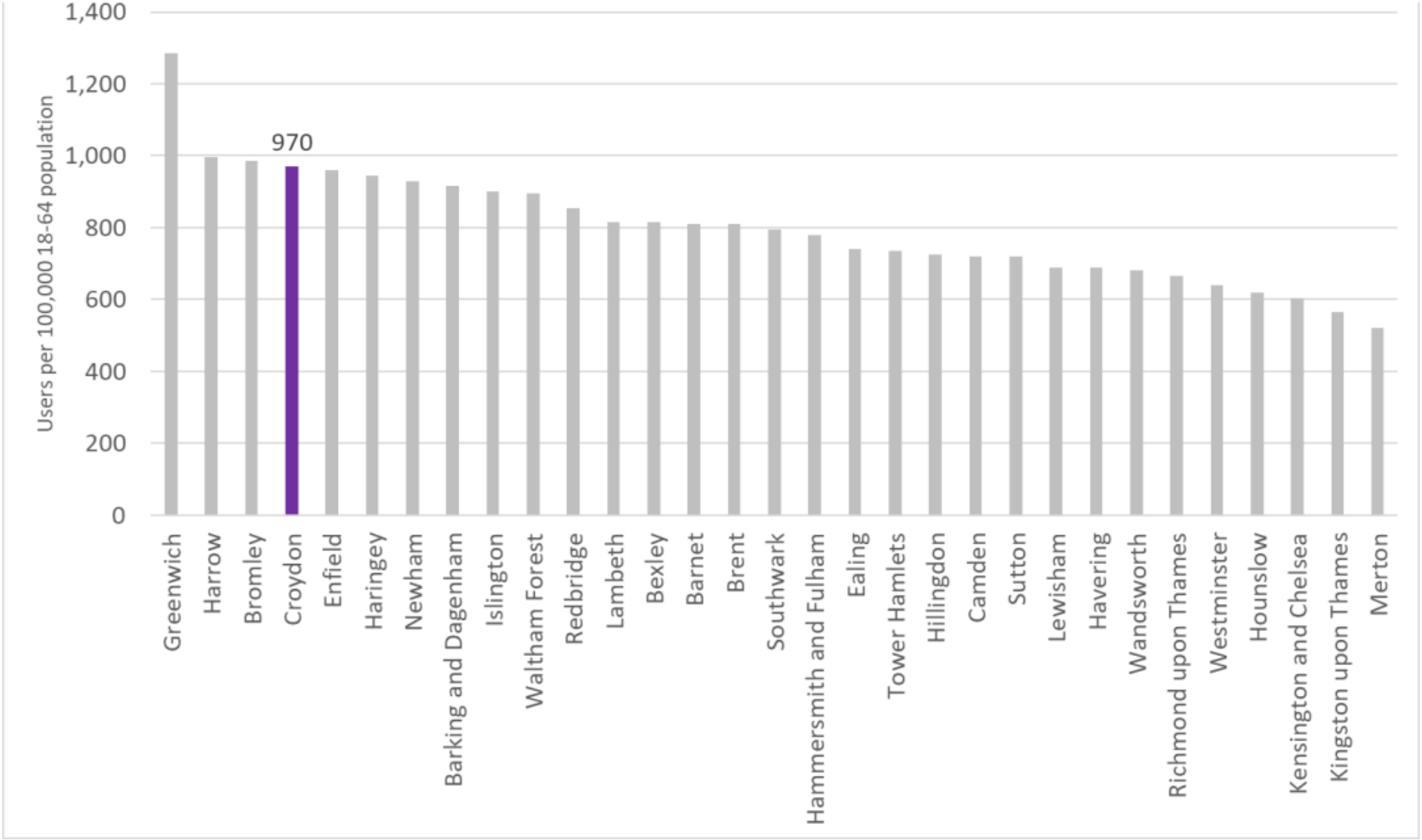
The reduction in expenditure between 2020/21 and 2021/22 has taken Croydon below the national average.



Number of 18-64 year olds accessing long term care per 100,00 adults (2021/22)

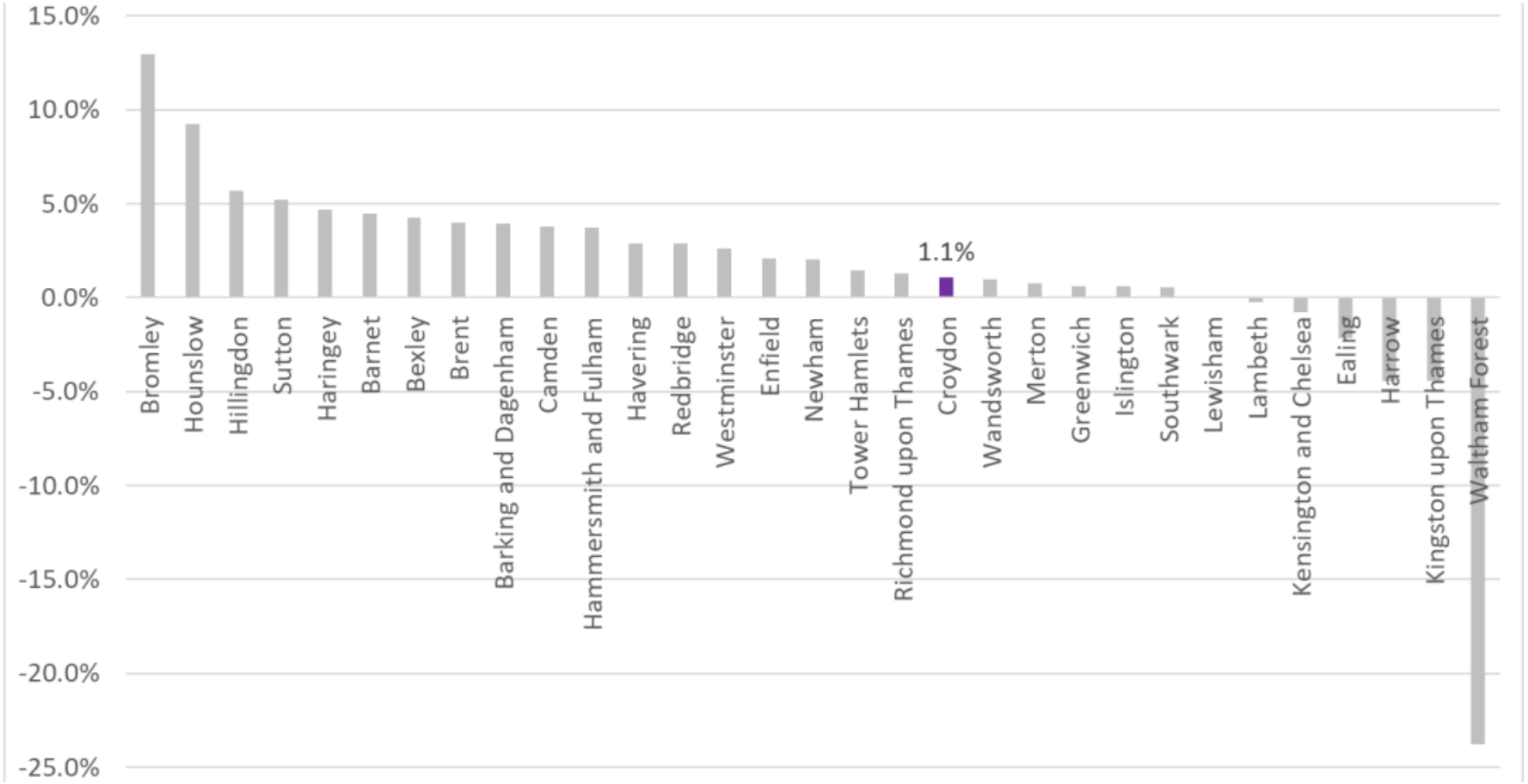
In 2021/22 there were 2,325 18-64 year olds accessing long term care in Croydon.

This is 970 per 100,000 18-64 year olds and is the 4th highest in London.



Number of 18-64 year olds accessing long term care percentage change (20/21 to 21/22)

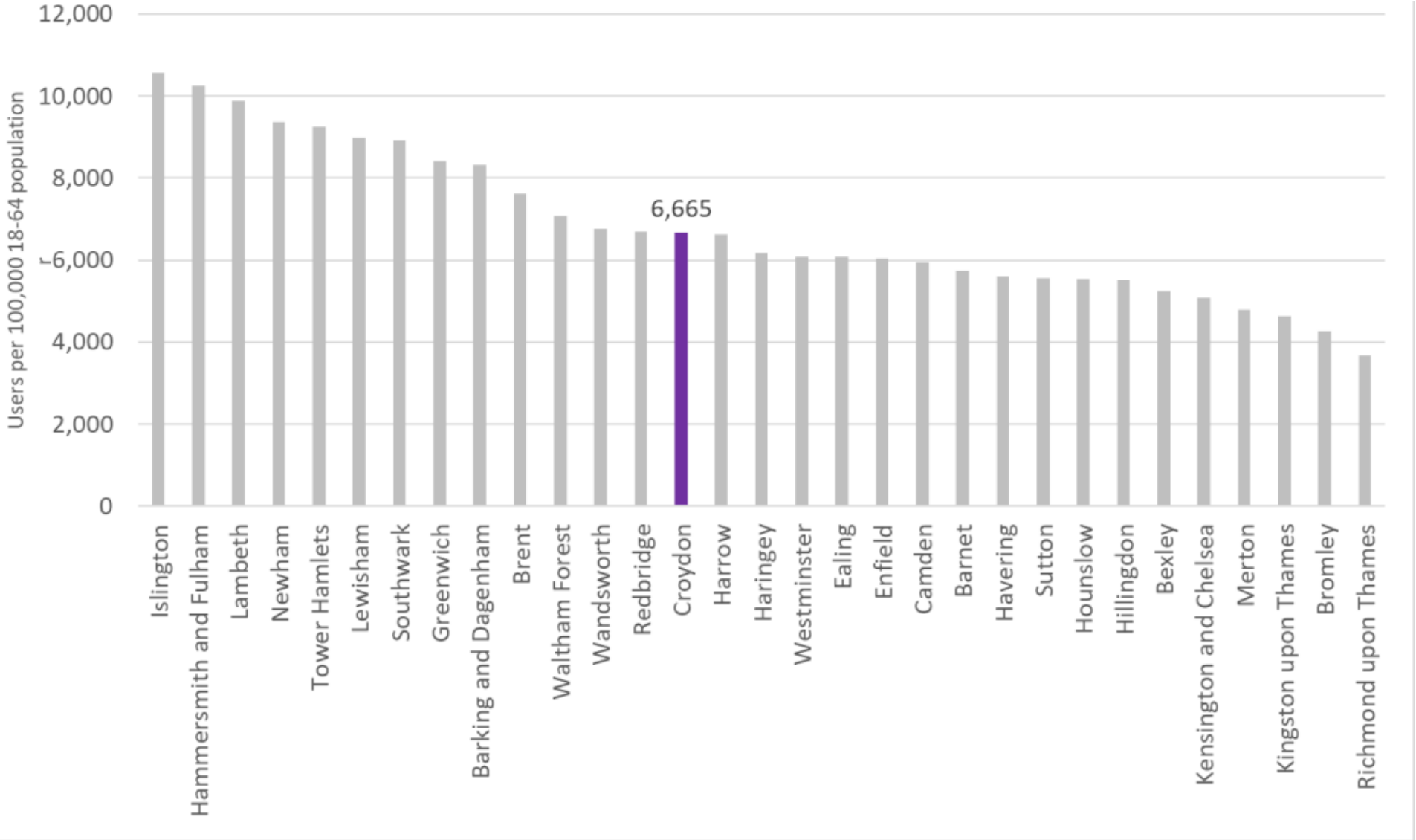
The 1.1% increase in 18-64 year olds accessing long term care in Croydon from 2,300 in 2020/21 to 2,325 in 2021/22 was the 19th biggest increase in London.



Number of 65+ year olds accessing long term care per 100,00 adults (2021/22)

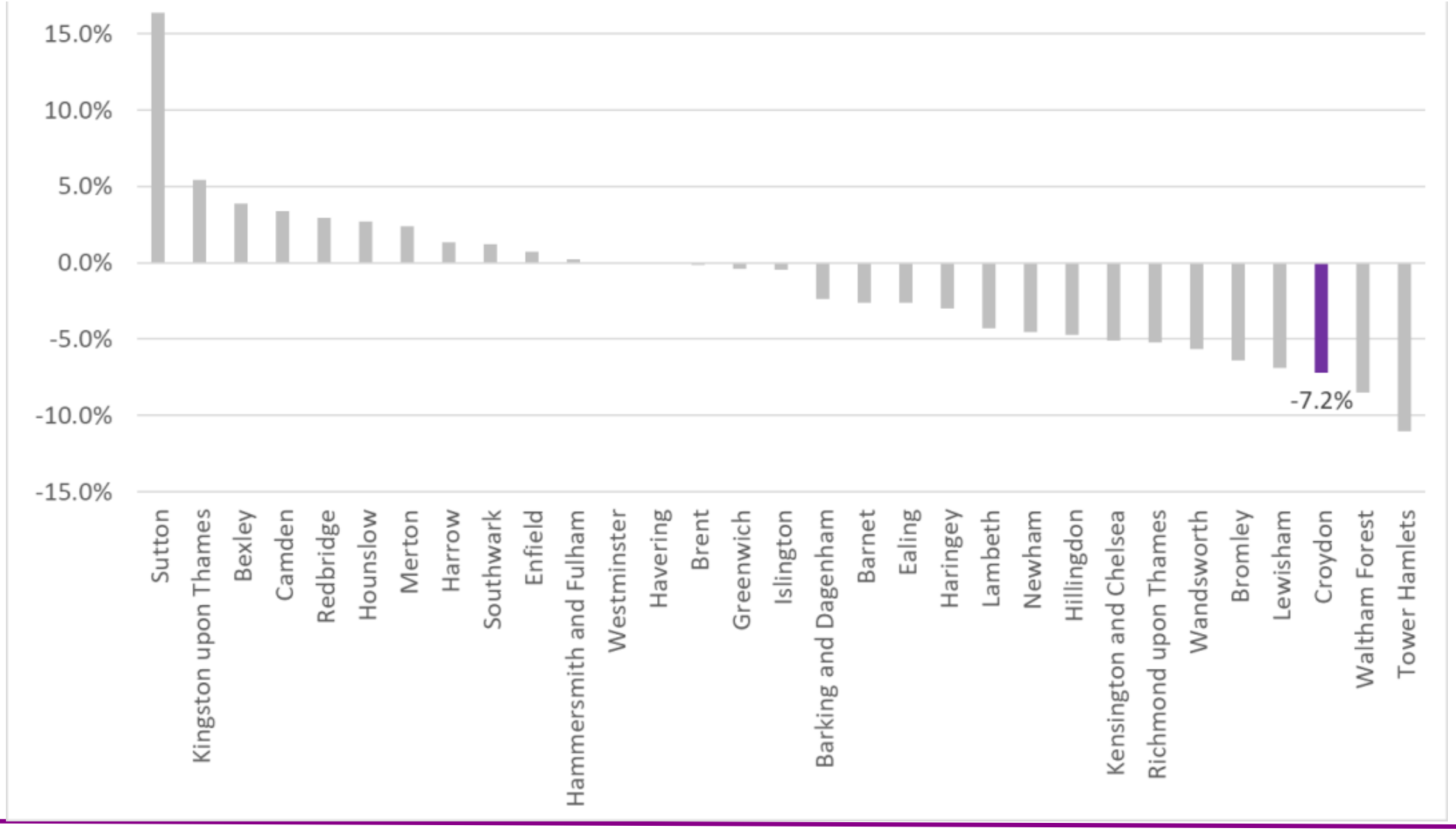
In 2021/22 there were 3,600 65+ year olds accessing long term care in Croydon.

This is 6,665 per 100,000 65+ year olds and is the 14th highest in London.



Number of 65+ year olds accessing long term care percentage change (20/21 to 21/22)

The 7.2% decrease in 65+ year olds accessing long term care in Croydon from 3,880 in 2020/21 to 3,600 in 2021/22 was the 3rd biggest decrease in London.



Rate of 18-64 clients per 100,000 accessing nursing of residential long term support as at 31 Mar 22

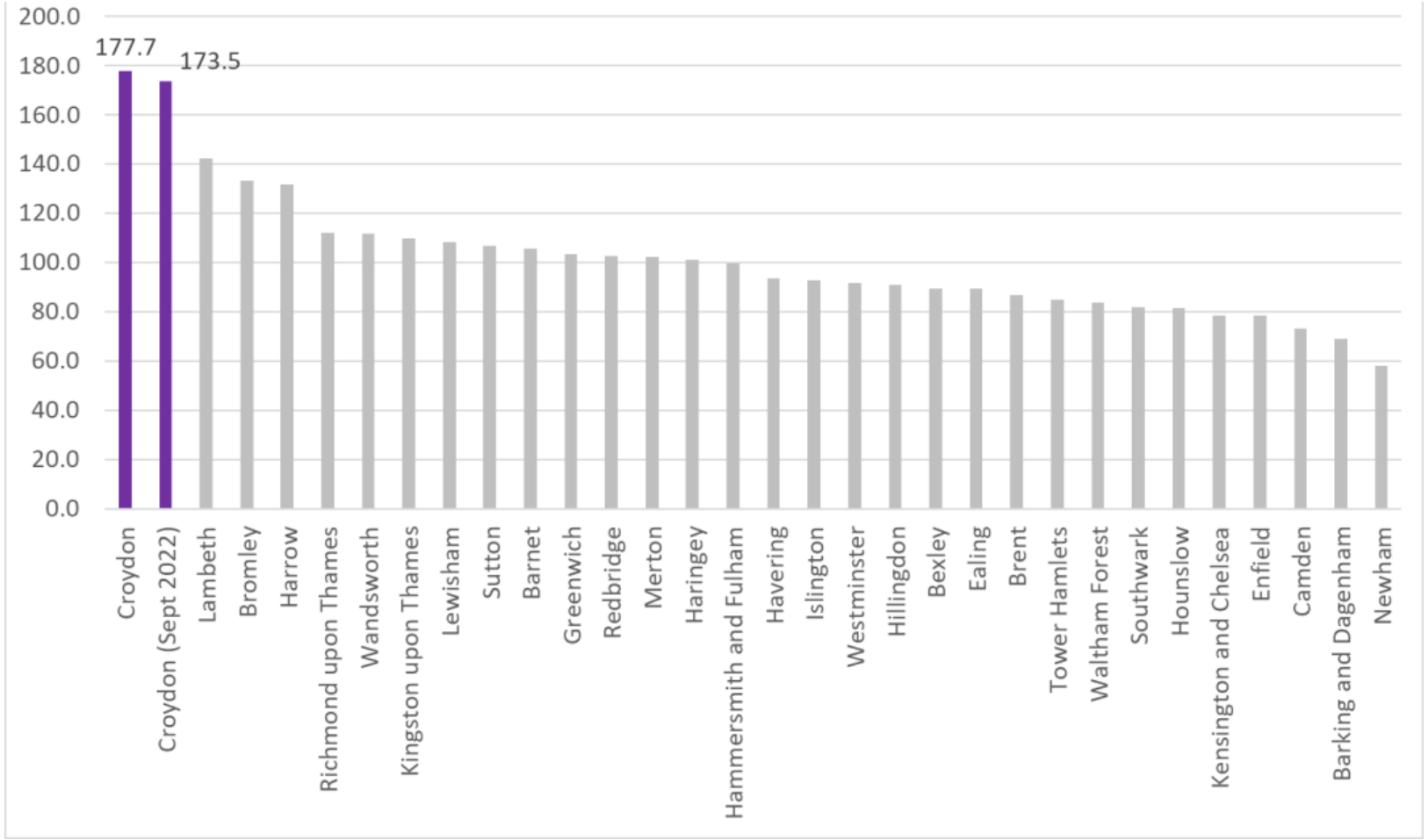
As at March 31st 2022 there were 425 clients aged 18-64 accessing either nursing or residential long term support in Croydon.

This is 177.7 per 100,000 18-64 year olds and is the highest rate in London.

In Sept 2022 this has reduced to 415.

To date this had been rated as green in the in the corporate performance framework; as the target was set to stay within a 3% growth limit.

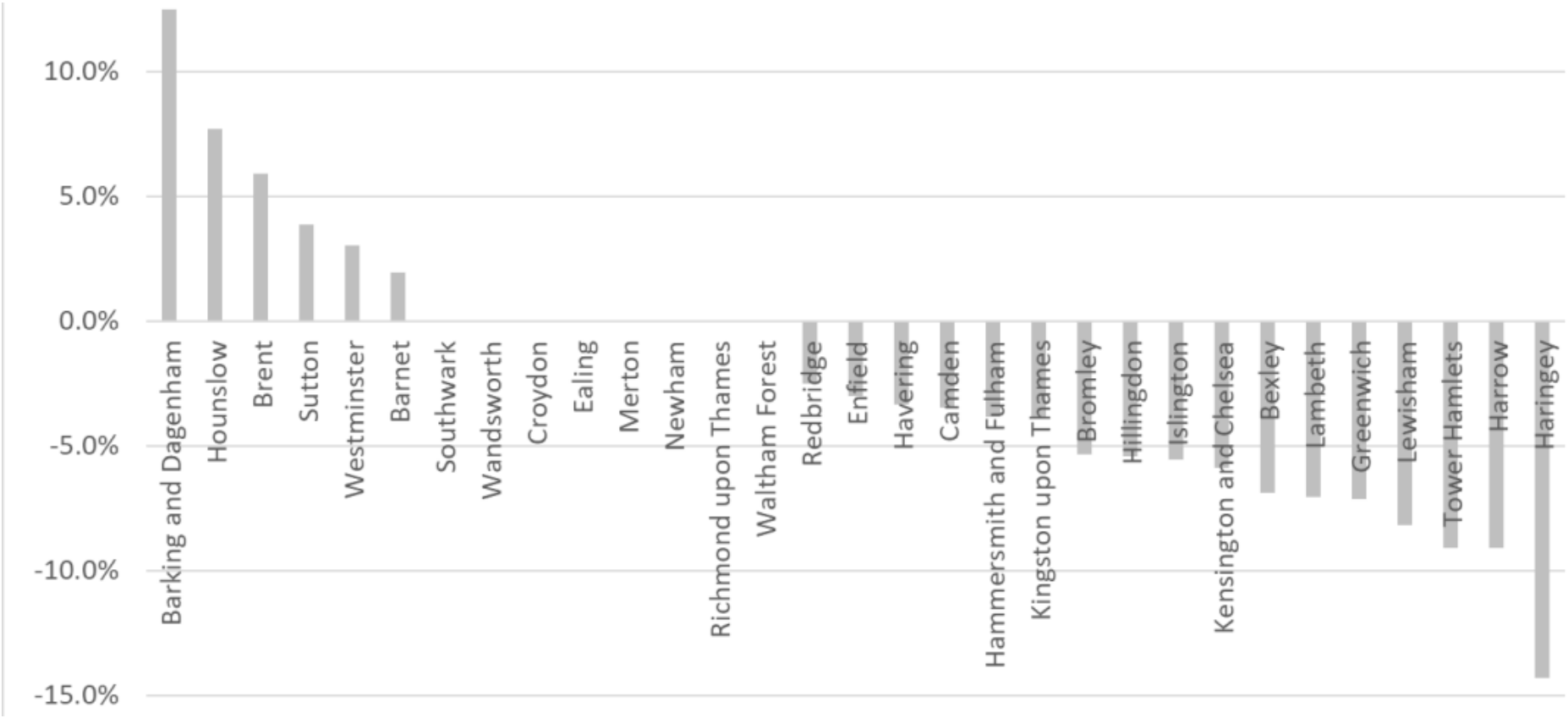
With the release of the Use of Resources data, the rating is now Red, and analysis is being developed to understand to speed at which moving to the London average is possible.



Number of 18-64 clients in nursing of residential settings – percentage change from 20/21 to 21/22

In 2020/21 and 2021/22 the was no change (425) 18-64 year olds accessing either nursing or residential long term support in Croydon.

The 1.1% increase in 18-64 year olds accessing long term care (slide 14) in Croydon from 2,300 in 2020/21 to 2,325 in 2021/22; suggests the service is moving in the right direction on placements.

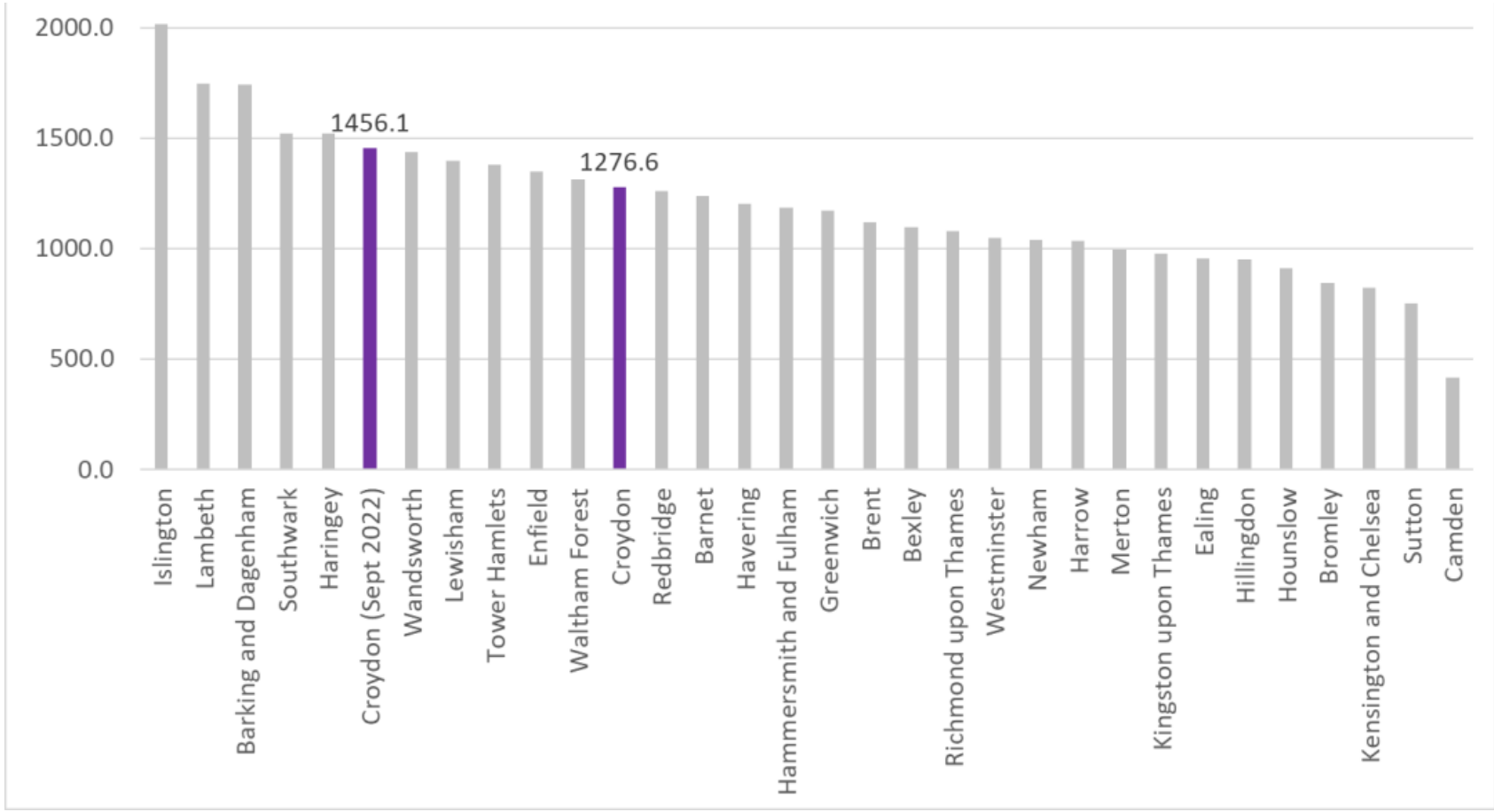


Rate of 65+ clients per 100,000 accessing nursing of residential long term support as at 31 Mar 22

As at March 31st 2022 there were 690 clients aged 65+ accessing either nursing or residential long term support in Croydon.

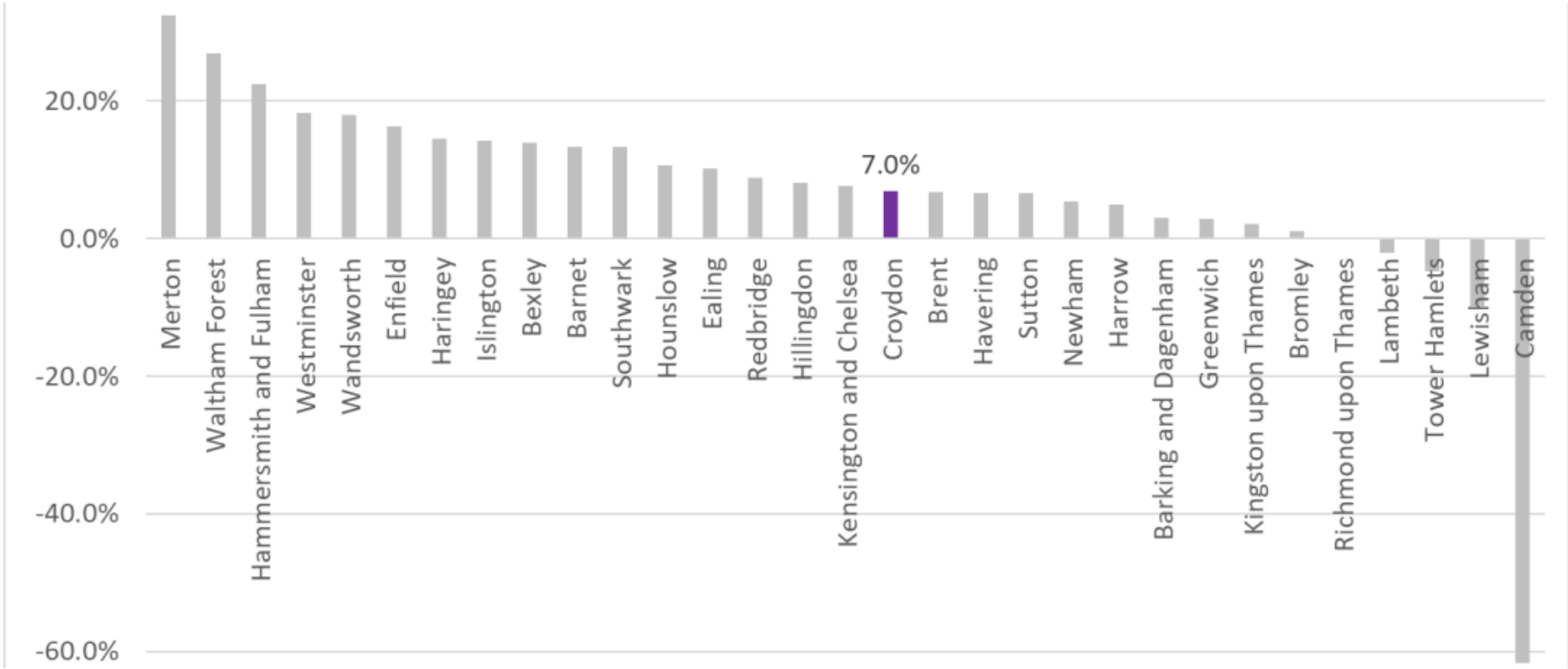
This is 1,276.6 per 100,000 65+ year olds.
11th highest rate in London.

In Sept 2022 this has increased to 787.
This is 1,456.1 per 100,000 65+ year olds.



Number of 65+ clients in nursing of residential settings – percentage change from 20/21 to 21/22

The 7% increase in 65+ year olds accessing long term care in an either nursing or residential setting in Croydon from 645 in 2020/21 to 690 in 2022/22 was the 17th biggest increase in London.



% of clients that have been reviewed who have been accessing long term support for more than 12 months at the end of the year 2021/22

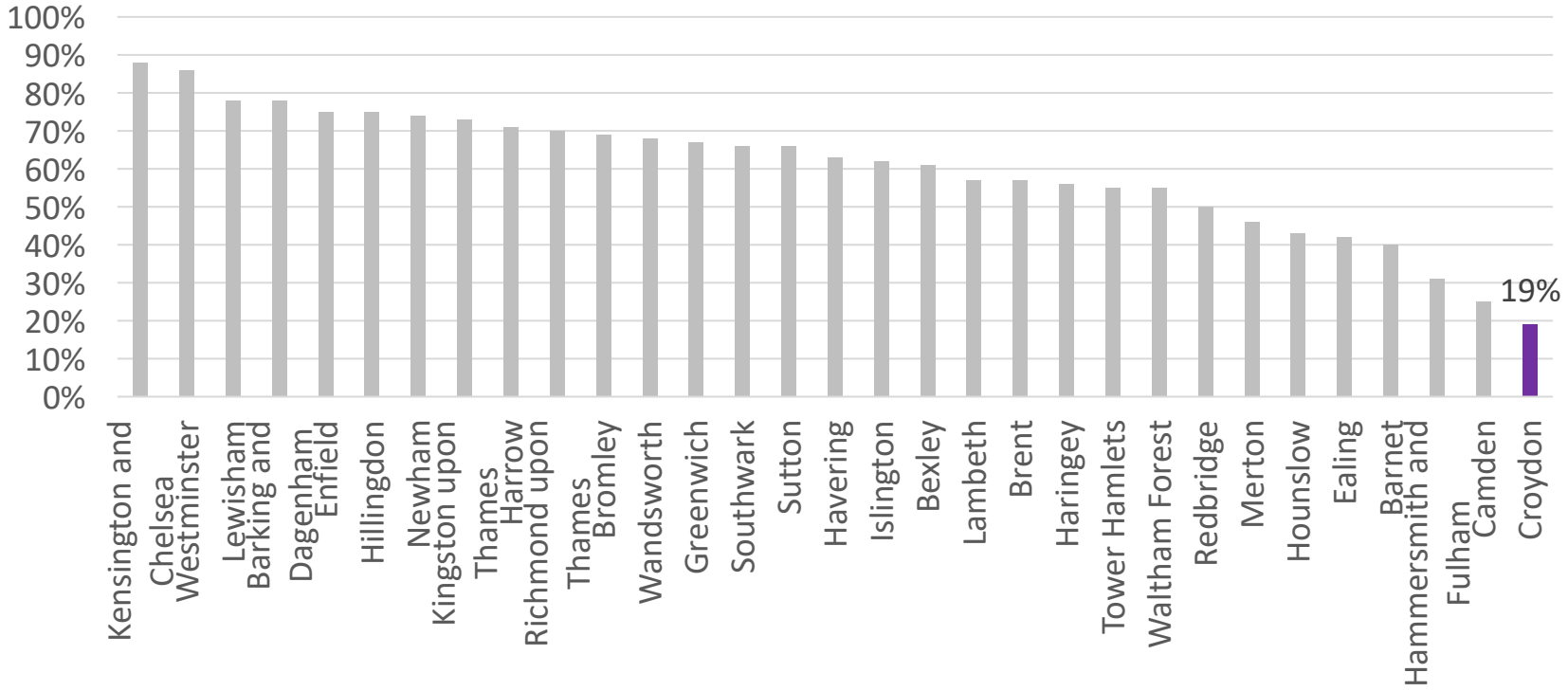
In 2021/22 there were 3,310 clients that have been accessing long term support for more than 12 months at the end of the year (31 March 2022).

635 of them (19%) have had a review in 2021/22.

In Sept 2022 this was 56.7%.

Reviews has been a core focus of our transformation programme during the last few years.

A key issue is the recruitment of suitably qualified staff to deliver the reviews.



REPORT TO:	HEATH & SOCIAL CARE SUB-COMMITTEE 24 January 2023
SUBJECT:	**Heathwatch Croydon Update**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Gordon Kay – Healthwatch Croydon Manager & Co-opted member of the Health & Social Care Sub-Committee**
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	As a co-opted member of the Health & Social Care Sub-Committee, the manager of Healthwatch Croydon regularly provides updates on latest reports produced by the organisation.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to note the latest update provided by the Healthwatch Croydon Manager.

1. HEALTHWATCH CROYDON UPDATE

1.1. This item is an opportunity for the Healthwatch co-optee on the Health & Social Care Sub-Committee, Healthwatch Croydon Manager, Gordon Kay, to provide an update to the Sub-Committee on their latest reports published by Healthwatch Croydon.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

APPENDICES TO THIS REPORT

Appendix 1: Urgent and Emergency Care report

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healthwatch Croydon

Croydon residents' Urgent and Emergency Care journey and experience

December 2022

Findings in brief

52% made either GP visit or NHS111 their first choice.

40% who chose 999 or A&E first felt they needed to be seen quickly or had a serious injury; 15% had difficulty seeing a GP.

74% got seen within two contacts but others have more complex journeys.

Different age groups choose specific services first time.

People understand the difference between emergency care and urgent care, but not that between a GP and GP Hub.

Overall satisfaction was 62% but there was significant variance by age, gender and ethnicity.

Recommendations in brief

Fully integrate pharmacies and GP Hubs into the pathway and support with positive communications.

Define NHS111 as the single reliable point of access to direct care to other services and give it capacity to do the job it needs to do.

Learn more about how condition and situation may affect choice and reflect that in the pathway.

Understand these services from the user perspective.

Explore more the differences in satisfaction based on gender, age, ethnicity, and disability.

Consider some suggested improvements from patients.

Executive Summary

To support the transformation programme for Croydon in this area, Healthwatch Croydon have been invited to provide relevant patient and resident insight on the choice of pathways and their experience of using the urgent and emergency care services.

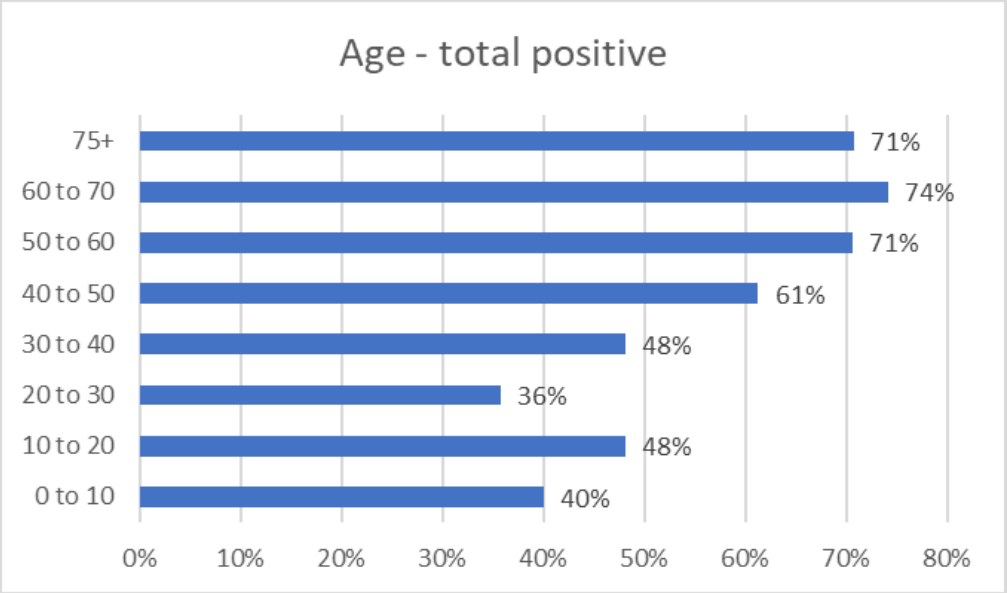
This report presents the findings of the Urgent and Emergency Care Survey undertaken between 26 and 31 July 2021. We received 1038 completed responses via a text survey, which was the largest and quickest single survey Healthwatch Croydon have undertaken since 2015.

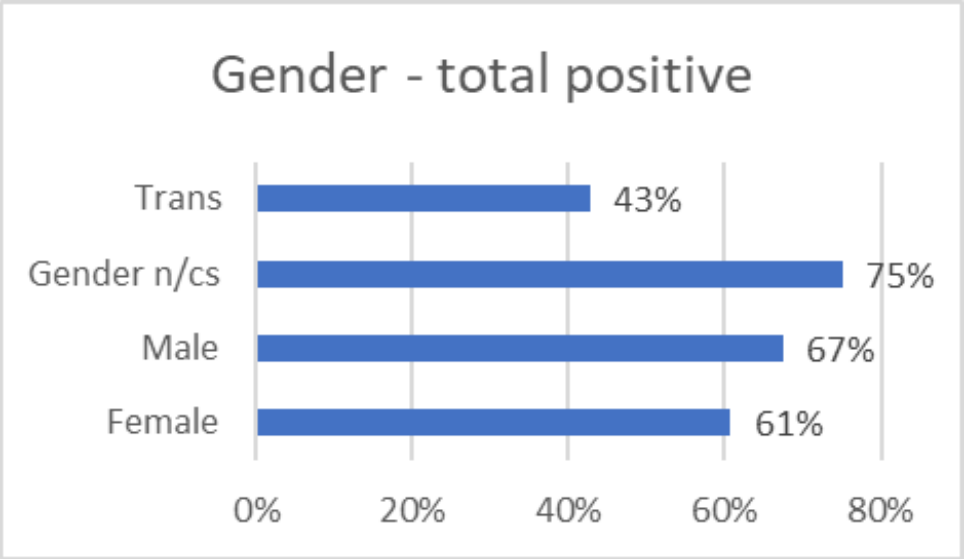
Based on what we have analysed, here are our findings:

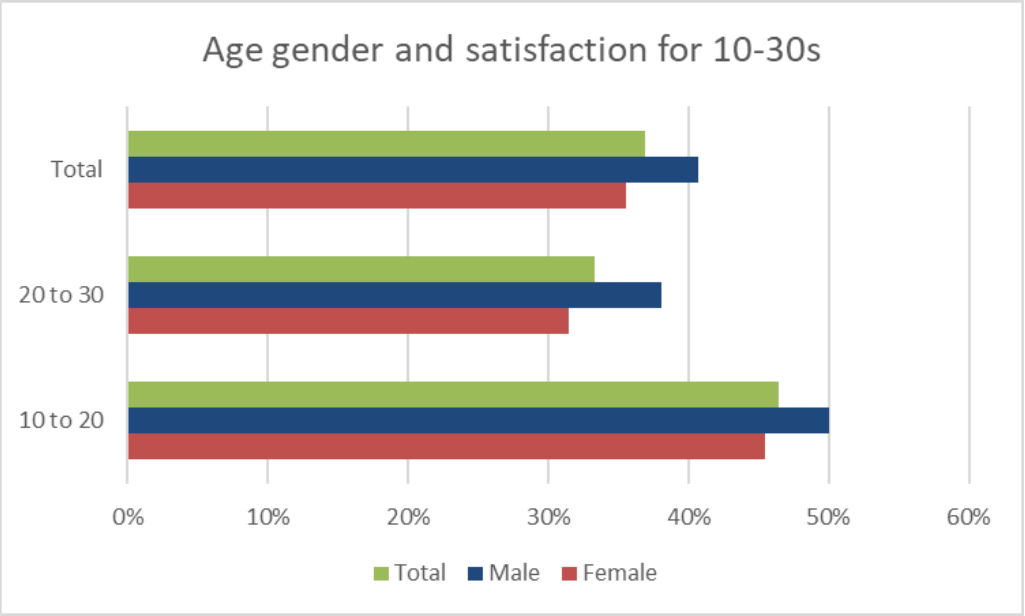
- **First choice is GP or NHS111 for most:** 52% chose their GP or NHS111 as their first choice of service, but many still used A&E/Urgent Care/No further service. Relatively few used pharmacies and the GP Hubs were not used that much as a first point of access **(see pages 14-15)**.
- **Speed, difficulty to get a GP and seriousness of injury were reasons for choosing 999, GP Hub or A&E first:** 40% needed to see someone quickly or felt their injury was too serious to be seen outside of hospital; 15% found it difficult to get a GP appointment. Just 7% found it most convenient **(see pages 16-21)**.
- **Journeys between services are complex for some:** 74% got to the Urgent and Emergency Care service within one points of contact and 88% within two points of contact, but for some there were additional contacts particularly if they took the GP Hub path with some going between GP Hub, and GP and even two Hubs **(see pages 22-31)**.
- **Different age groups choose specific services first time:** When you compare first choice against age of patient, those with children were more likely to pick A&E first (23%), whereas 20-60s -were around 12%, and 60-75+ around 9 to 10%. NHS111 is picked first more heavily with 10-20s (42%) 20-30s (30%) but all the other ranged from 20-28%. GPs were more heavily

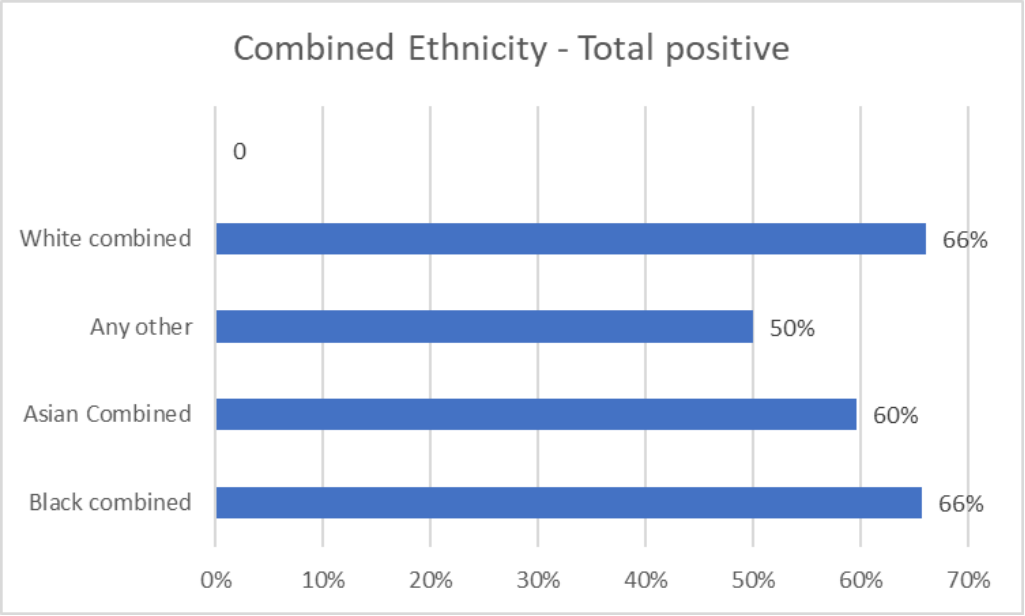
chosen first by 20-30s at 36%, with 50-60s at 31%, and other others ranging between 23% and 26% except for 0-10s who used GPs less at 19%. GP Hubs were rarely used first (circa 7% and below) (see pages 32-35).

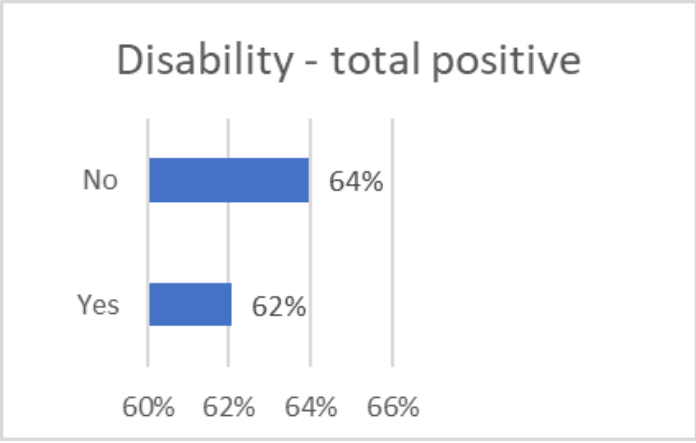
- **Patients gave several reasons why they could not access the services they needed, as well as the experiences and advice which helped them inform their choice, as well as suggestions for improvements:** Much of this concerned access to GPs, but there were several comments on NHS 111, overall access, and the GP Hub (see pages 36-42). They also gave insight into why they made the choice they did (see pages 43-47).
- **People understand the difference between emergency care and urgent care, but not that between a GP and GP Hub:** When asked to explain the difference between emergency care and urgent, residents could quite clearly differentiate the roles. However, when GP and GP Hub was compared there was much more confusion (see pages 61-71).
- **Overall satisfaction of experience was high, however levels of satisfaction varied due to age, gender, ethnicity, disability and location of patients and need to be explored further:** Patients over 50 reported positive score over 70%, but with 20-30s this was as little as 36% - over half of the 60 to 70's satisfaction score of 74%. There is a satisfaction gap of 6 percentage points between men and women (67-61%),which was even lower when compared against age disabled patients were 2 percentage points less satisfied. White and Black communities both scored 66% satisfaction, but Asians only had satisfaction of 60% and those of other mixed multi-ethnic groups neither specifically Black or Asian was a low as 50%, see figures below (and more on page 76-84). The link between satisfaction and age, ethnicity and health condition need much more exploration, as does variance between Primary Care Networks (PCNS) (see pages 87-124).


Age - total positive
75+
60 to 70
50 to 60
40 to 50
30 to 40
20 to 30
10 to 20
0 to 10
71%
74%
71%
61%
48%
36%
48%
40%
0%
10%
20%
30%
40%
50%
60%
70%
80%


Gender - total positive
Trans
Gender n/cs
Male
Female
43%
75%
67%
61%
0%
20%
40%
60%
80%


Age gender and satisfaction for 10-30s
Total
20 to 30
10 to 20
0%
10%
20%
30%
40%
50%
60%
Total
Male
Female


Combined Ethnicity - Total positive
0
White combined
66%
Any other
50%
Asian Combined
60%
Black combined
66%
0%
10%
20%
30%
40%
50%
60%
70%


Disability - total positive
No
64%
Yes
62%
60%
62%
64%
66%

- **Overall satisfaction of experience was also linked to first choice of service choice:** A&E has higher satisfaction at 70%, then NHS111 at 63% and GP 55% probably because of the latter of the challenges of getting through to them – see much higher numbers of difficulty in getting an appointment with GP **(see pages 85-86).**
- **When we asked patients what could be improved:** Many did say they had a good experience, but there were still issues concerning NHS111, communication, care and safety, empathy, GP access, listening, prioritisation, process and waiting times (**see p48-60)**.

Based on what we have presented above, we make the following recommendations:

- **Fully integrate pharmacies and GP Hubs into the pathway and create positive communications to give confidence that this is as good as going directly to A&E/Urgent Care or GP:** Most chose their GP or NHS111 as their first choice then A&E/Urgent Care. Small numbers use pharmacies and GP Hubs and they tended to have more complex journeys to A&E as a result. So, some work will need to be done to build capacity as well as to change hearts and minds on using different services.

- **Define NHS111 as the single reliable point of access to direct care via GPs, pharmacies, GP Hubs, or A&E/Urgent Care and give it capacity to do the job it needs to do:** Part of the problem is there is a range of choices which can be confusing if the need is urgent. Since many already use NHS111, it is logical to make this the single point of access, it would also take pressure of calling GP lines for urgent matters. Of course, all systems would need to be integrates to enable this to happen.

- **Learn more about how condition and situation may affect choice and reflect that in pathway:** People see different services for different conditions and could be equated to confidence in that service to meet their need. More analysis needs to be done, especially if there is a plan to encourage people to use services like pharmacies more.

- **Understand these services from the user perspective:** The difference between urgent and emergency care is understood by many, but there is confusion between GP and GP Hub. Terms like urgent Care Hubs, UTCs, Extended Hours Hubs only adds to the confusion. By using this insight into how patients know the service and presenting this from the perspective of users would help create clearer signposting. Be aware that patients may take advice from family and friends, as well as clinicians and other health professionals, so this needs to be considered in the communication.

- **Explore more the differences in satisfaction based on gender, age, ethnicity, and disability:** While the sample of this study varies in size, women, younger people, those from Asian and other ethnic backgrounds and those with disabilities report lower satisfaction. These need to be explored further with dedicated insight in these areas using methods beyond online surveys which tend to be completed by some groups rather than others.

- **Consider comments on services and some suggested improvements by patients:** When we asked patients what could be improved, many did say they had a good experience, but there were still issues concerning NHS111, communication, care and safety, empathy, GP access, listening, prioritisation, process and waiting times. We encourage readers to look at the comments on pages 36 -61 and use this insight to make improvements.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

To support the transformation programme for Croydon in this area, Healthwatch Croydon have been invited to provide relevant patient and resident insight on the choice of pathways and their experience of using the urgent and emergency care services.

This survey was undertaken through texting 49,130 of those who had used Croydon University Hospital's Emergency and Urgent Care service in the last six months. We received 1058 responses.

Questions

1) When did you have the need for emergency or urgent medical treatment?

- In the last week
- In the last month
- In the last three months
- In the last six months

2) Are you registered with a GP (local doctor)?
3) Which GP Practice are you registered with? (tick from list)
4) Please say why you are not registered with a GP?
5) Which services did you use when you needed help?

- NHS 111
- 999
- Pharmacy
- Alternative Health provider
- Your GP (doctor)
- GP Hub at East Croydon)
- GP Hub at New Addington (Parkway)
- GP Hub at Purley
- Urgent Care Centre at Croydon University Hospital
- Accident and Emergency Department at Croydon University Hospital

6) In which order did you access the services? (1st, 2nd, 3rd etc)

- NHS 111
- 999
- Pharmacy
- Alternative Health provider
- Your GP (doctor)
- GP Hub at East Croydon)
- GP Hub at New Addington (Parkway)
- GP Hub at Purley
- Urgent Care Centre at Croydon University Hospital
- Accident and Emergency Department at Croydon University Hospital

7) If you chose 999, GP Hub or A&E first, please could you say why you didn't contact your GP, NHS111 or Pharmacy?

- I was unsure where to go for advice
- My choice was the most convenient for me (location)
- I needed to see somebody quickly about my injury or illness
- It is difficult to get an appointment with my GP
- I felt my injury or illness is too serious to be dealt with outside of the hospital
- Other (please state in box below)
- I did not choose 999, GP Hub or A&E first

8) Did you try to access a particular service but not succeed?

9) What was the reason why you were unable to access the service? Please also tell us which service this was.

10) What illness or injury made you seek help?

- Back pain
- Breathing problems

- Chest pain
- Ear or hearing condition
- Eye problem
- Fever
- Headache
- Just feeling unwell
- Mental health
- Rash
- Possible broken bone
- Sore throat or cough
- Stomach pain or digestive issue
- Swelling
- Wounds, bruising or cuts

11) Was this for you or for a family member or friend?

- For me
- For family member
- Someone you care for
- For friend
- Another

12) How old are you/ the person who was unwell or injured?

13) How did you decide which services to use and why?

14) Tell us your overall experience?

- Very positive
- Positive
- Mixed
- Negative
- Very Negative

15) Tell us why you gave this rating?

16) How could your experience be improved?

17) In your own words, tell us how you would describe the difference between 'emergency care' and 'urgent care'?

18) In your own words, tell us how a GP hub is different from your GP?

19) What age group are you in?

20) How do you describe your gender?

21) How would you describe your ethnicity?

22) What part of Croydon do you live in?

23) Do you consider yourself to have a disability?

24) Please describe your disability below:

25) If you would like to keep in touch with the work that Healthwatch Croydon does, then please subscribe to our monthly newsletter below by leaving your name and email address.

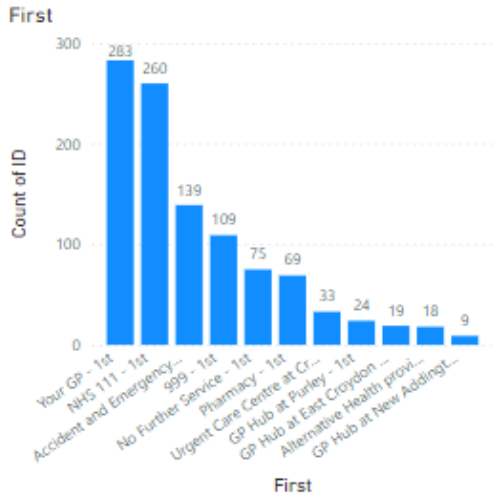
Limitations

A caveat on our responses. While we did achieve over 1000 responses, we have received relatively few concerning patients aged 0-10 and 0-20. The leaning is very much between 50-60 years and 60-70 years. This may be linked to comfortability in completing a lengthy survey via text, but it does mean when comparing different ages that the sample size from 0-30s is lower than others. It should also be noted that since we only sent this to those who had used Urgent and Emergency Care at Croydon University Hospital all respondents' eventual destination will be there. This may underplay the role of GP Hubs and other services in preventing people from attending Urgent and Emergency Care services. In this respect, when 'No further service' is presented, we have classified this as arriving at Emergency or Urgent Care, as some respondents may only show the customer journey in their choices not the end destination. In much the same way if you asked someone how they got from London to Brighton they might say via East Croydon and Gatwick Airport but not state Brighton as their destination.

2 Experience of pathways

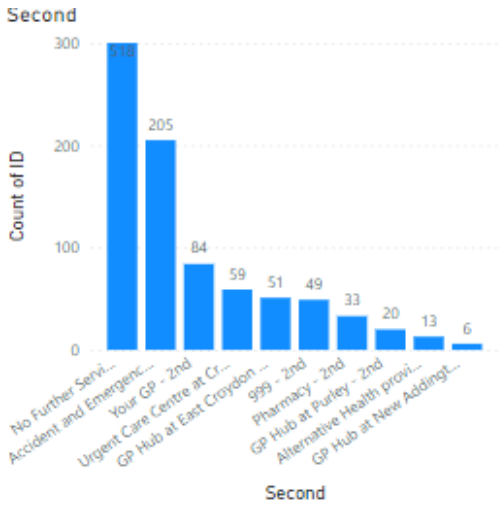
2.1 First, second and third choice of services

- A majority chose their GP or NHS111 as their first choice of service, but many still used A&E/Urgent Care/No further service. Relatively few used pharmacies and the GP Hubs were not used that much as a first point of access.
- By the second stop, most had now used A&E/Urgent Care/No other service. The second most used after hospital-based was GPs. Some GP Hubs saw an increase (particularly East Croydon) and pharmacy was next used.
- By third stop, A&E/Urgent Care/No further service dominated, but pharmacy equalled use with the GP.
- This suggests that many chose to use NHS111 and GP before other services, but for some A&E and Urgent Care still were preferred for first choice over pharmacies. GP Hubs are not well chosen for first choice, maybe because they are used more for referrals, suggesting why some increased as second choice.



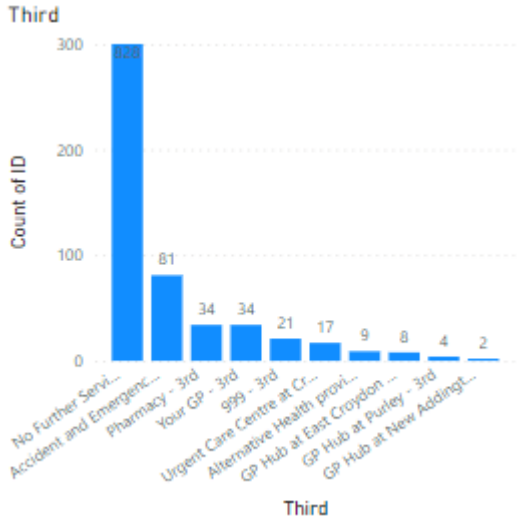
N=1038

First choice/ stop: 281 (27%) had visited the GP first, with 260 (25%) calling NHS111 and 109 (11%) called 999. Of those who chose directly to go to Croydon University Hospital, 139 (13%) went to A&E, 75 (7%) used no further service*, 33 (3%) used Urgent care, equalling to (23%). Of other non-hospital options 69 (7%) chose pharmacy, with the Urgent Care Centres making up 91 (9%).



N=1038

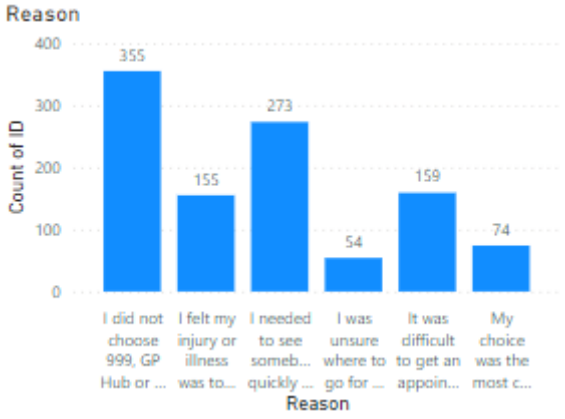
Second stop: 237 (581-281) or 22% had used no further service*, with 205 confirming that they attended Accident and Emergency with 260 (25%), 59 (6%) accessing Urgent Care, a total 556 (53%) directly choosing Croydon University Hospital services directly with 49 (4%) used 999 to get there. Of other services, 84 (8%) selected Your GP, GP Hubs took 77 (7%) between then 33 (3%) for pharmacy. NHS111 was not used for second stop at all.



N=1038

Third stop: 277 (828-581) or 27% had used no further service*, with a further 81 (8%) confirming that they attended Accident and Emergency with 17 (2%) accessing Urgent Care, a total 375 (37%) directly choosing Croydon University Hospital services directly as their third choice, 21 (2%) used 999 to get there. Of other services, 24 (3%) selected Your GP, GP Hubs took 14 (1%) between them with 34 (3%) for pharmacy.

2.2 Reasons for choice compared with route, issue, and experience

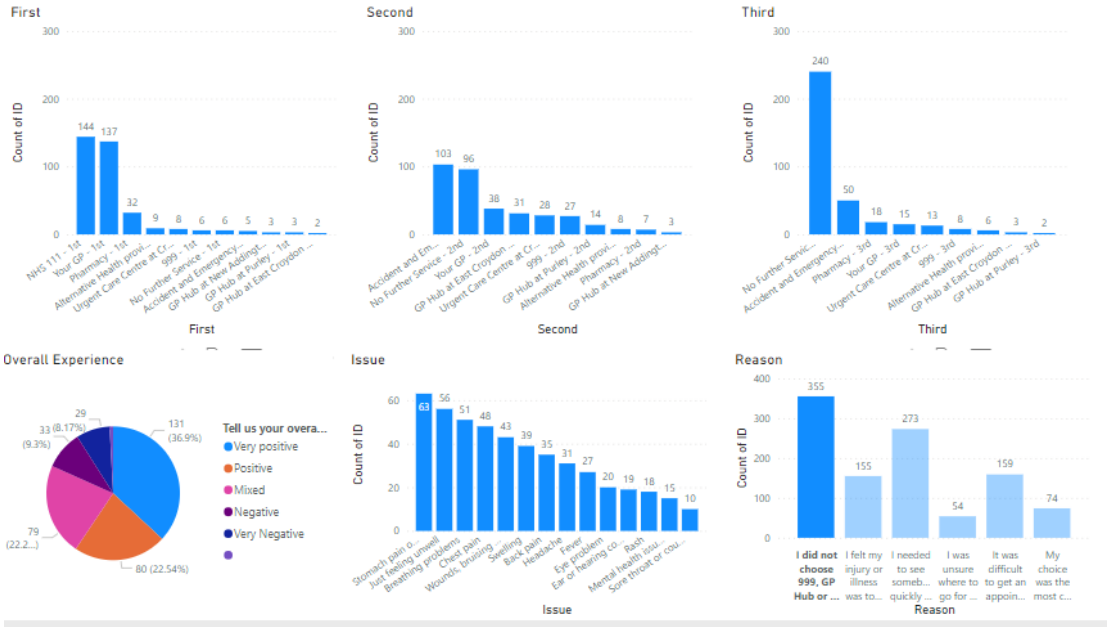


N=1070

When asked for the reason they chose 999, GP Hub or A&E first: 273 (25%) needed to see someone quickly, and 159 (15%) found it difficult to get a GP appointment, a similar number of 155 (15%) felt their injury was too serious to be seen outside of hospital, and 74 (7%) found it most convenient. It should be noted that 355 (35%) did choose another service other than 999, GP Hub and A&E.

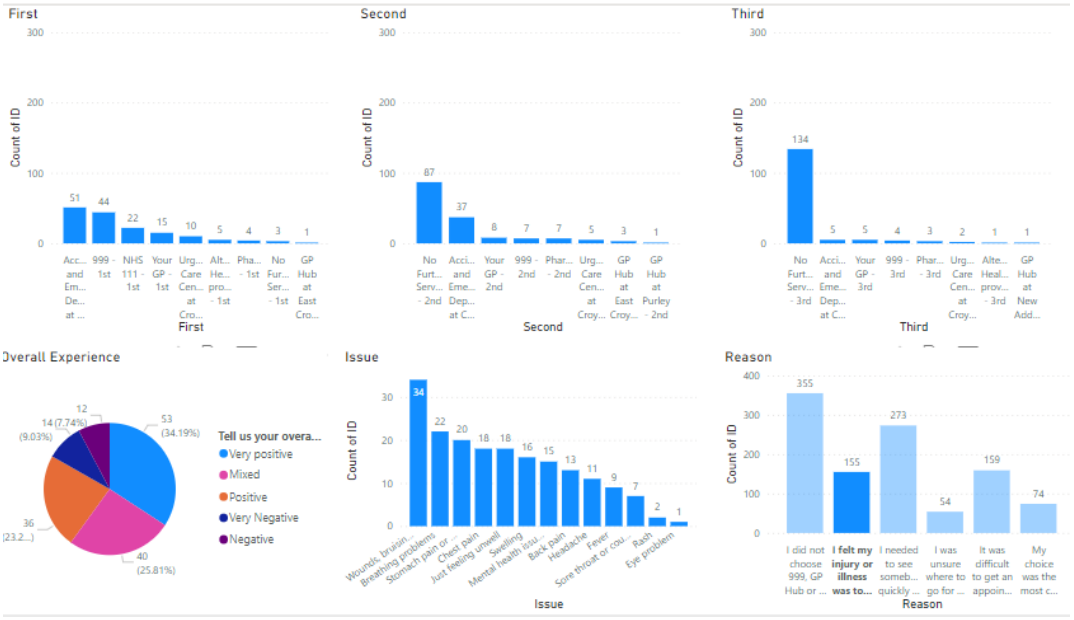
Here are the breakdowns based on route taken, issue or condition and overall experience.

I did not choose 999, GP Hub or A&E (N=355)



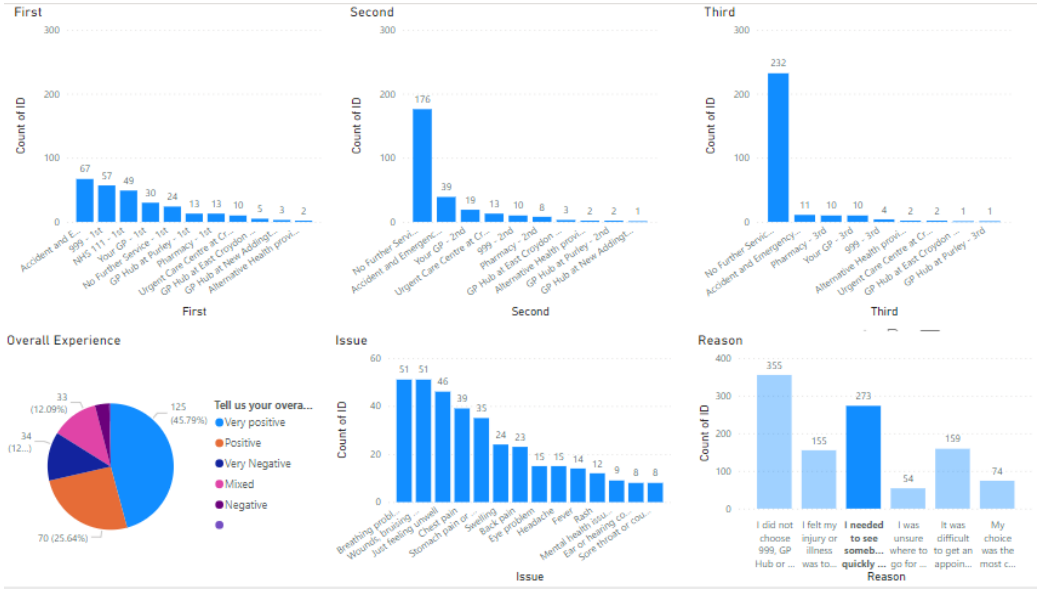
NHS 111 and Your GP was selected first, and more people had positive experience, the main issues were stomach pain, just feeling unwell and unusually Chest Pain and breathing problems which are usually signs for 999 or direct attendance at A&E, which suggests that people do know not to use these service – even perhaps when they should. Overall experience was 58% (positive and very positive).

I felt my injury or illness is too serious to be dealt with outside of the hospital (N=155)



Not unsurprisingly A&E,999 were the first-place people chose if they felt their injury was too serious to be seen anywhere but hospital. Wounds, breathing problems, stomach paint, chest pain and feeling unwell were the higher conditions. Experience was 57% positive and very positive.

I needed to see someone quickly. (N=273)



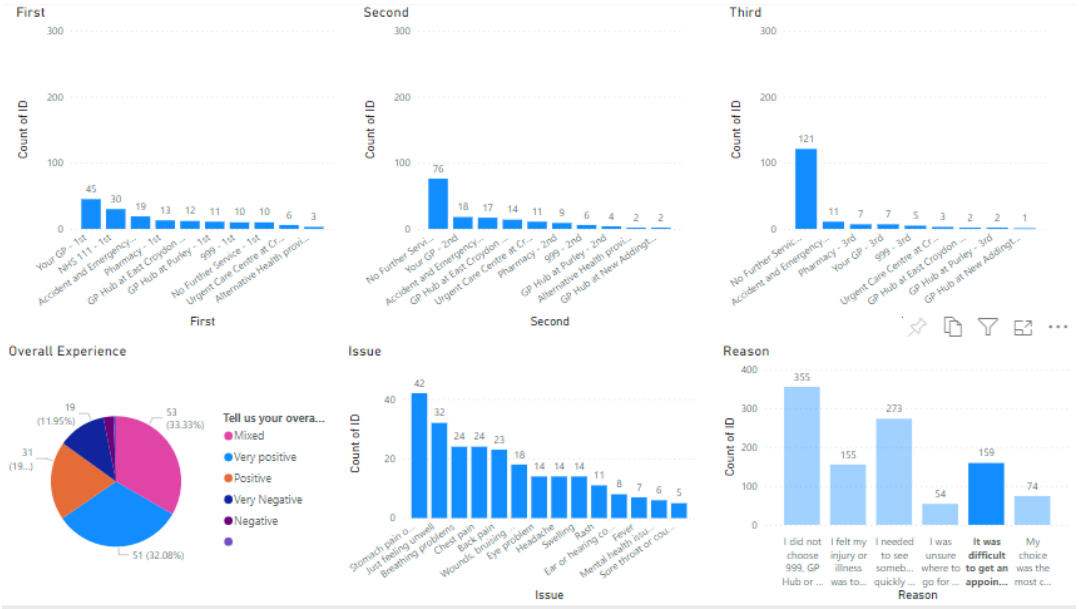
Again A&E,999 were chosen first, with NHS111 slightly lower. Breathing problems and wounds were the highest scoring conditions but just feeling unwell was not far behind suggesting that people wanted help at a hospital even well they cannot specifically say what is wrong. Chest pain and stomach pain were also in significant

numbers. Experience numbers are much higher here 70% positive or very positive with the experience.

I was unsure where to go for advice. (N=54)

Although the numbers are smaller, more chose NHS 111 first followed by 999, suggesting that they know when they wish to use A&E/Urgent Care and will call NHS11 for information. Breathing problems was most common conditions then just feeling unwell. Of these only 55% found the experience positive or very positive.

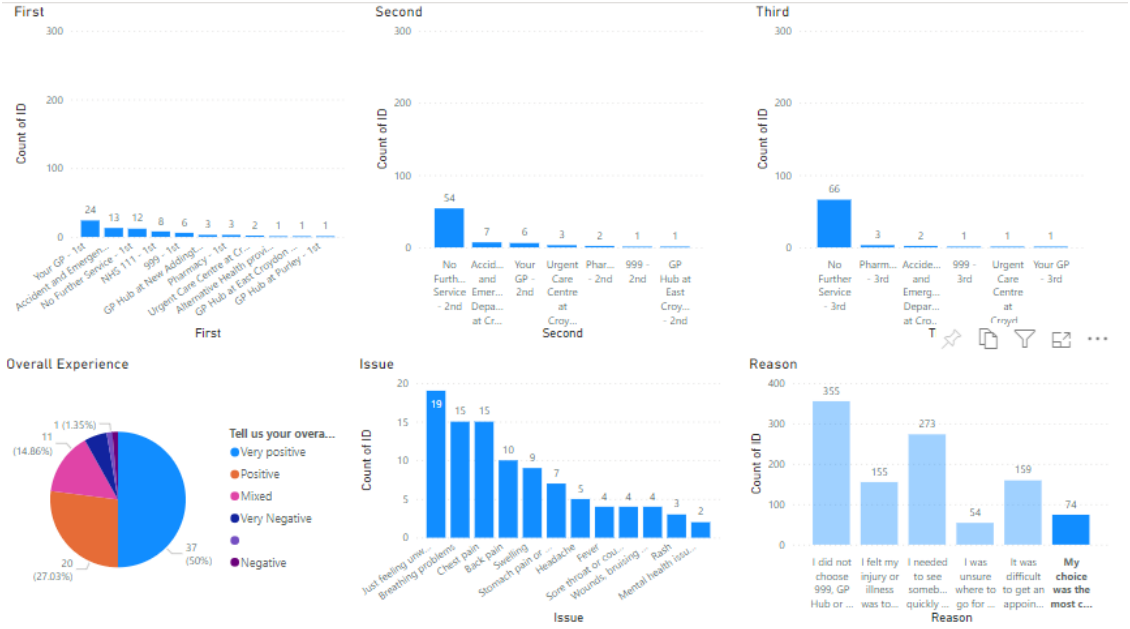
It was difficult to get an appointment with my GP- route, issues, and reasons (N=159)



GPs not unsurprisingly were the first call for many followed by NHS 11 and A&E was much lower down, suggesting that people don't just go to A&E if they cannot get

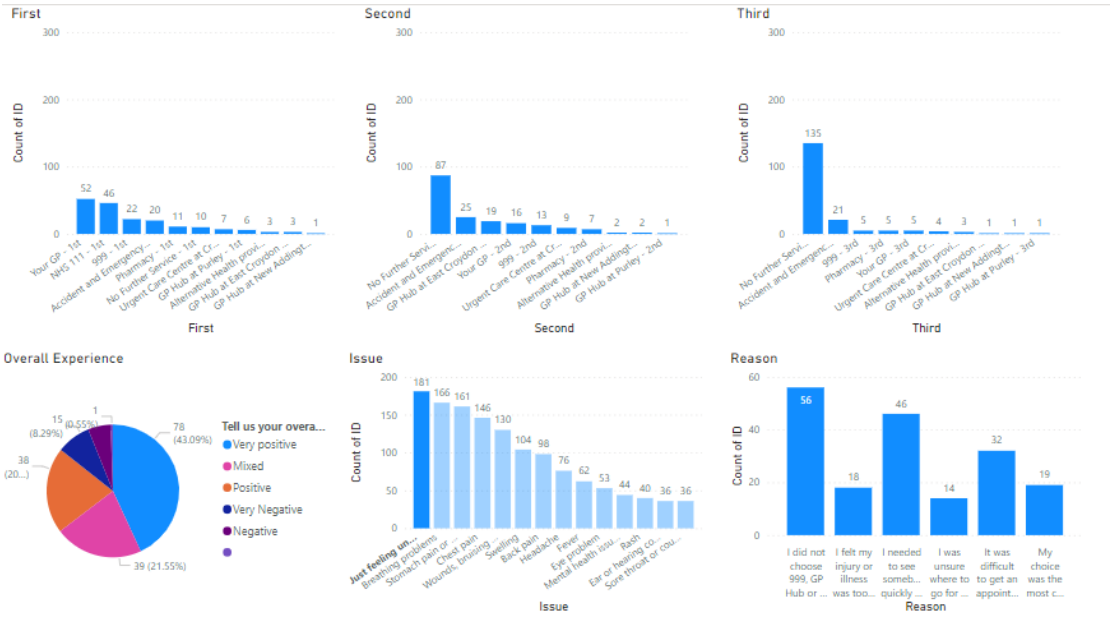
an appointment, only at latter stages. Stomach pain was by far the highest issue followed by just feeling unwell, breathing problems, chest pain and back pain. Only 51% found this positive or very positive.

My choice was the most convenient. (N=74)



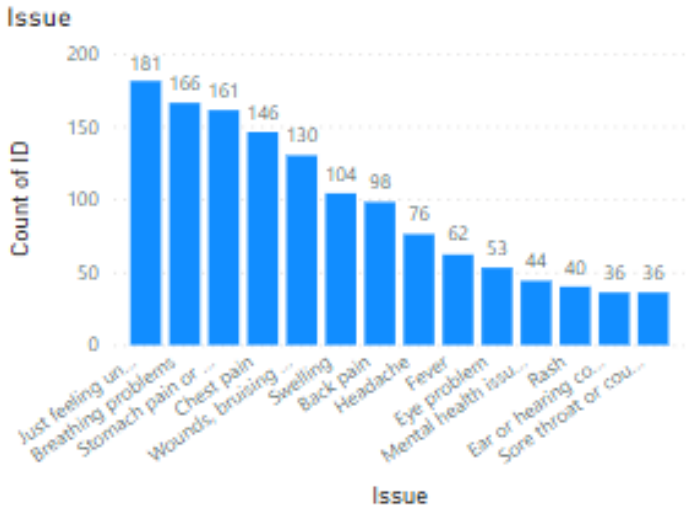
Although the same numbers are smaller, most found their GP as most convenient, but adding A&E, no further service and urgent care found a similar number. Not unsurprisingly high scores in terms of experience 77% positive of very positive suggesting convenience factor in experience. Just feeling unwell was the highest condition, followed by breathing problems and chest pain, which again is usually associated with direct attendance at hospital.

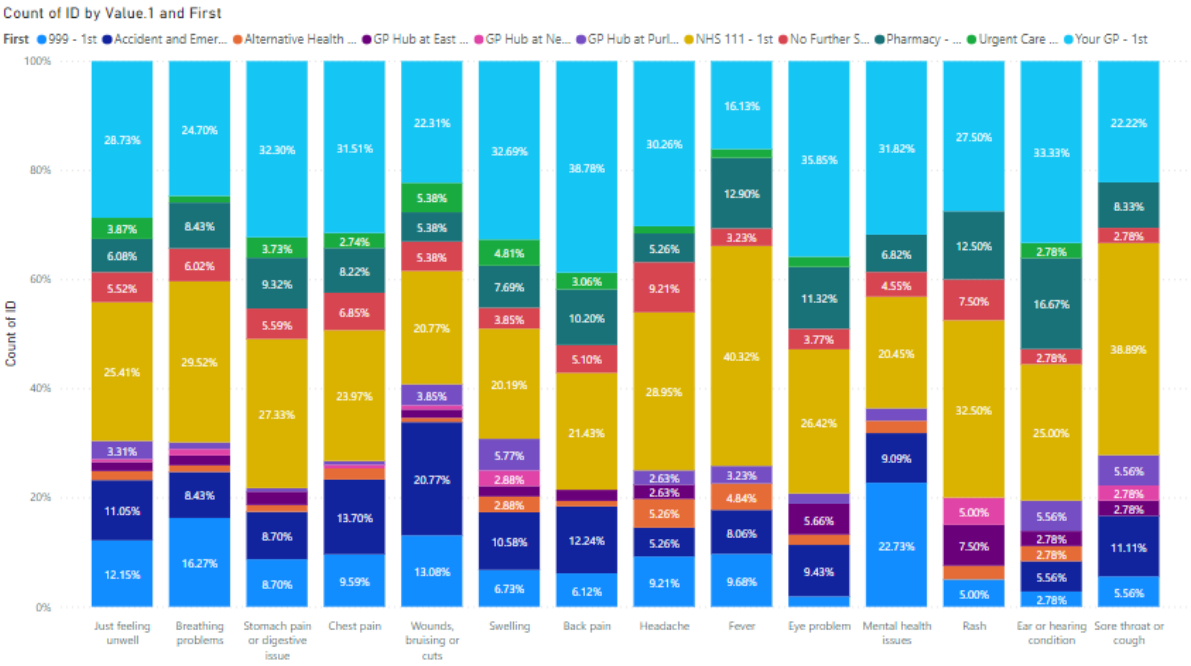
Of those who stated just feeling unwell - route and experience (N=181)



Most went to their GP or NHS111 first with some going to one of the hubs but most ending up at A&E by third state. Most did not choose 999 GP Hub or A&E first, but a significant number wanted to be seen quickly, and 1 in 6 finding it difficult to get a GP appointment.

2.3 What condition the patient had, compared with what they went for first choice:





Those calling NHS111 first had fever (40%), sore throat or cough (38%) or rash (32%) and breathing problems (29%) were more likely to call NHS111. All other conditions ranged from 20% to 26%, with those with 1 in 5 likely to call NHS111 first

over Mental Health, wounds, and bruising (20%). 25% stated that they just felt unwell.

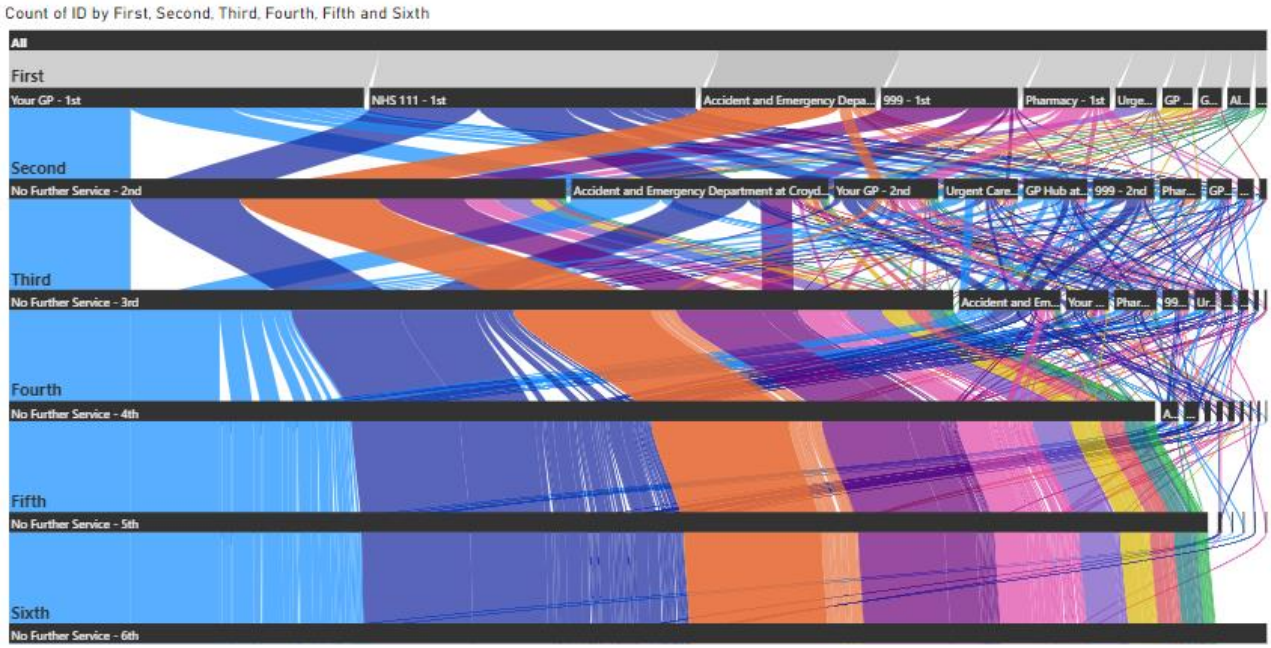
Those contacting their GP first had back pain (39%), eye issues (36%), ear conditions and swelling (both 33%), mental health, chest pain and stomach issues (all 32%) and headache (both 29%). 25% contacted about breathing problems (24%), sore throat (23%). Those below 22% included wounds and bruising (22%) or fever (17%).

Those arriving at A&E/Urgent Care/No further service first: 31% had wounds, bruising and cuts (21%/5%/5%); 24% had chest pain (14%/3%/7%); 20% had back pain (12%/3%/5%); 20% had swelling (11%/4%/5%); and 21 just feet unwell (11%/4%/6%). 13% (11%/0%/2%) attended due to sore throat or cough which would usually be resolved in other places

Those contacting pharmacy first: 16% had ear or hearing problems; 13% had rash or fever; 11% had eye problems, 10% back pain, 9% stomach pain. Only 6% just feeling unwell visited the pharmacy and just 8% with sore throat or cough.

2.4 Flow between services

All services to six points of access (N=1038)



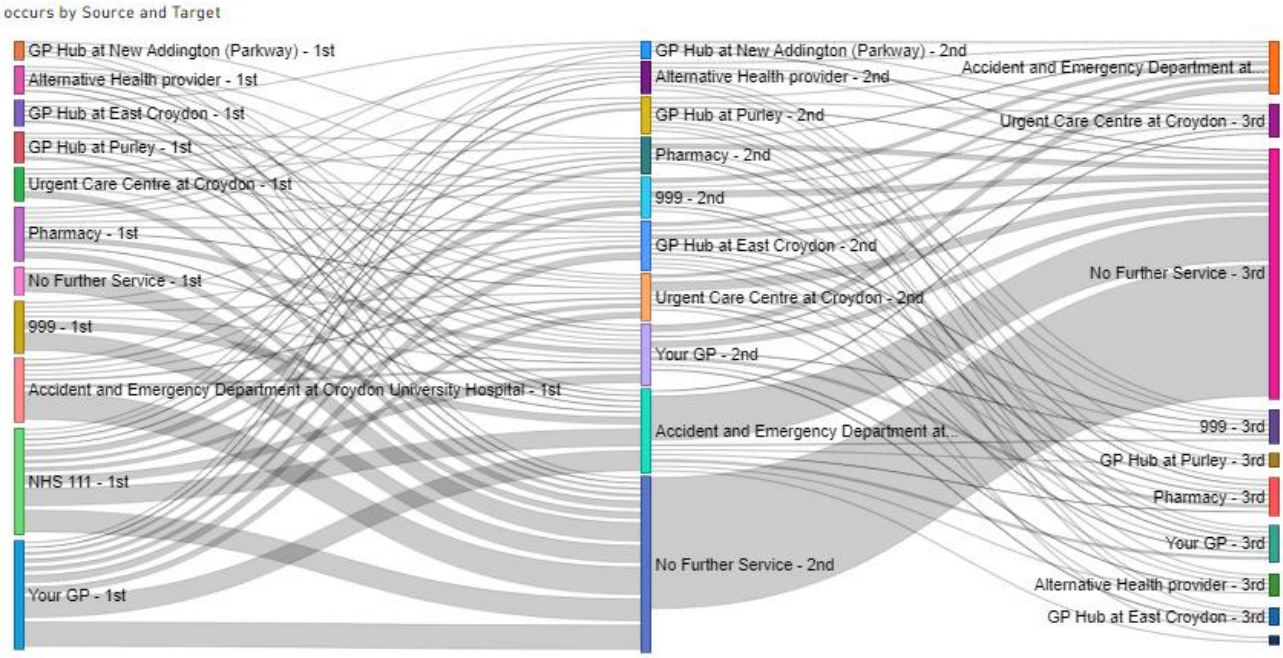
This shows the flow that all responders took. It shows the complexity of the routes taken. While for many people they got to A&E services by 3 points, there were more complex routes for those who started in pharmacy or in GP Hubs.

Please note where the term 'no further service' is being counted, this is the destination that patients took on their journey. Since this came only from those who had used Croydon University Hospital's Accident and Emergency (A&E) or Urgent Care services in the last six months, it could be that these are being those who used these services and should be counted in addition to those who state specifically. In much the same way that someone may describe their journey but not always the end destination.

Total for A&E or urgent care or no further services	N	Difference in numbers	%
One contact	172	0	18%
Two contacts	708	536	74%

Three contacts	851	143	88%
Fourth contact	933	82	97%
Fifth contact	956	23	99%

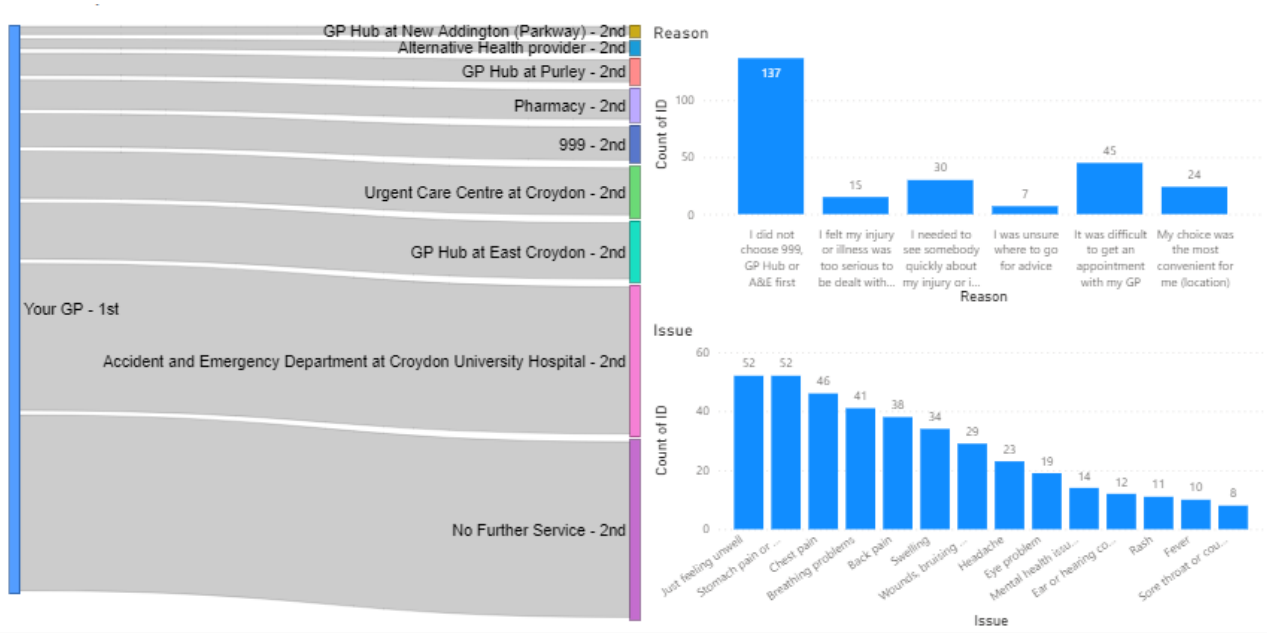
Flows between First point and Second



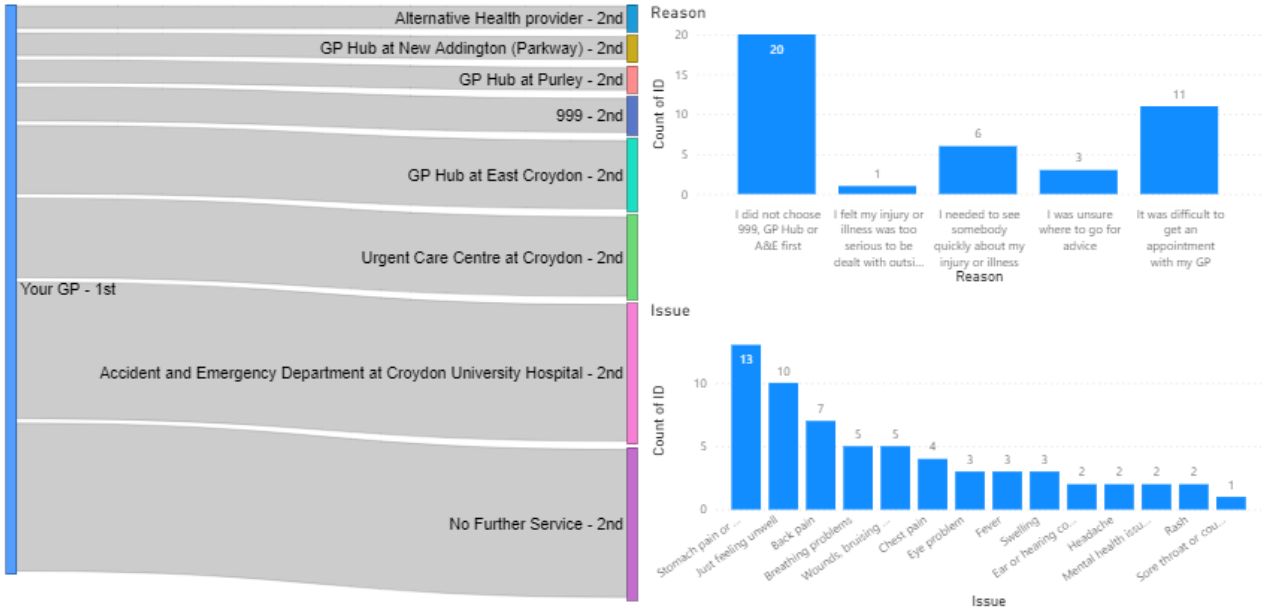
This shows in more detail the journey from first point to third point. Most flows from GP and NHS111 are to No further service and A&E, with a few being registered with Urgent Care. At the top, there are a smaller number of patients taking multiple points between GP Hubs and pharmacy which go to a third point which is not no further service/A&E or urgent care.

Flows between first and second broken down with reason and condition:

For those who chose GPs first -all (N=283)

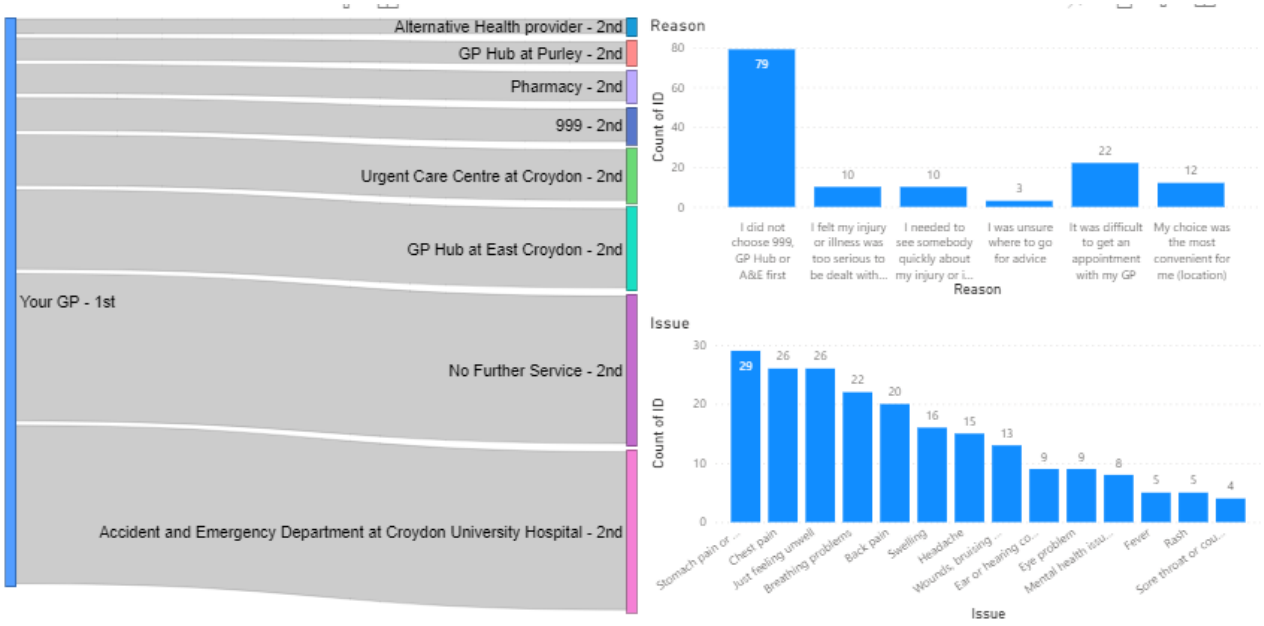


Those who chose GPs first patients aged 0-30 (N=39)



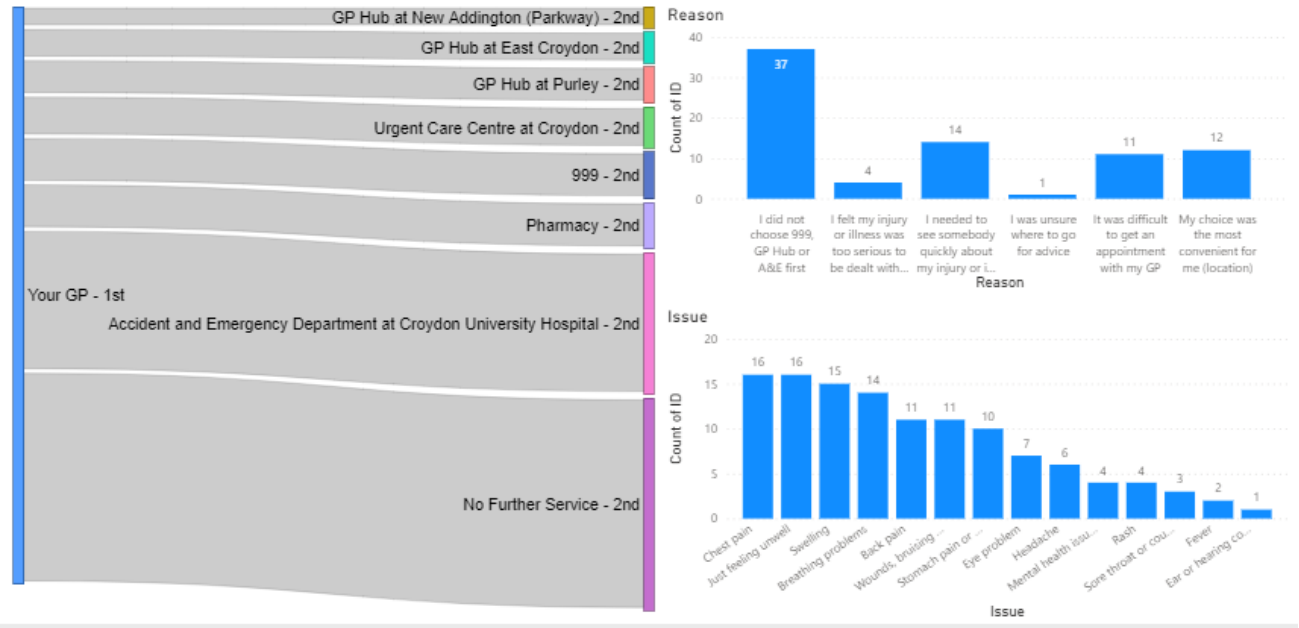
Comparing 0-30 with overall, there is little in change of flow, but higher proportional numbers that found it difficult to get and appointment, none felt the location was convenient as a reason. Back pain and stomach issues were higher for this group compared with all ages.

Those who chose GPs first patients aged 40-60 (N=140)



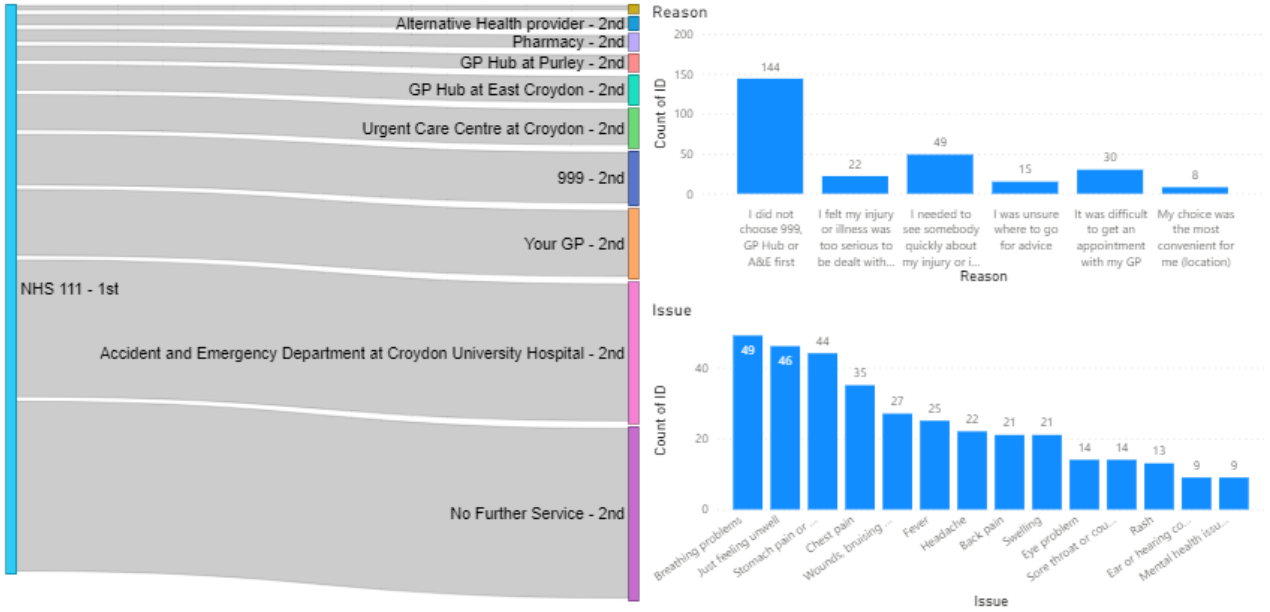
Compared with all, there is little change in overall flows or in reasons. Stomach and back pain were higher compared will all ages.

Those who chose GPs first patients aged 40-60 (N=97)

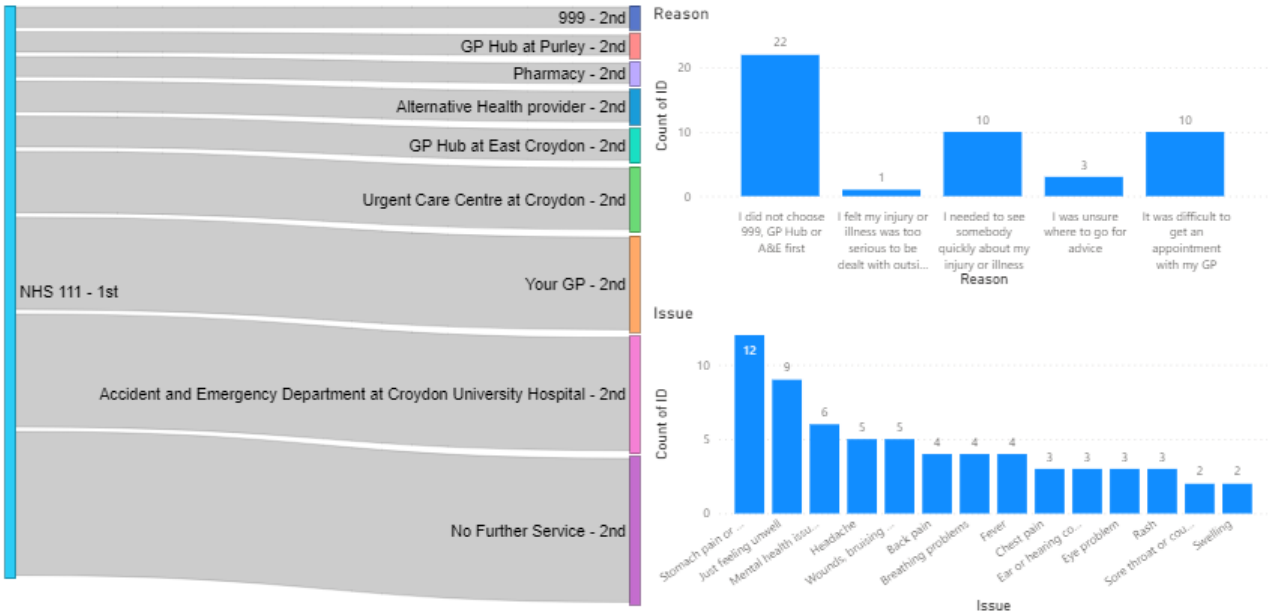


Compared with all ages, more 60+ proportionately wanted to be seen quickly about their injury, and chest pain was the top issue here, suggesting a link. Just feeling unwell and swelling as well as breathing problems which may suggest urgency. `

For those who chose NHS111 first (N=260)

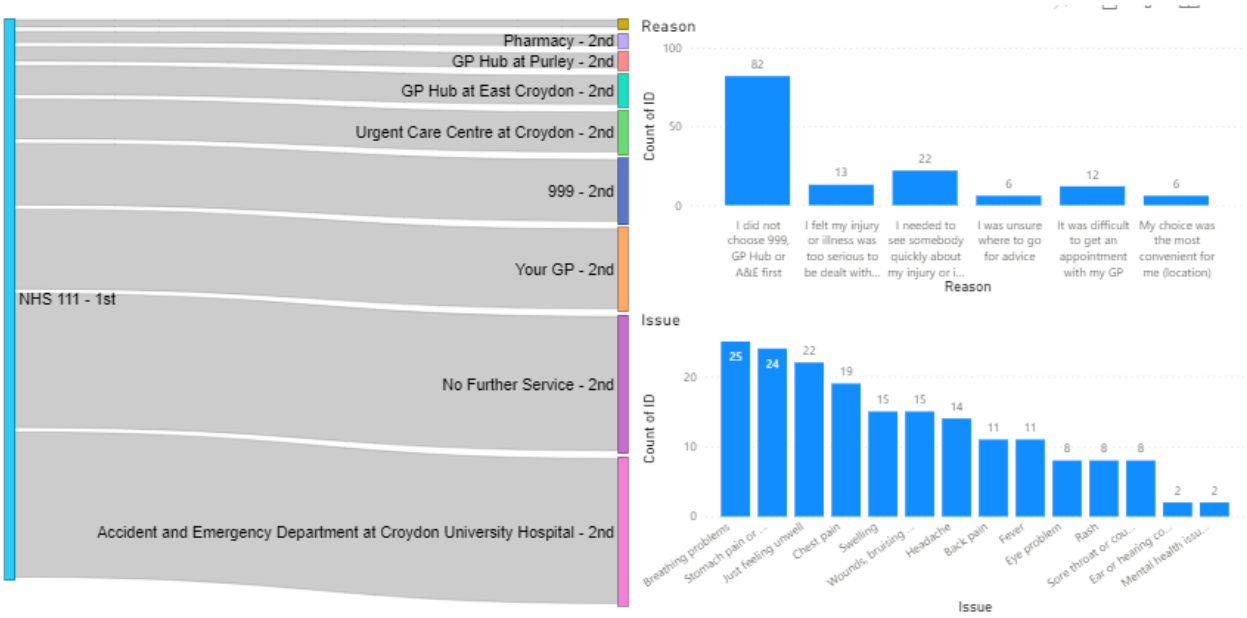


Those who chose NHS111 first aged 0-30 (N=43)



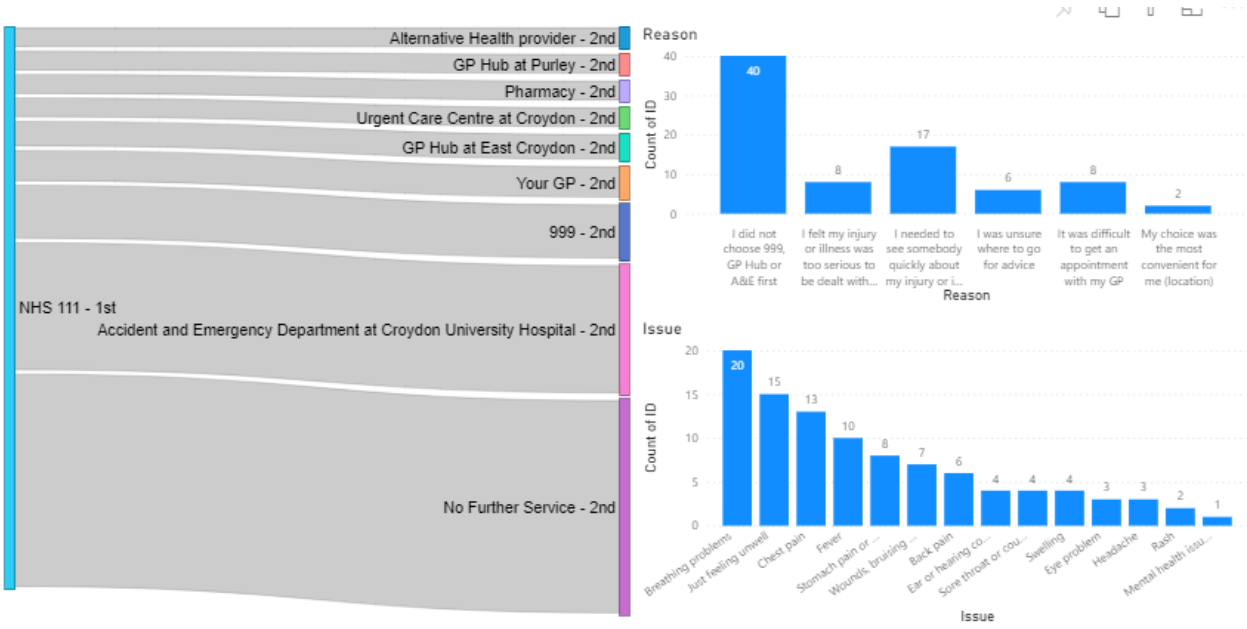
Compared with all ages, there was less use of 999, and no use of GP Hub in Purley. More proportionately wanted to be seen as quickly as possible and could not get a GP appointment. Stomach pain was higher compared with all ages as was Mental Health and Headache.

Those who chose NHS111 first aged 30-60 (N=135)



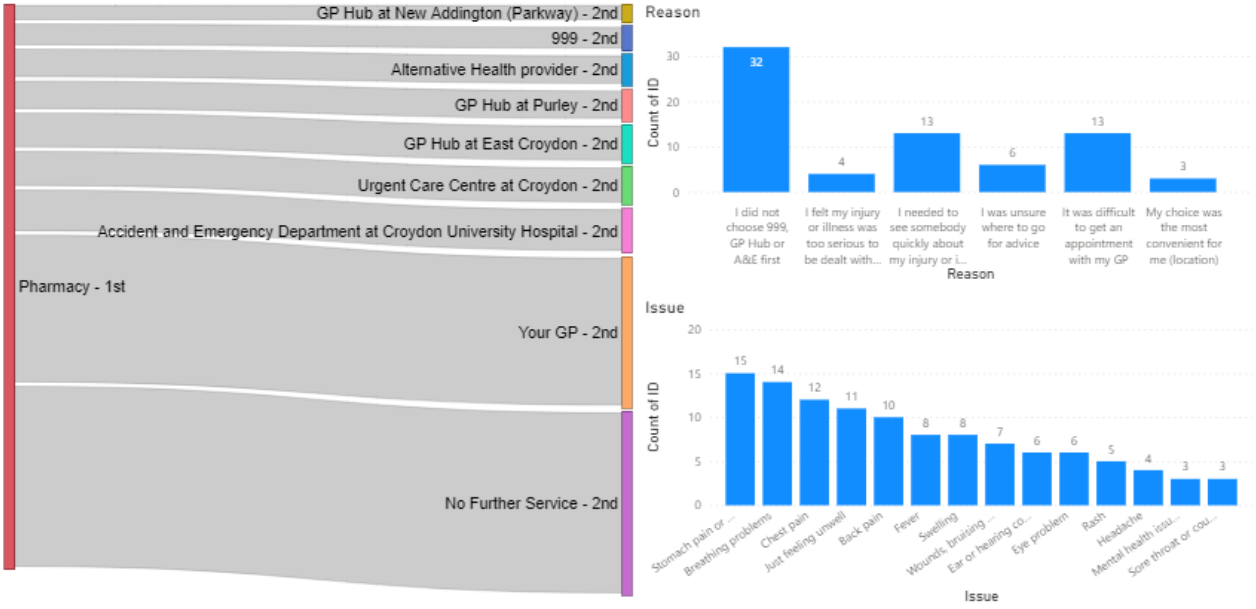
Compared with all ages, there is little change in overall flows or in reasons and breathing issues was the highest issue with stomach issues slightly above but the same four as for all ages.

Those who chose NHS111 first aged 60+ (N=80)

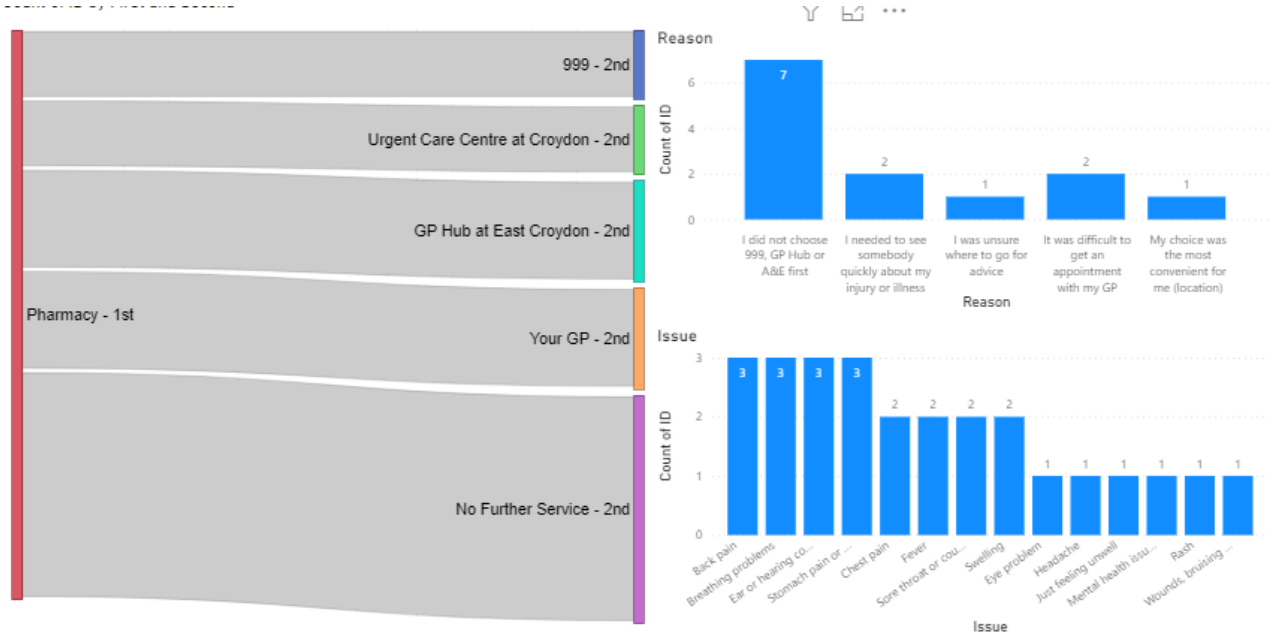


Compared with all ages, 999 calls come above GP and proportionately more wanted to be quickly which may relate to eventual 999 calls. Breathing issues was also the top condition, with chest and fever higher than above all ages, but below just feeling unwell.

Those who chose Pharmacy first all (N=69)



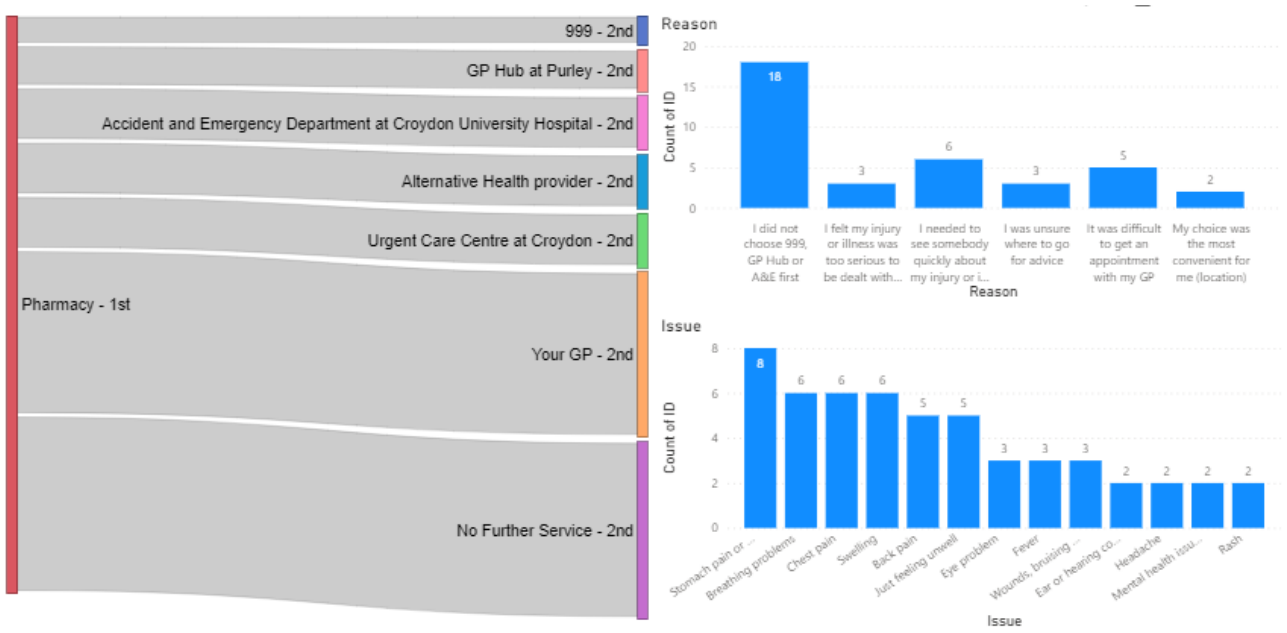
Those who chose Pharmacy first aged 0-30 (N=12)



Those who chose pharmacy first had stomach, breathing issues and chest pain, just feeling unwell came fourth. Higher reasons were wanting to be seen quickly and difficulty in getting a GP appointment, more proportionately are likely to use other non-hospital services (although sample numbers are low)

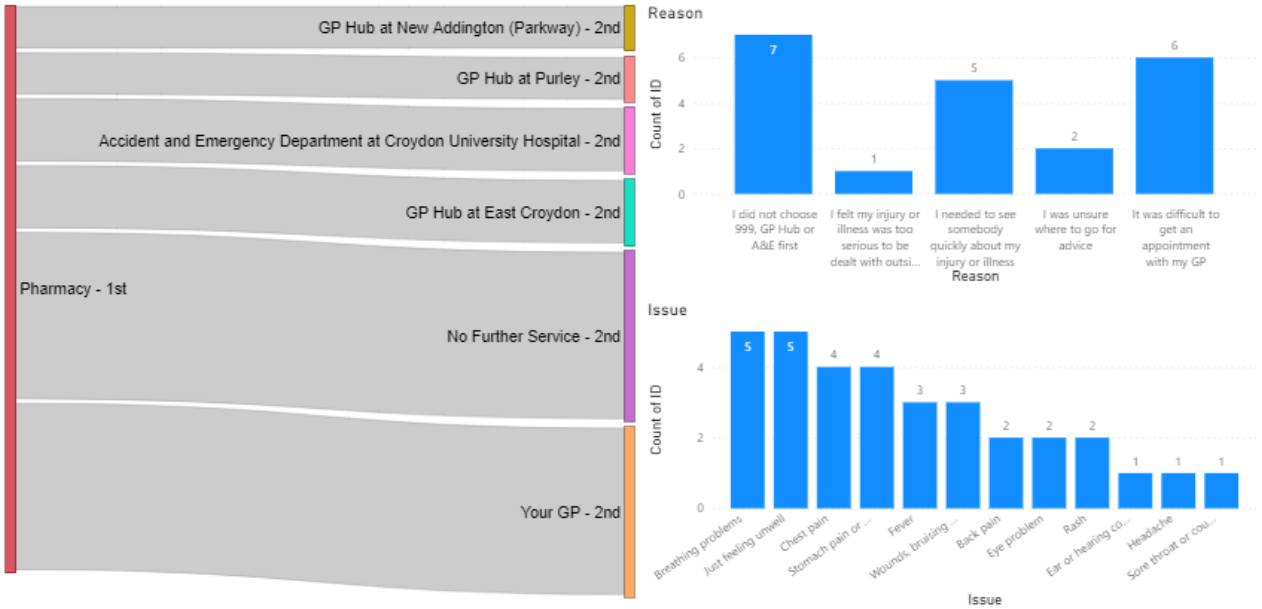
Compared with all ages, those 0-30 had back and ear issues higher than other conditions (but sample numbers are low.

Pharmacy first aged 30-60 (N=37)



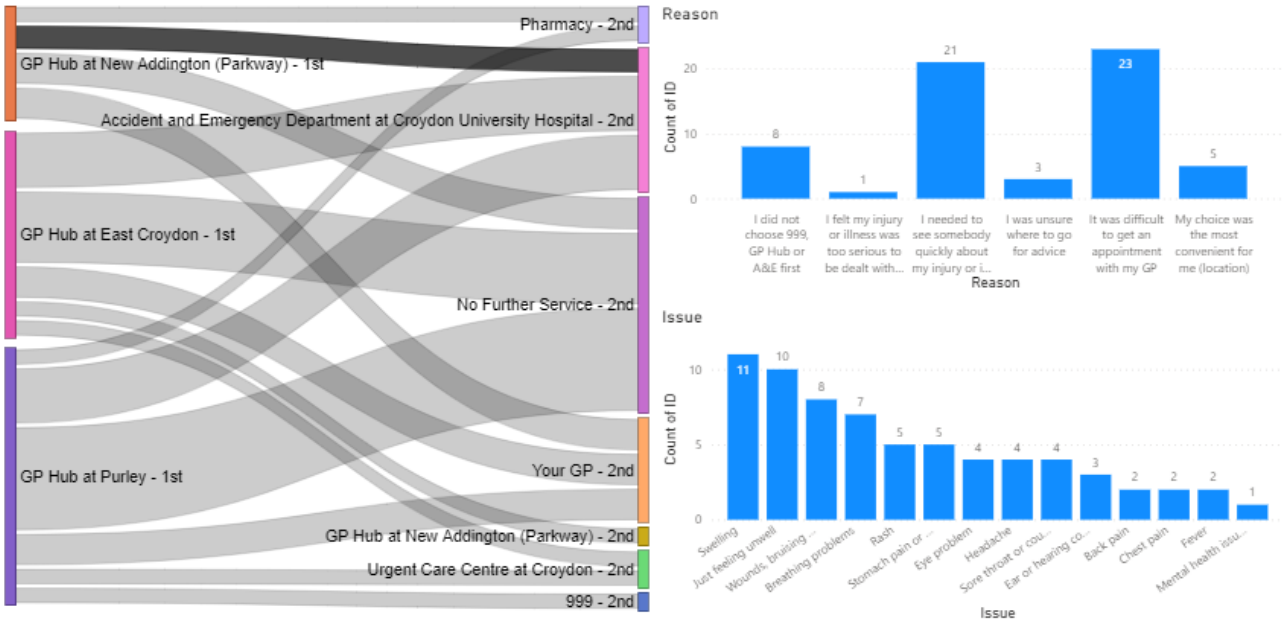
Compared with all ages, flows between services were similar as were reasons and issues.

Pharmacy first aged 60+ (N=20)



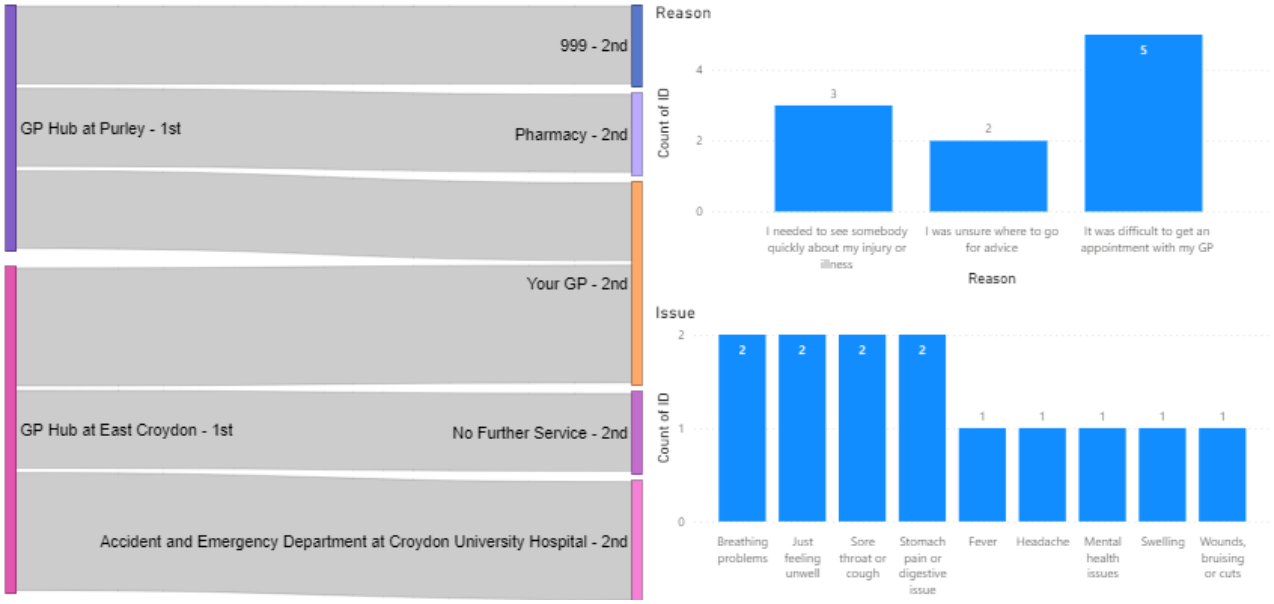
Compared with all ages,60+ went to their GP after pharmacy more, and had more proportionately finding it difficult to get an appointment and wanting to be seen quickly. Breathing problems was first, compared with other ages, maybe adding to the urgency at being seen.

GP Hubs first all (N=52: 9-Parkway;19-East Croydon;24-Purley)



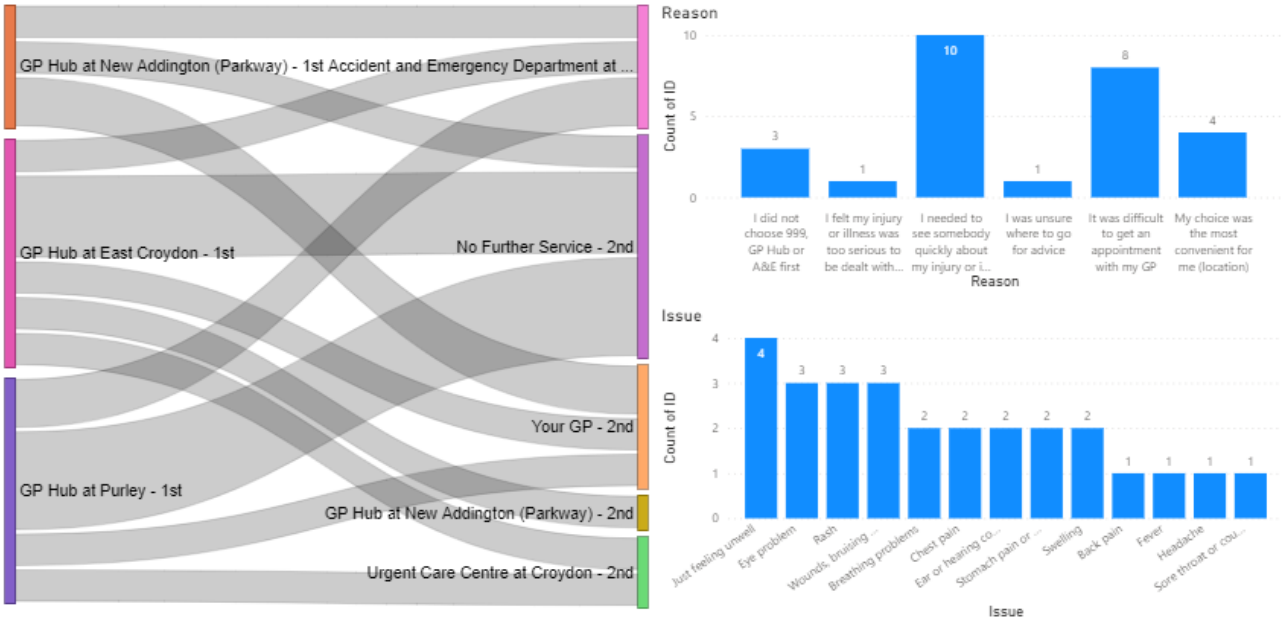
Bearing in mind the small sample, most GP Hubs directed people eventually to hospital-based services, although there were some who went to their GP after a Hub visit or event to another GP Hub. Most wanted to be seen quickly and found it difficult to get a GP appointment. Swelling, feeling unwell, breathing issues wounds and rashes were the higher conditions. Difficulty in accessing GP was most significant reason.

GP Hubs first aged 0-30 (N=8:3-Parkway;5-East Croydon; 0-Purley)



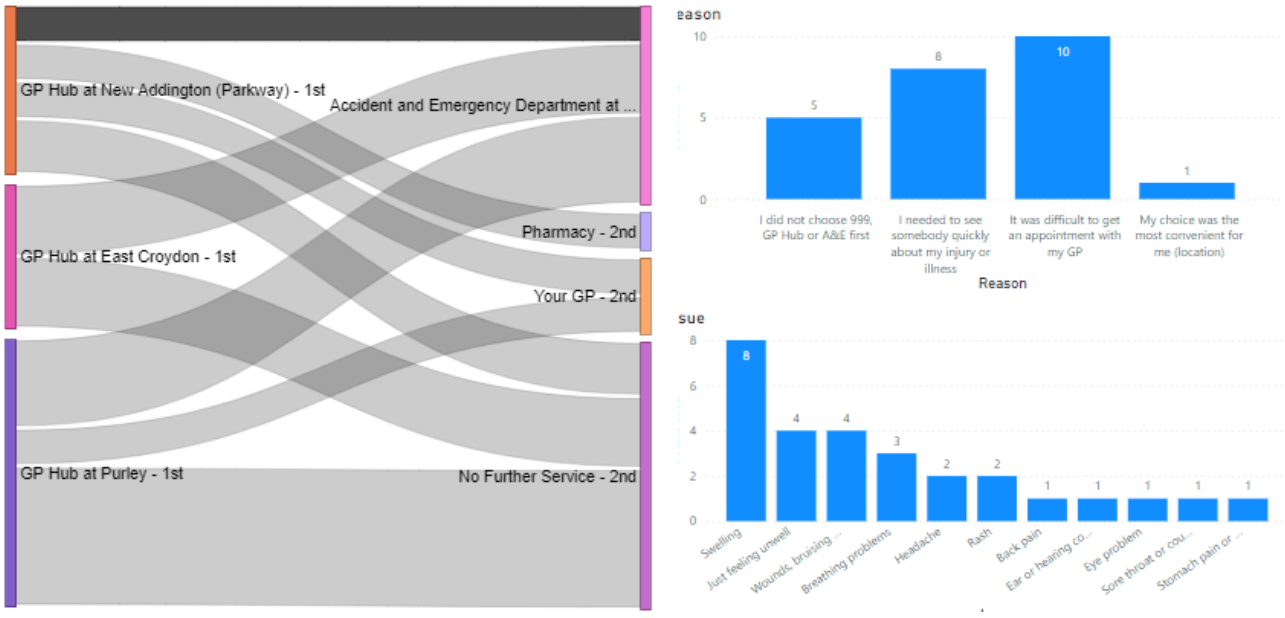
Comparing with all ages, 0-30 had breathing problems, just feeling unwell, sore throat/cough and stomach issues, but sample is small.

GP Hubs first aged 30-60 (N=21:4-Parkway;8-East Croydon; 9 Purley)



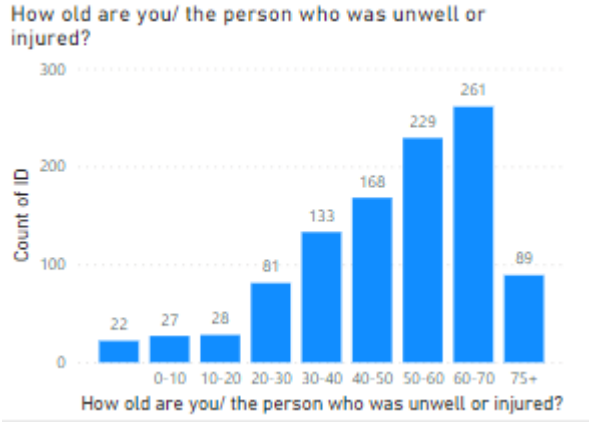
Compared with all ages, a 30-60s people seem to go from GP Hub to GP or another GP Hub before eventually arriving at A&E. Most need to see someone quickly and find it difficult to get an appointment.

GP Hubs first aged 60+ (N=23 :5-Parkway;6-East Croydon; 12-Purley)



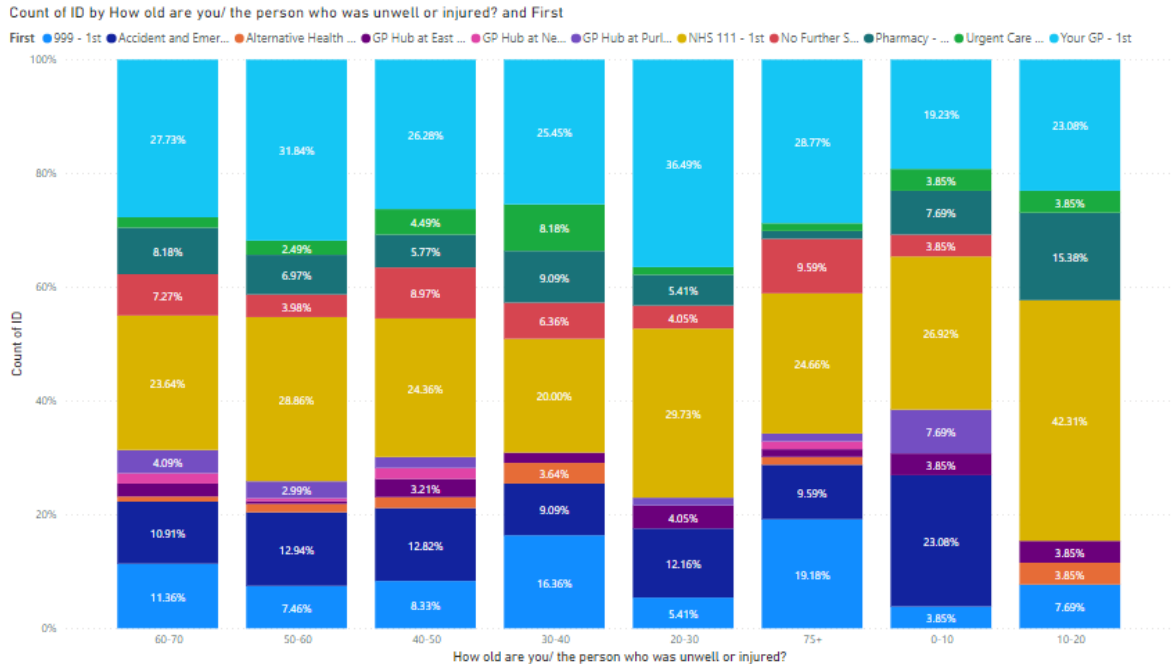
Compared with all ages, some 60+ patients seem to go from Hub to GP or even to pharmacy. Most find it difficult to get an appointment and need to see someone quickly. Swellings, just feeling unwell, would and bruising were the highest conditions.

2.5 Age of patient and the journey



Age of patient in sample: This increased significantly as they got older with nearly half (490 (47%) being between 50 and 70. There were very few replies from those between 0 and 20 in comparisons (55, 5.2%) which is a limitation.

How old the patient was, compared with they went for first choice:



This graph compares the first choices against the age of the patient.

Those with patients 0-10 were more likely to pick A&E first (23%), whereas 20-30s, 40-50s and 50s to 60s would were around 12%, and 60-70s and 75+ around 9 to 10%.

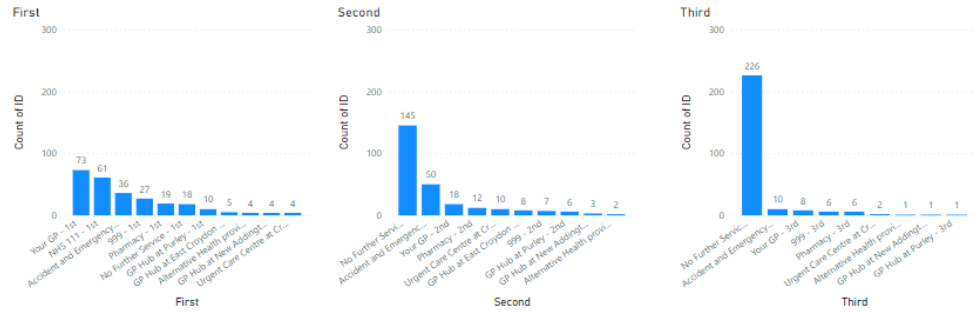
Urgent care was highest with 30-40s at 8%, with other registering between 2% and 4%. Those stating no further service suggesting A&E or Urgent Care, add between 7% and 9% to 40s-50s, 60s-70s and 75+.

NHS111 is picked first more heavily with 10-20s (42%) 20-30s (30%) but all the other ranged from 20-28%.

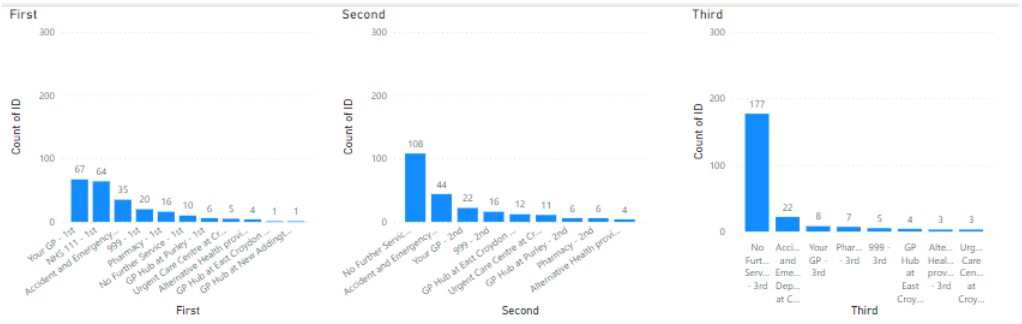
GPs were more heavily chosen first by 20-30s at 36%, with 50-60s at 31%, and other others ranging between 23% and 26% except for 0-10s who used GPs less at 19%. GP Hubs were rarely used first (circa 7% and below).

Age and journey - first second and third

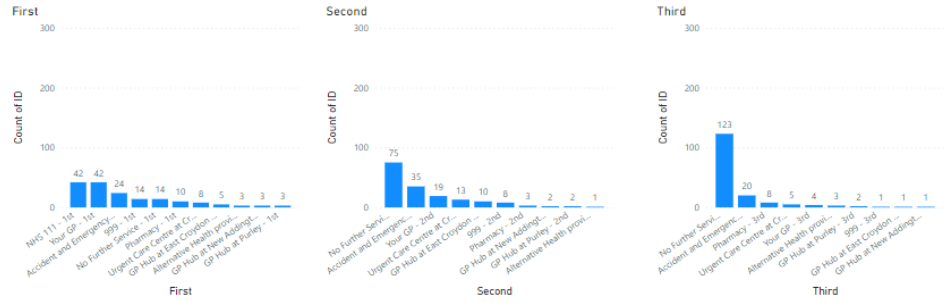
Analysis: There was not a significant difference across ages with GP, NHS111 and A&E where the highest and second highest first choices in most ages, except over 75 where 999 was the second highest and 0-10 patients, where A&E was the second highest after NHS111 (although the sample numbers for this subset are smaller).



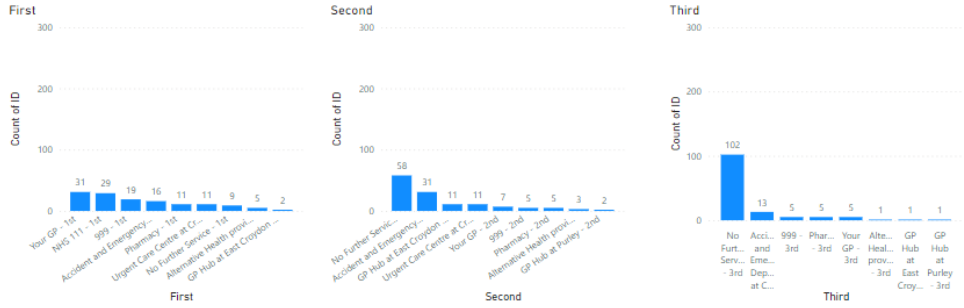
60 to 70 choice and route (N=261)



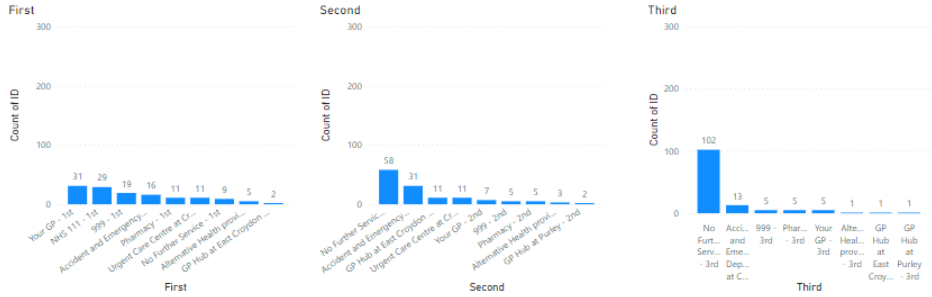
50 to 60 choice and route (N=229)



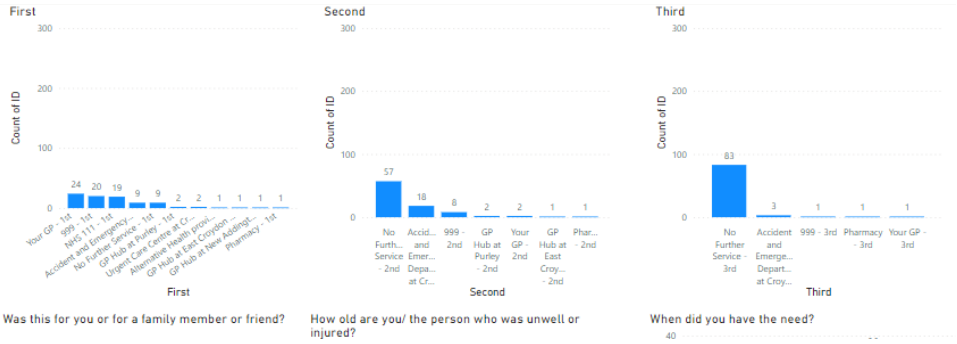
40 to 50 choice and route (N=168)



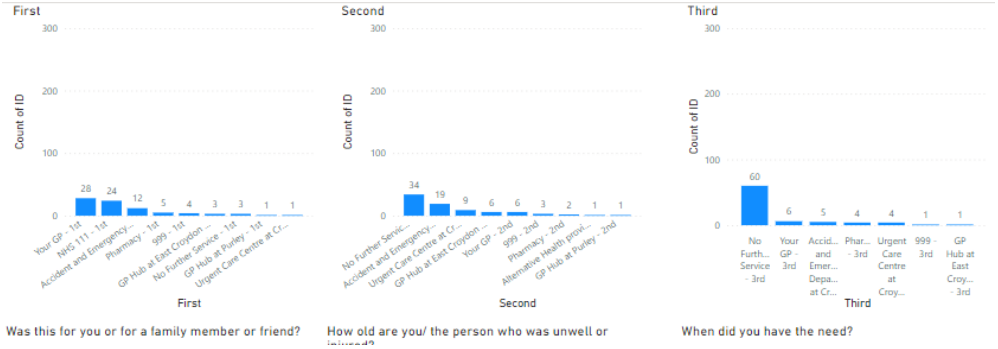
30 to 40 choice and route (N=133)



75+ choice and route (N=89)



20-30 choice and route (N=81)

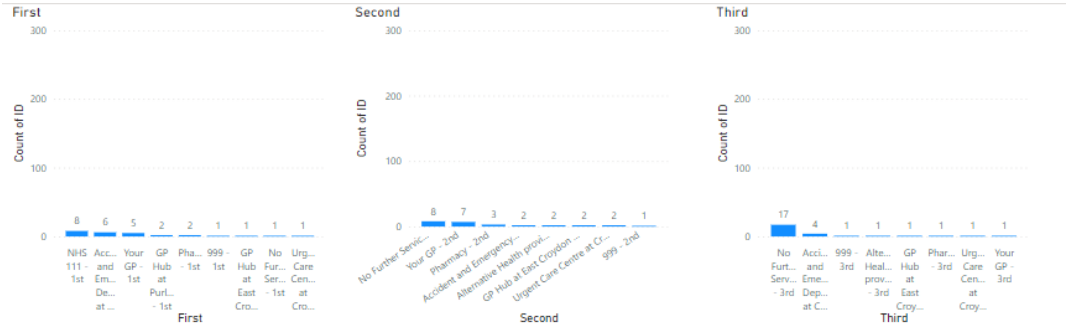


Was this for you or for a family member or friend? How old are you/ the person who was unwell or injured? When did you have the need?

10-20 patient first choice and route (N=28)

Was this for you or for a family member or friend? How old are you/ the person who was unwell or injured? When did you have the need?

0-10 patient first choice and route (N=27)



2.6 Reasons why you were unable to access the service

Try but not succeed

Yes	264	25%
No	756	73%
Did not answer	18	2%
	1038	

Top five reasons by theme from comments

Reasons by theme	**248**
GP	137
Experience	25
NHS 111	20
Access	15
GP Hub	12

A quarter could not access a service they wanted and most of these were GP services. Others had experiences detailed the challenges and some had challenges with NHS 111, general access issues and GP Hub.

Please note that comments may contain typos as reflect authenticity.

GP theme comments (selection)

Access to GP appointments were by far the main comment, followed by lack of satisfaction with their GP and their eventual journey to A&E. Please note these are not edited to maintain authenticity so may contain typos

“GP. During peak of covid they decided to be inaccessible to their patients when their patients needed them most?”

“Because my GP was not available.”

“Can not get to see a doctor.”

“I can remember on one particular occasion when I tried to contact my GPS surgery. I started to call from 8:30am but, the phone line was engaged all day. I finally got through 4pm in the afternoon. So I have decided to eventually change

my practice. I've been with this practice for 15yrs, and the customer service at the reception area is not caring or professional."

"GP no appointments."

"My GP. No appointments available."
"No GP appointments."

"GP Consultation in the week leading up to admission via A&E."

"No one answered my calls at my GP practice despite long waits."

"GP always says no appointments"

"Trying to get a GP appointment is ridiculous. They never have appointments."

"GP service at East Croydon is worst and during pandemic saw it deteriorate. In case of homebound patients, they send a paramedic which is even worse."

"The doctor was unable to see me or make an appointment within a short time."

"Miscarriage. My GP was unhelpful and caused this."

"Was unable to obtain appointment at GP."

"Just can't get any face-to-face appointments at Keston let alone a same day!"

"My GP, kept saying there was no availability."

"The surgery Software doctora (sic) link tols (sic) me to go to A and E."

"I just tried and tried to call the doctors but it was always an answer machine."

"I called my GP service 8 times over a few weeks and they didnt answer the phone nor did they have appointments."

"Tried GP but they could only offer telephone consultation in a weeks time."

"I contacted my GP and requested an immediate appointment , however they referred me to 111."

"I could not get a appointment with my GP."

"I rang GP advised to go to hospital."

"There wasn't any appointments so called back the next day."

"My doctor but they always advise me to go on line to talk to someone which sometimes take all day and when you you're feeling unwell I just want to see someone and check what is going on."

“I can never get an appointment with my GP.”

“No doctors & 24 in queue.”

“GP no doctor appointment available.”
“You have to write what’s wrong with you and you have to wait a day or two and then they text you or leave a message but with my GP you never get to see them.”

“No available dates from GP.”

“Had no phone appointment left.”

“No GP telephone appointments available so was advised to contact the HUB who told me I could approach a pharmacist but really I needed to see my GP, which I finally did after about a month.”

“Very difficult get appointment.”

“There were no appointments available again at my GP service.”

“GP no answer or always busy.”

“NO GP appointments available

“Contact to GP takes too long, sometimes there is no available appointment and have to try another solution>”

“Not getting appointment.”

“My GP line was engaged.”

“GP had no telephone appointments left”

“No one was picking up the phone and the appointment was not available . I had an anaphylactic reaction.”

“Tried to see GP but no appointment available that day.”

“GP- as always, they are fully booked. As such, I needed to use hub.”

“My GP refused to see me for a week. I called 111 and a paramedic told me I needed to be seen that day, and made me an appt with the GP - the GP refused to see me despite the advice of 111 and I waited a week in agony, only to be sent straight to A&E when the GP eventually bothered to see me. Ignoring 111 could’ve been life threatening as it was suspected appendicitis. My GP hasn’t apologised for ignoring 111 and refusing to see me.”

“I tried to get hold of my own GP, after phoning 50+ times I was finally put on hold for 30+ minutes. By the time they decided to answer my phone call, all there appointments had gone and was told to contact he GP hub.”

“My GP never has appts available unless you call at 8am (which is terribly inconvenient when you have young children who require urgent attention throughout the day.”
“I couldn’t get an appointment with my GP. I was given an appointment for the following week and the receptionists suggested I go to A&E or call 111. I called the GP hub instead for a telephone consultation and she said to foto A&E if I felt I needed to. I wasn’t offered a face to face appointment at any time from neither my GP or the GP hub.”

“Couldn't get a doctors appointment. Keep ringing and told ring back next day no appointments. Ring back hold, told to ring back kept ringing back holding for ages and again told no appointments.”

GP Hub

“GP HUB. No one answering phones. Covid reasons.”

“I tried to use GP hub but was told an appointment was needed and went to own GP instead who told me to go to A&E which I did not want to do as I felt this was not an emergency and did not want to waste A&E time as so many people do. Using the service for clearly GP reasons and not for accident and emergency which I feel very strongly about. Total time wasters.”

“Tried to contact GP at Purley hub because of bleeding after a fall. V poor service, appalling phone system. Recorded Covid message v annoying after 10th attempt to get through (try it). Messages not passed to GP, receptionists unhelpful, promised callback didn't happen. Had to chase. GP in a rush, apologetic & panicky when told symptoms. "Go to a&e right now". Clap for NHS? As E Doolittle put it, "Not ... likely". This is not just Covid related. Appointment system at Purley has been dire for years, based on my fam & friends).

“Purley X ray cannot manage fracture.”

“I telephoned my G P who said I would need an x Ray. Went to hub at Purley but they said I needed an appointment to have an x Ray. Phoned 111 who immediately got me an appointment at Croydon hospital at a and e”

“I am Deaf. Purley GP Hub is only accessible by telephone. Impossible for me to call as I don't use the phone.”

“Needed to see nurse about an injury to finger but go didn’t have immediate appointment so I accessed purley hub instead where u got same day appointment to have dressed as I am diabetic.”

“Felt unwell late morning. Phoned GP surgery and told no appt left but advised to contact E Croydon GP hub.”

Experience

“To my great regret and disappointment, I went to the Croydon University Hospital 3 times in the last month, but nothing helped me, and I stayed there for 5 hours in a queue with severe pain, I said that I was bleeding with vomiting and that I was very I feel bad, but still I was never received five hours later, the doctor received me and said that he should prioritize and that it is preferable for him to give priority to British citizens and not refugees, so after so much time he only said that he was allegedly very sorry and that I need to eat soft food and drink water, these are the tips I received instead of help and I don't know where to go for help so that non-conscientious doctors and medical personnel will punish someone for insults and racism.”

“I was referred for CT scan post COVID vaccination but it took long and multiple follow ups and complaints . It was very bad experience overall. I was able to use at last but responses given by neuro and imaging departments are not acceptable. GP referred me and then A&E referred me and the. Nothing for weeks. I gave up on NHS at one point. If you want more details please call if you think it can help improving services.”

“GP appointments fully booked for 3 weeks and needed to see someone about potential high risk pregnancy.”

“had an acute neurosurgical emergency. I was hoping that my GP would refer me direct to the local neurosurgeons on call, but I was just advised to go down to an A&E instead.”

“I tried to access my GP. As always, they had no appointments. Covid19 notwithstanding, they have never had appointments. Then when i used the GP hub, the manager yelled at me for using the service and told me to stop using it
I was unable to get through to my GP even when calling at the time they advised line was either busy, in a queue then cut off.”

I fell in March and broke my wrist so A&E was a no brainer before that dialing 111 said see you GP only they weren't seeing patients

“I wanted to book go online . But online service was not available we GP . I wanted to book mental health via my GP . But GP was unable to book me due to COVID Because of covid all appointements was on phone. I need immediate personal encounter with a GP because my condition was bad.”

"I am no longer living in Croydon. I was on holiday to my family relatives and had accident while working in my work place. When I came was in serious pain in my knee. Then I call NHS 111 and was told to managed to come to A,&E in University hospital Croydon."

"I telephoned my G P who said I would need an x Ray. Went to hub at Purley but they said I needed an appointment to have an x Ray. Phoned 111 who immediately got me an appointment at Croydon hospital at a and e."

"Last time when i know i got high blood sugar level my GP did not pay attention and put me on queue i called 111 for emergency they seen ambulance admit me in hospital my sugar level was 20.5 . and heart beat was very fast."

"I went to A&E due to SOB and on 10 liters of oxygen. I was sent home 3 hours later saying nothing was wrong 2 weeks later it happened again but I went to a different trust and was kept in for 6 days."

"Ambulance services - as they would have seen my son immediately helping him with his blackout. If needed take him to the hospital. They told us his illness wasn't urgent. Try 111."

"I asked a family member to drive me to A&E as surgeon had warned me to go to A&E if any bleeding happened. However it was packed and young receptionist told me I had a 3 hour wait. I refused to wait and stated I was not prepared to sit in a full waiting room as worried it would start gushing out again or as I had open wound I was at risk. So I informed him I'd go back home.asked family member to take me to A&E as had tonsillectomy the previous week and it had started to bleed whilst I was asleep."

111

"111 advised me to go to ane."

"111 Long delay."

"NhS111 did not put referral through to urgent care centre. Due to administration error. Wasted 4 hours."

"NHS 111 take too long to get through to and ask too many unnecessary questions."

"The wait was too long i feel i need help .i did manage to get thought to 111 and they told me to go to the hospital."

"111 was supposed to receive a callback but after 1 hour had to call ambulance due to collapsed."

“I tried 111 twice one time after going round the houses late friday night in agony, i was told wait until monday and see your consultant. Two late at night a cyst in the middle of back burst. All i needed was it to be cleaned and a dressing put on so did not want to trouble a and e. After going round the houses talking to various people. They sent a first responder who did not carry proper dressings , could not clean wound so they put a temporary sort of dressing on back. Had to wait 10 hours to go and see a doctor at GP.”

“111 are useless after answering questions for 15 min ..they send it to GP”

“The waiting time for 111 was too long.”

“111 took too long and I was having a severe reaction.”

“NHS 111 was not available spent 60 minutes trying to get through to them.”

“I fell in March and broke my wrist so A&E was a no brainer before that dialing 111 said see yoy GP only they weren't seeing patients.”

“I phoned 111 and was told to phone 999.”

“Tried to see if I could find a route to a local urgent care centre and avoid A&E but 111 advised A&E.”

“111. I accessed it however this had taken 3.5 hours to get someone to call me back, only to advise me to go to A&E at 10pm at night how which meant A&E Was so busy.”

“Had a long wait to talk to someone on 111.”

“NHS111 took too long to reply.”

“111 - took longer time.”

2.7 A sample of comments on why they chose the service they did

In this section a selection of comments of why people make the choices with themes linked to either service or decision-making process. This helps give insight into the decision-making process that each patient text. While there may be many complex ways they came to these, these comments give some insight. A full list of comments can be provided on request.

Please note that comments may contain typos to reflect authenticity.

NHS111

“Rang NHS 111 for advice initially and they called an ambulance.”

“111 because I didn't want to use precious resources. However, they sent an ambulance for me due to my symptoms.”

“NHS 111 for help.”

“Tried GP not joy called 111.”

“Strong vomiting with blood - called 111, thaught it was serious and needed immediate attention.”

“I chose to call 111 for medical advice. Then 111 service call for an ambulance because I have a history of heart disease and was having chest pain.”

“I chose 111 as I knew that they would point me in the right direction.”

“I called 111 as I didn't want to trouble A&E if not necessary, but was told I needed to by the advisor.”

“Advice from NHS111 who advised to go to A&E.”

“Called 111 as always first choice then was directed to A&E.”

“Used 111 as it was during the night.”

“I work for the NHS so I knew to contact 111 first as it was Sunday.”

“Call 911 then took there advice.”

“I chose 111 initially to get some advice.”

“We rang 111 for advice, a doctor came out from the hospital and after an examination called an ambulance.”

“Didn't know where to go so 111.”

“I used the 111 service because it was a weekend and surgery was closed.”

“Out of hours I would use 111 as I trust in their advice. They directed me to a&e.”

“111 was not as important as 999.”

I knew my illness could be life threatening but I wasn't sure which service to access first. I used 111 because they will perform a thorough assessment and point you to the right service you require.

“We called 111 for advice and they sent an ambulance.”

GP/ GP Hub

“I usually contact GP first if GP is not available that I will call NHS 111.”

“I was told to go to A&E by my GP.”

“Was examined by my GP who referred me to A&E Croydon.”

“My GP said I had to, to drain the wound otherwise it could get worse.”

“Contacted GP who referred me to A&E.”

“I thought was best to see GP so I tried to call them at 8 o’clock in the morning.2

“It was an emergency and the GP surgery was not helpful. My child had a bad reaction and was swollen all over the face.”

“My GP,as I wanted to be assessed first because I didn't want to use E&A resources unnecessarily.”

“At first it was difficult to get the GP so I went to the GP hub and they sent me to A&E.”

“I used GP as they are aware of full history and deems this not to warrant emerging scheme?”

“As answered before. GP refused to see me. 111 assessed by paramedic and told me it was urgent, made GP appt for me - GP refused to see me and made me wait a week for an appt. I arrived in agony, and they sent me straight to A&e with suspected appendicitis. 111 is pointless if GP receptionists ignore their advice.”

“It was not an emergency so I contacted my doctor and then the purley hub at the weekend because it was not any better.”

“GP hub recommended by surgery as they had no appt left.”

“Could t get hold of my own GP after 50+ calls to finally get put in hold for 30+ minutes to then be told they had no appointments so to call the GP hub.”

“Baby developed a large rash and very quickly. Presumed allergic reaction but did not appear to be life threatening. Wanted to discuss with doctor but outside of GP opening hours and wanted a response quickly.”

“GP told me.2

“On advice from pharmacist and GP hub.”

“Pharmacy, doctor, 111, A&E common sense.”

“My GP he and she knows better my health issues.”

“Abscess in a dangerous place so called GP first and they referred me to A&E.”

“Decision was based on advice received from GP and online information.”

“Recently registered at new GP so wanted to try online consultation for advice first without seeing a GP or going to AE.”

“I had collapsed at home and GP advised me to go straight to A&E.”

“GP told me to go to a&e.”

“Doctors appointments all gone, GP hub had long waiting time, 111 were excellent.”

“GP as first port of call.2

“My GP advised me to go to A&E as they were concerned that I had a DVT.”

“I knew it would have to be looked at. GP only wants photo sent online. Didn't consider A&E.”

“I couldn’t get a telephone appointment with my GP so I called Purley GP Hub.”

“The GP I spoke to was sufficiently concerned that she emailed my normal GP who has referred me to Rheumatology with suspected Rheumatoid Arthritis.”

“My doctors aren’t very helpful. Nhs 111 was quickest option.”

“I was advised by the hub doctor to go to A&E.”

“Advised by GP recepitiost to call 111, then told to go to A&E.”

“Could not get GP appointment.”

“Went to medical practice, was refused treatment, so I booked an Uber to Croydon university hospital, to get my daughter stitches.”

“My GP wouldn't or couldn't assist.”

“GP because is quickly.”

“I wanted my GP to deal with this not A&E as I felt this was not an emergency. But in the end I ended up having treatment as an outpatient and am now waiting for surgery. People need to be educated on NOT wasting A&E time with minor problems.”

“My doctor was closed.”

“I call to my GP.”

“Needed to talk to doctor.”

“After speaking to my GP Surgery, l was advised to call 999.”

“It was a weekend, my surgery was closed so I phoned 111.”

“Practice nurse recommended I make a GP appointment.”

“I always approach my GP first but they currently only offer telephone appointments and the receptionist said they had no slots for a couple of weeks so I should contact the Hub. The Hub told me I needed to see my GP but suggested I consult a pharmacist while waiting for a telephone appointment. I did this, but they also told me I needed to see a GP. I eventually did see a GP but, two months later, I'm still waiting for further investigations and a diagnosis.”

“GP hub parkway.”

“I had gout for the first time but did not know it was gout. I was unable to stand on my left foot as it was extreme painful. The condition had got worse over 2 days and realised on the Saturday I needed medical attention. I did not think it was an emergency but it was urgent enough to require medical assistance and advice so I contact the GP Hub who diagnosed what it could be and referred me to Croydon University A&E.”

“I tired to get a GP appointment but there wasn’t one available. Trying to ring up for an appointment is ridiculous you can easily spend 15 minutes on the phone just waiting to speak to someone. Or they tell you to put your symptoms into an online server and that will detect if you need an appointment or not. So I’m the end I went to the GP hub. The wait time was under an hour it was brilliant! Then with the symptoms I had she’s sent me to a&e?”

“111, referred me to the GP but I couldn’t get an appointment so I ended up calling the GP at East Croydon.”

“GP hub purley as I couldn't get GP appointment.”

Convenience

“Shortness in breath/ chest infection needed urgent attention. Hospital within walking distance.”

“local.”

“Nearest to me.”

“Near my house.”

“I used croydon a&e as it's the closest one to my house. Simple choice going as I knew I'd done as lot of damage to my finger as it was bent, swollen and painful.”

“I was desperate to go back to work the next day with hope that visiting the hospital will be better than getting advice from GPs and treatment care.”

“Because Mayday was nearer.”

“I live very close to Croydon University Hospital abd it was out of hours also so it's was the most convenient choice for me at that particular time.”

“Most convenient location, most suitable for me.”

“Went to the nearest as I knew it wasn’t an emergency.”

“Easiest option.”

“Proximity, accessible and deemed the most appropriate for my needs.”

“Mayday as closest.”

“A&E because I work at the hospital.”

“Because they could see me immediately.”

“I wanted to been seen urgently.”

“Near my home.”

“The nearest to my aria.”

“Easy access & ease of getting quick appointments.”

Source of advice

“My daughter is GP who advised me.”

“Advised by midwife.”

“Was confused but friend said A&E will do all necessary tests.”

“Doctor told me too.”

“Girlfriend told me to.”

“Having been told by other services to use 999. 111 called 999.”

“I was advised to use 111.”

“Adviced to go to the hospital via the Boots Optician.”

“Adviced by GP receptionist.”

“Was advised by family member.”

“Advised by GP to attend A&E as she thought I might have a DVT.”

“Doctor instructed.”

“My family were concerned and said I should call 111.”

“Based on my current health issues and advice by GP as I am vulnerable.”

“My GP advised me to fo to a&e.”

“Family told me to call 111.”

“Family advised seeing doctor as I was passing blood several days after accident. I don't know how to get to see a doctor except GP service or A&E.”

2.8 A sample of comments on how experience could be improved

We asked respondents to suggest ways their experience could be improved, we have classified these according to significant themes some relating to experience and some to services.

Good experience

“It couldn't have been improved the help and kindness was 100 per cent.”

“I wouldn't change any of the service I received as it was an excellent service.”

“Not sure. It was excellent.”

“I received the best possiable care.”

“I cannot think of any way. Everyone I met was efficient, professional and very kind.”

“Nothing as always whenever I attend Croydon University Hospital I have always received excellent card.”

“I was amazed by the service and the care that my husband received.”

“Went purley hub. Got the advice I neede and nurse or dr dressed wound appropriately So happy with service.”

“Nothing to improve.”

“It is really hard to say how our experience could have been improved. Every element was perfect.”

“I think that there is a little room for Improvements.”

“You can't overall experience was excellent.”

“I can't think of anything. My experience was unexpectedly positive. The department is much improved on experiences some years ago.”

“I was totally satisfied with my experience.”

“Nothing could be improved. I went to hospital and was admitted to a ward immediately. I had no wait in A&E.”

“Stay the way you are please.”

“This experience 10/10.”

“My experience was great.”

“The attention I received was professional and attentive.”

“Great service.”

“I have been blessed to have excellent treatment.”

“The service I received was perfect.”

“Is a very good service. I highly recommend it.”

“Under the presence situation nothing. The hub done it’s best for me under the government guidelines.”

“It couldn’t be improved ... considering Covid etc I thought the service was excellent.”

“Clinical care: it really couldn’t. It was outstanding. What would have been nice would be not having to pay enormous parking fees - parking should come back under the control of the Trust, not a money-making private firm.”

“It couldn’t of I felt well looked after and everyone I encountered was kind and friendly.”

“No improvements necessary on this occasion.”

“I cannot find fault in either of the ambulance call handlers, paramedics spoken to on phone and who came to house.”

“You can't improve something that is already outstanding.”

2No couldn’t be changed or improved.”

“Good service.”

“Everything was under control so don't think in his condition there was any improvement to be done.”

“I’m just pleased with the service I received.”

NHS 111

“111 should have made an appointment without referring to other services.”

“Maybe more NHS operators online, if needed.”

“A speedy response from 111.”

“111 staff having more training and GP bringing back services they've got rid of.”

“111 could be better manned by people capable of more personalised care. At least ditch the ridiculous standard questions - being asked if I'm bleeding in every call regardless of my issue is mind boggling.”

“111 should have advised me attend A+E.”

Ambulance

“Quicker response from ambulance.”

“By making your ambulance more professional and train them how to treat people in their own home in panic situations.”

“At times it takes time for the Ambulance to arrive.”

“The ambulance was in high demand unfortunately took too long.luckly we manged to arrange for a relative to pick us and drop us to A&E.”

Care and safety

“Friendly staff, doctors that are passionate in helping and don’t seem like they just want to pas blame on each department.”

“Examine patients thoroughly before sending them home.”

“Not allowing male members of staff to approach disabled female wheelchair users whilst alone, outside, in an aggressive or confrontational manner.”

“Ensure the wards are taking A&E doctors & results seriously.”

“Ensuring national medical records can be accessed.”

“Communication. Patient Care. “If I do ‘this’ will it hurt?” Simple TLC. Simple caring.”

“By being looked after by nurses that think more about patients than how clean the floor is, completely ignorant.”

“Please ensure that consultants who think they are God's need to be reminded they are not. (God was not a doctor) and they should treat patients with respect , not to have a lasting impact on their lives , which it has on mine, I'm 76 and did not deserve this.”

“Quick appointment by SLAM.” “Kinder doctors.”

“Having people who work at the GP who are registered practitioners who actually care about patients. Are keeping up to date with current research and have interest in helping better the people who come to them. Checking up on them.”

“They were very insensitive which was an extremely difficult time for me. After suffering baby loss at 17 weeks 3 months before, I was extremely scared and nervous being pregnant again and now suffering pain and bleeding. No one seemed to care or even offered me a tissue when I was crying when having bloods done and starving. The nurse asked me “do you want me to take your blood or not?” Which took me by surprise when my bloods were lost by them already which is not my fault.”

"Hire people with experience and care about the patient.”

“Change the program and always check the activity in the hospital.”

“Covid test people and don’t leave people sleeping in chairs who are clearly unwell.”

“Caring more about the patient and trying to really help them.”

“There is too much to say here. People need to be treated with adequate care in a safe environment.”

Communication and information both with patients and between staff/services

“A feeling that somebody was in charge, as various staff would pop out and call patients, some of whom seemed to no longer be present. It all seemed a bit hit and miss. A definite update for all after waiting one hour is needed. A resting area behind the scenes, not just one stuffy waiting room for all. Water machines that all work. A tea machine that works as well.”

“GP should have been aware of signposted to SDEC department in the first instance Also staff in A&E should be better trained to sift patients Urgent referral from GP was for a scan of the leg which was all that was required based on blood test results.”

“Once you see a nurse to be assessed you should be able to be texted when it’s your turn for your appointment; instead of having to sit in there hungry & thirsty for over 5 hours.”

“No improvement needed for treatment but wider publicity for fact that Purley Hub was no longer "walk in" would have saved both the staff and me some bother.”

“Triage over the phone quicker. Train doctors for over the phone treatment, as a lay person you need to describe the different sorts of rashes to me before I can tell you which one more closely fits the description. Advice was just to try giving the suspected allergens again to see which one is causing a reaction and if they stop

breathing call an ambulance. This is alarming for parents to hear and I think allergen testing should only be done with greater guidance for parents."

"More urgent reply to people."

"Having someone checking that I and others like me were ok and being kept informed of what was going on. I did feel sorry for staff calling names of people to be seen because they were also being asked for updates because there was no one giving updates."

"Also I was sent for an X-ray into a very isolated area of the hospital. The area did not feel or look safe as there was no signage, it looked like a storage area. As I was ill and in pain I had to sit down and even the seating area was far from the X-ray rooms. The area was not staffed and I only saw someone when the person doing to X-rays came out and called my name. I was very concerned about my personal safety."

"These services need to communicate more. A&E need to understand 111 referred me, I shouldnt have been treated like I was wasting their time."

"The main criticism if lack of important communication between departments and consultants."

"Less waiting time and more communication between the NHS."

"By tell the patients when they can see them and explain why they are late."

"Better communication between departments."

"To be kept more informed."

"more information in hospital."

"Ensure patient records are accurate."

"More contact between doctors and nurses."

"Triage was complicated."

"Educate people about what services they should use."

"More communication."

"Waiting time in Triage is lengthy. Is it possible to keep patients informed on the scheduling following Check In? This may avoid irate patients questioning the check in staff re appointment times."

"Patiently explain the results."

"Communication between hospital and my GP."

"After the chest X Ray results should have been discussed by the doctor in private and in the consulting room/ with a little extra time."

"By creating more appointments slots at GPs and more out of hours service for GPs."

"First by have access to GP 24/7.Second by not need to wait for six or seven hours sometimes before the doctor will see you.Third overall I believe and I am grateful for the professional And care service I was given."

Empathy

"Not really sure it can. Staff are tired. This is a behaviours issue behind admin staff at east Croydon medical centre. Hub on the other hand were very friendly and patient with my query."

"Hospital was highly professional and efficient. GP could do with learning that someone ill and in pain doesn't want someone making jokes."

"The doctors are not friendly or helpful they are bad very bad."

"Medical staff treat patients like human beings who are in need. e.g. not talking about a patient rudely in the third person in front of them."

"Some happier people on the phone maybe."

"Only issue was the registration nurse when I first attended. He was on the reception desk and was exceptionally rude with a lazy attitude. He needs retraining."

"Make sure the nurses are not so abrupt with the patients as not all of us are nasty people."

"By encouraging doctors to be more sympathetic. Listening skills could be useful. The doctor sent the prescription through to a chemist that was closed."

"Doctors not assuming everyone is there when they shouldn't be. Also treating patients who have been through traumatic recent experiences with a bit of compassion."

"Triage nurse on front dest. I had been seen at home by emergency paramedic first who advised all tests were OK but due to diagnosis I would be going to A&E. He recorded everything to hospital and gave me a card with a reference etc and when this was given to the nurse on reception he just threw it back at me told me it meant nothing to him and continually cut me and my sister off when we tried to explain or ask why. Very distressing when you feel unwell and anxious."

"All staff that work in Emergency must remember that people who go there are in desperate situation."

"Not employ people who enjoy exerting their power over others. Employ people with empathy."

“A& E staff to understand the well-being emotional needs of someone experiencing a trauma. Empathy and compassion are needed alongside clinical care.”

GP

“Just have one covid message. Limit it to one quick question, is this about covid. If answer is no, divert the caller to what they want instead of going through 20 minutes trying to get past covid questions. Not every caller thinks they have covid. Some emergencies have nothing whatever to do with covid. I actually thought my medical emergency was being dismissed because it wasn't covid related.”

“If I had got a GP appt none of this would have happened. A&E dr treated me like rubbish because he was cross with 111.”

“My opening up more appointment because there are times when I have spent over 30 minutes in the phone only for the receptionist to answer and tell me there are no more appointment. And there are unable to book for the next day.”

“At least the GP surgery should be able to offer first level of help by picking up the calls.”

“Seriously? Read my previous comments. GP receptionists should not override 111 paramedic assessments.”

“It would have been easier if I could have been seen at my local surgery.”

“Own GP to answer the phone lines more quickly.”

“More staff to reduce waiting. Better doctors facilities in Coulsdon which has doubled in size yet lost one doctor.”

“Since then i have had a very bad left earache for weeks and my GP thinks I am ok and had not given me any antibiotics. I have an elderly unwell parent to card for so it’s been awful since.”

“It would have been easier for me to have gone to see my GP.”

“More regular updates, rather tban having to check and phone hospital. GP not accessable.”

“Online booking appointments at the GP throughout the day.”

“GPS surgery needs to offer a better service. Some Doctors in the emergency services need better training to Diagnose patients correctly.”

“To actually be able to have a face to face consultation with my GP instead of over the phone 😡”

“For the GP to be more available for their patients. I don't understand why the accept more patients than they could handle ... It doesn't make sense.”

“When I have visited a private doctor, who may also work for the nhs, they are more proactive, in getting to the root of the problem, I feel as if they are working with me, where a GP is not specialised, and sometimes not sure what to test for, and waste money on un necessary tests, that I presume he/she may be told they can’t test for that by the nhs or some authority.”

“Shorter waiting times. Actually being able to go in and see your own DR.”

“Better GP practice.”

“Just more care from GP receptionist to understand why a person may need to speak to a Doctor ASAP they do not ask enough questions at all. I was almost in a really dark place and if it wasn’t for my family keeping me going it could have been worse.”

“No need to attend a GP hub as there would be sufficient appointments at my GP.”

“111 staff having more training and GP bringing back services they've got rid of.”

“G.p. surgery should b helpful. It was Friday and they ask me to try on Monday morning for appointment!!! My colour bone has popped up so by Monday it can b Risky . I HV many health conditions.”

“Being able to even speak to a dr.”

“To have got an appointment at my GP.”

“Open UP MY GP TO SEE FACE TO FACE NOT TELEPHONE APPOINTMENTS 5 MINUTES ONLY AND STILL WAIT OVER A WEEK,”

“To get a GP appointment easier.”

“More appointments available with the same doc as they no u.”

“GP service was slow.”

“If I was seen to before my condition got so bad that I had to go to a&e. If there was someone I could contact (a GP not receptionist).”

“GP could call back on the same day.”

“More services provided at GP Hub or they should send you for tests. I only did a pee test there the first time I went but a blood test would have shown the infection I have but they said they couldn’t do that there.”

“GP appointment should give quickly first they don’t pick n put in a que n then give very late appointment.”

“GP should see their patients, and refer them further instead of just down playing everything. Because my asthma has not been even considered by my previous GP, the diagnosis and treatment come late. and I am left struggling badly on a normal day now.”

"Give receptionists basic human decency training, open more GP's, stop prioritising old people for appointments"

"1st the GP hub should've noticed how bad my sons condition was she examined him, I called the doctors explained what's wrong with my son she refused to let me speak to a doctor and didn't help in anyway. I then called GP hub who told me to go a&e immediately. A&e were amazing with him."

Listening to patients

"My GP surgery needs to pay attention and listen to the patients, because of one doctor there, I would rather take my children to A&E than to see her. She is very rude and unfriendly."

"My then 17 years old had the same experience with her and this something I didn't mentioned to her before."

"Listen to your patients and be person centred."

"Listen to the patient and try to see if there are any underlying conditions."

"For the staff to listen properly and communicate the options and decisions."

"Listening to the parents/carers when telling them symptoms. Better awareness of ill health and not to be dismissive and assume the most common children's illness."

"Maybe you try to be more humane and investigate the source of the problem and point me to the solution and not dodged it."

"Listen to patient."

"I am not complaining, but the operator should listen to people."

"Everyone should be taken seriously when feeling unwell."

"The young doctors need more tuition and need to listen to the patients troubles."

"I think that GP needs to listen more attentively to patients because they seemed to rush their services."

"Privacy. Being listened to and taken seriously. As soon as you inform a health care professional that yr illness/condition is directly linked to vaccination you are dismissed. I'm not an anti vaxer I went on to have my second vaccine with no side effects, it's not acceptable to be so dismissive of someone's pain and fear because it's not the narrative that it being projected."

"I think doctors should first check the patient's real situation before diagnosing what the patient has."

“By asking what matters to me and even though there was no fracture seen by X-ray the soft tissue injury was significant and I needed access to the pathway to have physio or input from an allied professional. In the community it’s a different pathway.”

“Proper care and support for people attending emergency room. Listening to issue not telling us to return to see a particular service if they aren't going to see you.”

“More attention to the patient and take more seriously attention.”

“Listen to what the patient is saying instead of thinking the medical profession know better.”

Prioritisation

“When having initial consultation when you arrive the assessment should be better to ensure those who are waiting to be seen by a doctor really need to. With a open wound a second opinion should of been given in regards to whether it needed to be glued or not instead of waiting 5 hours or so with a 2 year old til the early hours of the morning.”

“More staff controlling cue and monitoring people’s needs. As some clearly should not have Ben there, and should have gone to chemist.”

“More NHS staff needed. Filter patients as they come in. There must be a team who turns around patients that can be dealt with quickly and sent home. More serious diseases / illnesses are to be seen by another team for longer stays.”

“For the staff to be more knowledgeable about eating disorders and emergencies that arise from them. They wanted to send my daughter home even though her heart rate was dropping below 30bpm. I took my daughter from Croydon and took her to kings college and had a totally different experience. Also children of 16 should be treated as children (minors) not adults. The staff wanted me to leave my 16 year old daughter alone in A&E at 1.30am.”

“Appointments for kids prioritised as unable to book appointment for child on line”

“Wait times at the hospital for children should not be longer than 2 hours, especially when a child has a fever.”

“As my experiences have been a good because of a repeat issue. Problems like mine or similar should have some kind of flag for receptionist, doctors and nurses to react to quicker and move the waiting and numbers list down a little quicker. (Not just for me but other waiting patients).”

“Less waiting time especially when you are with children and they are unwell.”

“GPS should set aside appt throughout the day for children and babies, and have a pediatrician on staff.”

"Less time n if you see patient is in unbearable pain check them first ..nobody wants to come a&e without problem."

"Give urgent treatment cos some patients do nit have enough stamina to bear pain. Including me as well and some of pateint can not wait for 3 to 4 hours in pain make sure u treat people as soon as possible."

Process

"If it's urgent service - each case should be considered in terms of its severity and urgency. There needs to be a system that is organised and transparent."

"Better booking in services required"

"When you phone your doctor especially when your elderly, you want to speak to somebody not keep getting options to press this and press that."

"The nurse was alone at the reception taking a repeat health details when it should be on the screen, there should have two nurses to help with the long queues. I thought having an appointment would break the waiting time especially during the pandemic. We are asked not to crowd the waiting area."

"A system e.g. number slips for A&E to keep your place."

"The lady on the welcome desk could of reffed me to 1st floor Morfields at the beginning. Instead of waiting and then the department was closed for the day."

"They were too busy and not enough checks just left. Felt like a dying animal never forget it."

"Uniformed Practices throughout, all Staff Members should be conducting correct procedures, liaise with Patient through each stage of care. Reassurance is vital when the Patient is vulnerable and scared. Communication is key throughout and that is lacking."

"Changing the processes a little bit to give better patient care and make it more urgent."

"Follow national guidelines and discharge notes need to be better. A doctor said we would be referred by the hospital to the stroke clinic. Nothing was noted in the discharge summary."

"The triaging system is multifaceted and delayed which could be improved."

"Purley hub should have seen me. I told them what my illness was. Not life threatening. Just needed more powerful medication. Receptionist in A&E could have seen I was in agony & offered medication. Purley hub should not have told me I was red flagged if I was not treated any differently."

“Easier access to face to face appointment. Doctors reading my notes. Everytime I got through I had to explain my symptoms all over again.”

“Had we been triaged properly by having x-rays requested from initial discussion then clinician could have seen us with X-rays and cut our wait by 2 hours.”

“Make sure that documents are properly filed so it won't be lost. Also, doctors should request ALL the necessary test initially so multiple blood extractuion will be minimised. Lastly, staff who failed first and/or second attempt of IV insertion or blood extraction should consider asking a more experienced personnel even though they are their junior.”

“Better process for appoinments at Doctors. I was working so couldn't phone for 3 hours a day!”

“Next time I have a vitriol detachment I now know to go straight to the optician in addiscombe which has links to Moorfields and I will not need to use a slot at a and e.”

“By doing more further investigation checks not just tell them to go home and rest we come for a reason.”

“When my results came back took a long time before I could be released as I wasn’t a serious case, however it would have been easier to send me home quickly in this pandemic time than keeping me there.”

“Better management from staff on what patients are in and ensuring they’re using some kind of system to record which patients are there and if their name has been called etc.”

“Waiting time to be reduced and expedite the diagnostic tests.”

“Make it easier/faster to speak to a nurse/send pictures to a nurse.”

“I had to do another blood test that could have been done first time. This meant another long wait.”

Waiting time

“Waiting times could be quicker.”

“Improving waiting time.”

“Less waiting at the hospital.”

“The wait time was very long, could do with more staff.”

“Waiting time & for results too many appointments till not finished now over 3 months.”

“Cut down waiting times.”

“Maybe a little bit more fast with the testing results.”

“Quicker service not have so many staff standing around talking.”

“Having to wait less.”

“I was waiting in a&e for nearly 5 hours! And with a breastfed baby at home with husband, felt quite stressful.”

“Waiting up to 1 hour and a half is reasonable, more than that is a strong sign that more professionals are needed.”

“Call back from 111 suppose to be within 20min, actually that was 5/6 hours.”

“More patience with patience and reduce wait time.”

“If possible long waiting times can be reduced.”

“Respond to contact in a timely manner.”

“Shorter waiting times, nicer staff, staff doing job properly, commitment to solving issue.”

“Just a bit quicker.”

“I guess everyone will say that the waiting time need to be as short as possible.”

“I was admitted at 2pm and had to wait until 2am for a bed.”

“A quicker call back. The time given was within an hour and I waited far longer than that.”

“Maybe less waiting time but understand this is unavoidable.”

“Waiting times are still very long. It took 2.5 hours to be seen be dealt with. More doctors, nurses and support staff needed.”

2.9 Patient's own definitions of difference between Emergency Care and Urgent Care

Difference between Emergency and Urgent Care - themes	
Emergency + life threatening	353
Same 46	46
Not sure 29	29
Don't know 14	14
No idea 9	9

- The difference between emergency care and urgent care seems to be clearer in the public's mind with many equating emergencies with life threatening situations.

- Some however thought they are the same and other were not sure or did not know.

- More careful use of language will help communicate this better. This is a small selection of the 936 responses we received – a full list can be provided on request.This could help shape future messaging.

Please note that comments may contain typos to reflect authenticity.

"Urgent care = required urgently, with the potential for life threatening or changing illness or injury if not treated quickly."

"Emergency = life threatening, urgent care = urgent but not life threatening."

"Emergency = life threatening. Ambulance and A+E eg heart attack / stabbing. "

"Emergencia es algo de vida o muerte, que sucede en circunstancias imprevistas, una, urgencia es algo que no si bien se necesita para el momento, el paciente siente molestias o dolor pero no son de vida o muerte. (Translation) "Emergency is something of life or death, which happens in unforeseen circumstances, an urgency is something that is not necessary, although it is needed for the moment, the patient feels discomfort or pain but they are not life or death."

"Urgent care might be feeling unwell or injuring that is not life threatening but urgent eg sprained ankle."

“Emergency = visibal life threatening or impacting. Urgent care = potential to be life threatening or impacting.”

“Emergency =straight away.”

“Emergencies are clear. MRI or film should be taken on them, medicine should be given when necessary, these are for patients after all.”

“Emergency care is life threatening and urgent care is light bleeding.”

“Emergency care needs immediate attention and urgent care not so important.”

“Emergency care the person is able to responed .Emergency care i feel they need someone straight away.”

“Emergency care when you deal with the problem straight away urgently with straight away.”

“Emergency Care would be fear of dying and urgent care need to address possibly needs a serious issue but not , say, blacked out or in.”

“Emergency - immediately life threatening.”

“Emergency is kind of danger for life urgent.”

“Emergency is you got to attend now and urgent is get to the point in a slower past.”

“Emergency - life or death eg stroke , heart , head injury , fits , babies Urgent care , needs to be treated or rapid deterioration , eg fracture , bleeding , sever pain, very high temp especially child , confusion.”

“Emergency - life threatening urgent is quick response.”

“Emergency - life threatening, urgent - needs attention quickly but not life threatening.”

“Emergency - life threatening, urgent. Urgent care, not a routine issue and could escalate to life threatening. Acute issues.”

“Emergency - resuscitation, heart attack, stroke, life threatening. Urgent - can't wait for GP but not life threateningt.”

“Emergency us ,immediate threat to life ,urgent not as much.”

“Emergency - you may die if not attended to urgently as it could be a serious issue. Urgent care to means you have been diagnosed with something that needs to be attended to as soon as possible to avoid it becoming something more serious or critical.”

“Emergency = immediately life threatening or life changing illness or injury.”

“Eemergency care is life and death.”

“Em care is A& E ..Urgent care can be dealt with by GP ?”

“emargancy is important where as ugernt is needed now.”

“Emergancy care is life threatning like car accidents, heart attacks things like that. Urgent care is where someone is ill or hurt and needs quick care before it could go in to energancy care.”

“Emergecg is when you have a leg hanging off. Urgent is when you are not life. threatened but need tests and treatment to avoid a condition escalating.”

“Emergency aid is needed mainly by people after accidents.”

“Emergency as a life threatening and urgent as ASAP.”

“Emergency being life threatening - urgent care non life threatening but urgent care required.”

“Emergency being potentially life threatening; urgent needs to be seen and treated without undue delay.”

“Emergency can do all you need and you get the right special whilst urgent can not cover all the issues you might have and you get less diversity of specialist.”

“Emergency cannot wait, urgent needs to be within 24 hours.”

“Emergency card is life threatening and urgent care describes a condition that needs urgent treatment such as a fall or broken bone.”

“Emergency care - a matter of life or death. Urgent care - need to be seen before condition deteriorates? Basically same?.”

“Emergency care - condition that can lead to fatality.”

“Emergency care - dealing with issues beyond a GPS remit. with issues beyond a GP’s remit. Urgent care - crucial to be seen by a professional.”

“Emergency care i cant breath or chest pain, i would call an Ambulance Urgent Care i cant want with back pain going into my leg ,and the nerves is trap,i cant see a doctors so i get help.”

“Emergency care possibly minor injuries, urgent Care severely unwell.”

“Emergency care - sepsis, heart attack etc.”
“Emergency care: that’s when you need a quick visit and can’t contact the GP.”

“Urgent care : when you think it’s life threatening.”

“Emergency care = life threatening urgent care = a condition that requires attention.”

“Emergency care- act immediately.”

“Emergency care and urgent care i think both are the same because i get my treatment at emergency care.”

“Emergency care are for life threatening cases and for urgent care are same day treatment.”

“Emergency care are for life threatening conditions. Those who could wait. Urgent care can wait a little more time.”

“Emergency care can be life threatening like car accident, heart attack and so on while urgent care could be severe food poising a reaction to something. It is still important but not life threatening.”

“Emergency care can be urgent, while urgent care requires immediate attention

Emergency care- can wait a few mins urgent care- seen straight away.”

“Emergency care could be life threatening. Urgent care is needed when you are not ill enough to attend emergency.”

“Emergency care deals with life threatening situations and urgent care deals with the area between your local doctor and the emergency department.”

“Emergency care dealt with almost immediately.”

“Emergency care for life threatening problems against urgent care for those that can wait.”

“Emergency care for serious injuries that are not life threatening but could develop to be so. Urgent care - Life threatening serious illness or injury that needs dealing with immediately.”

“Emergency care I would consider as life threatening. Urgent care where u r seen on the same day and given treatment.”

“Emergency care I would consider to be life threatening or unbearable pain and urgent care as pressing but maybe not emergency.”

“Emergency care i would hope to be attended to ASAP urgent care you need to wait for some time in my case 111 booked appointment urgent as it was chest pains but still had to wait hours before being seen for diagnosis
“I saw no difference.”

“I see them as the same.”

“I think emergency care is a little more serious than urgent care. Like life or death situations.”

“I think emergency care is abit quicker.”

“I think its same.”

“I think there are no differences between them.”

“I think they are the same.”

“I think urgent care means something very seriously happening to the individual. Emergency care means that you can wait in an emergency room for your turn to get support ,and treatments.”

“I thought they were the same.”

“There clearly isn’t one.!

“There is no difference.”

“There is very little difference between the two concepts.”

“There's not much difference, I'd say emergency care it slightly more grave.”

“This isn’t clear to me.”

“This semantics, l think there about the same.”

“To be honest I am not entirely sure but would think urgent care if more important because of the term urgent being used.”

“To me all the some.”

“Unfamiliar with those classifications. Emergency and urgent both relate to critical situations that require immediate care. Emergency is a noun whereas urgent is an adjective. In and of themselves they don't convey any sort of priority or ranking of how critical the situation ought to be before selection.”

“Same dept.”

“Same difference.”

“Somebody else decides if it's an emergency. Urgent is when the patient is personally terrified.”

2.10 Patient's own definitions of difference between GP and GP Hub:

- The difference between a GP and a GP Hub is less clear. Croydon residents have a clearer idea of GPs and their role, but GP Hubs are less clear and many simply do not know the difference or their description does not effectively describe their role

- If GP Hubs are being continued to be commissioned, much consideration on describing what they do rather than who delivers them may be worth consideration However, this is a small selection. A full list can be presented on request.

- Please note that comments may contain typos to reflect authenticity.

Difference between GP and GP Hub	
Definition attempted	266
Don't know	64
Same	46
Not sure	47
Don't know	14
No idea	

"GP hub used in emergency."

"GP hub any time."

"GP hub = consists of a variety of doctors that can be called upon at times when it's not possible to contact your own GP, eg out of surgery hours."

“GP hub, I was practice, GP hub takes the overflow of patients offering advice whereas my GP is where I am registered.”

“The GP hub is available if you require an out of hours appointment. Appointments can be accessed through 111 or by walking in. Your GP offers bookable appointments but not walk ins.”
“GP hub was able to deal with my issues outside of the GP working hours.”

“I have not used a GP hub.”

“GP hub offers walk in diagnosis and treatment when one can’t get an appointment with GP.”

“A GP hub is where you can go without an appointment a GP you need to make an appointment to see one.”

“My GP doesn't give two hoots, a GP hub may have one who does.”

“GP hub is a walk-in.”

“GP hub can be accessed without prior appointment and they have longer opening hours.”

“GP is an individual. GP hub is a group of doctors at the same practice.”

“No idea. I dont kbow what a GP hub is.”

“GP hub does not know you and your medical history while GP knows you very well and your medical history and knows yyou personally.”

“GP hub is used when your GP is not available.”

“GP hub you don't need to be registered with any surgery, but GP you must be registered with a family doctor.”

“Dont know what GP hub is.”

“GP hub is an emergency appointment/out of hours if I cannot get to my own GP.”

“The GP hub provides a doctor who can give some advice about your condition, but they don't have your medical history. They also take longer to send out test forms - such as blood tests.”

“GP hub is continuing care same as GP surgeries.”

“GP hub is a GP service to access when your own GPS are unavailable.”

“GP hub is in the hospital.”

“GP Hub dont have to be registerd.GP at least the receptionist might know you...dont even know if i have ever seen mybaassigned GP.”

“GP hub is accessible out of hours or if no appointment available with own GP. Hub will be a GP i dont know, but who can still provide good advice/treatment.”

“A GP hub is there when a GP office is closed.”

“GP is very close to home, GP hub is a bus and tram ride.”

“GP Hub is a information point of medical advice and guidance and effective routing to receive medical care. GP personal 1-1 medical care and advice.”

“GP HUB is when your GP surgery is closed and you need to see a doctor or your surgery has referred you to the Hub because there's no appointment. GP is non

urgent but need intervention within certain time. It's also a follow up investigation and treatment plan. GP makes referrals to other specialist team."

"GP hub is an extra clinic that will fit you in when you're own GP surgery cannot. The GPS are there to help you with diagnosis or prescribe medication if needed but if you need bloods or chest X-rays they cannot request it."

"GP is 'in hours', knows patients better and gets funding per patient. GP hub is out of hours when it is serious enough to not be able to wait."

"GP hub is other GP's in neighbouring area. GP is my local practice."

"To me a GP Hub is somewhere you can visit over a weekend or a bank holiday when your own doctors is closed ?!"

"It is much easier and quicker to get help at the GP hub than an appointment with GP sometimes."

"The different is a GP hub does not require appointment."

"GP Hub is accessible when own GP is not available."

"GP hub are for people who are not able to get an appointment with the GP."

"GP hub is a walk-in service (or at least it used to be) and almost certainly the doctor will not know you will be familiar with your history. Your own GP is going to know you."

"GP hub is in my opinion for emergency/urgent care out side of doctors hours."

"When you call a GP hub you're guaranteed to get an answer wjole with your GP the phone is constantly engaged then when it does ring you're told to call kn the afternoon or next day to speak to a GP."

“There is no urgency used in bookings, whilst at a GP hub you are listen to them Ps I assume a GP hub means several doctors on call.”
“GP hub is a walk on centre.”

“No idea never been to a GP hub.”

“GP hub, means a group GP's coming together to run a GP and other services in one place.”

“GP hub variety of doctors and GP your doctors that you see often.”

“No idea haven’t heard of GP hub.”

“GP hub have longer hours and can usually see a dr quickly but can't see a specific GP.”

“A GP hub has more availability especially out of normal hours however they do not have the knowledge on you as a patient that your GP would.”

“A GP is usually your own personal doctor, where as a GP hub takes on more patients.”

“I am not used GP hub.”

“GP hub is on call doctor available for when you cannot see your GP or you do not have one.”

“GP hub is where you have doctors with different types of skills.”

“You just can't make appointments in GP hub and they are open late.”

“GP hub had appointments, prescribed medication and gave follow up advice. GP told me to call back!”

“GP hub is where you can see a GP if your unable to see your own GP.”
“A GP is your regular doctor. GP hub are used when you can't get an appointment with your GP.”

“GP hub is available in the evenings and weekends.”

“Unsure i think a GP hub may offer additional services to a GP like on site blood testing x-ray and scanning equipment.”

“GP hubs are more convenient are more easily accessible.”

“Never tried GP Hub, this term is unknown to me.”

“GP hub uses other care professionals like DN, physio or social enabler.”

“In a GP hub there are more GPs to consult with.”

“Don’t like GP hub they run differently and tight budget.”

“GP hub answer your calls on the day GP don’t see you until they are free can never get appointments.”

“A GP hub is for conditions that cannot wait for a GP appointment and is a walk in centre.”

“A GP hub a pool of medical practitioners used when the GP that I'm registered with is unavailable.”

“Perhaps if your are not registered with a GP in the area or it is out of hours, you would attend the GP Hub.”

3 Satisfaction & demographics

3.1 Overall demographics - sent and received

Gender

Gender Sent text	Number	%	Gender Responders		
Female	28250	57.50%	632	60.89%	
Male	20870	42.48%	353	34.01%	
Not Known	1	0.00%	8	0.77%	Non gender conforming
Unknown	3	0.01%	7	0.67%	Transgender
Unspecified	6	0.01%	38	3.66%	Blank
	49130		1038		

More females that males were sent the text and the responders were even more heavily leaning towards females.

Age

Age Band	Number	%	Age of patient	No	%
			0-10	27	3%
10-19	1948	4%	10-20	28	3%
20-29	10105	21%	20-30	81	3%
30-39	10784	22%	30-40	133	13%
40-49	8382	17%	40-50	168	16%
50-59	7848	16%	50-60	229	22%
60-69	5006	10%	60-70	261	25%
70-79	3001	6%	75+	89	9%
80-89	1652	3%	No age given	22	2%
90-99	397	1%			
100-109	7	0%			
	49130			1038	

We compared the age of patient. It is interesting that the highest groups in the sample were 20-29 and 30-39 equalling 43%, but when it came to responses of only 16% a gap of 27% with a particular gap between 20-29 of 18%. Our survey had

heavier bias in age towards 50-60s and 60-70s, which may reflect that age group willingness to fill in a survey via a text.

Ethnicity

Ethnicity Sent text	Number	%	Responders	%	
African	39	0.08%	32	3.08%	
Any other Asian background	4	0.01%	17	1.64%	
Any other Black background	12	0.02%	6	0.58%	
Any other ethnic group	20	0.04%	28	2.70%	
Any other mixed background	11	0.02%	9	0.87%	
Any other White background	11	0.02%	27	2.60%	
Asian - Any Other Asian Background	1868	3.80%			
Asian or Asian British – Bangladeshi	222	0.45%	42	4.05%	
Asian or Asian British - Indian	1811	3.69%			
Asian or Asian British - Pakistani	1022	2.08%			
Asian/Asian Brit: Bangladeshi-Eng+Wales eth cat 2011 census	15	0.03%			
Asian/Asian Brit: Chinese - Eng+Wales ethnic cat 2011 census	27	0.05%			
Asian/Asian Brit: Indian - Eng+Wales ethnic cat 2011 census	216	0.44%			
Asian/Asian Brit: other Asian-Eng+Wales eth cat 2011 census	108	0.22%			
Asian/Asian British:Pakistani-Eng+Wales eth cat 2011 census	64	0.13%			
Bangladeshi	1	0.00%	2	0.19%	
Black - Any Other Black Background	2956	6.02%			
Black African	1	0.00%			
Black British	15	0.03%			
Black or Black British - African	2962	6.03%			
Black or Black British – Caribbean	2519	5.13%			
Black/Afr/Carib/Black Brit: other Black- Eng+Wales 2011 cens	246	0.50%	104	10.02%	Black, African, Caribbean or Black British

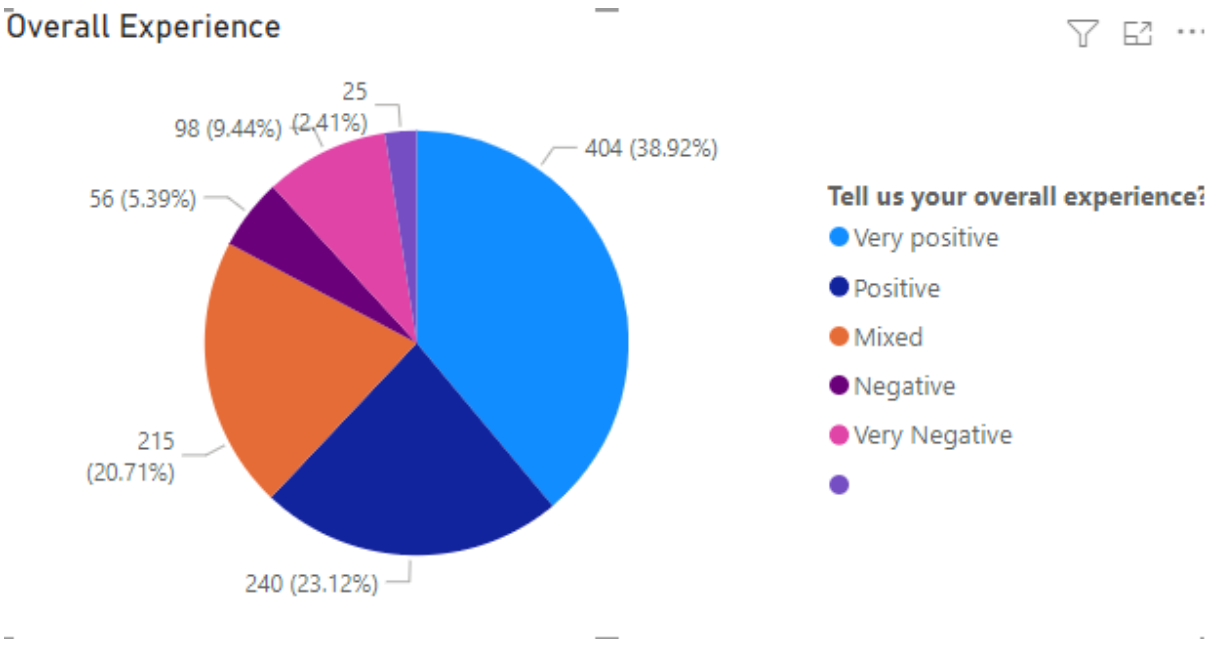
Black/African/Carib/Black Brit: African- Eng+Wales 2011 cens	168	0.34%			
Black/African/Caribbn/Black Brit: Caribbean - Eng+Wales 2011	103	0.21%			
British	414	0.84%			
British Asian	7	0.01%			
Caribbean	14	0.03%	19	1.83%	
Chinese	1	0.00%	5	0.48%	
Ethnic group not given - patient refused	2	0.00%			
Greek Cypriot	1	0.00%			
Indian	9	0.02%	41	0.00%	
Irish	2	0.00%	25	3.95%	
Italian	1	0.00%			
Mixed - Any Other Mixed Background	643	1.31%	24	2.31%	
Mixed - White and Asian	111	0.23%			
Mixed - White and Black African	147	0.30%			
Mixed - White and Black Caribbean	452	0.92%			
Mixed Asian	2	0.00%			
Mixed Black	2	0.00%			
Mixed: other Mixed/multiple backgrd - Eng+Wales 2011 census	86	0.18%			
Mixed: White+Asian - Eng+Wales ethnic category 2011 census	19	0.04%			
Mixed: White+Black African - Eng+Wales eth cat 2011 census	39	0.08%			
Mixed: White+Black Caribbean - Eng+Wales eth cat 2011 census	37	0.08%			
Nigerian	2	0.00%			
North African	1	0.00%			
Not known	564	1.15%			
Not stated	1	0.00%			
Oth White European/European unsp/Mixed European	1	0.00%			
Other - Any Other Ethnic Group	1628	3.31%	9	0.9%	
Other – Chinese	184	0.37%			
Other - Not Stated	3785	7.70%			
Other ethnic group: Arab - Eng+Wales ethnic cat 2011 census	31	0.06%			

Other ethnic: any other grp - Eng+Wales eth cat 2011 census	690	1.40%			
Other Mixed or Mixed unspecified ethnic category	2	0.00%			
Other White or White unspecified ethnic category	1	0.00%			
Pakistani	3	0.01%	14	1.35%	
Polish	1	0.00%			
White	1	0.00%	423	40.75%	
White - Any Other White Background	4208	8.57%			
White – British	10270	20.90%			
White – Irish	286	0.58%			
White and Asian	3	0.01%	13	1.25%	
White and Black African	3	0.01%	17	1.64%	
White and Black Caribbean	6	0.01%	19	1.83%	
White British	77	0.16%			
White: Gypsy/Irish Traveller - Eng+Wales eth cat 2011 census	7	0.01%	4	0.39%	
White: Irish - England and Wales ethnic category 2011 census	90	0.18%			
White: other White backgrd-Eng+Wales ethnic cat 2011 census	305	0.62%			
White:Eng/Welsh/Scot/NI/Brit - England and Wales 2011 census	2409	4.90%			
English, Welsh, Scottish, Northern Irish or British			122	11.75%	
(blank)	8161	16.61%	34	3.28%	
Arab	0	0.00%	2	0.19%	
	49130		1038		

This was a challenge to compare because there is such a range of classifications. We have tried to compare, for example we had 11.75% response for English, Welsh, Scottish, Northern Irish, or British, but this is not stated as white which had 40.75%. so it difficult to fully classify. It is also possible that people changed their classification from when they registered with services and what they put in our survey. That said it does seem that more respondents came from white/British responses compared with the overall dataset. More analysis can be done if needed.

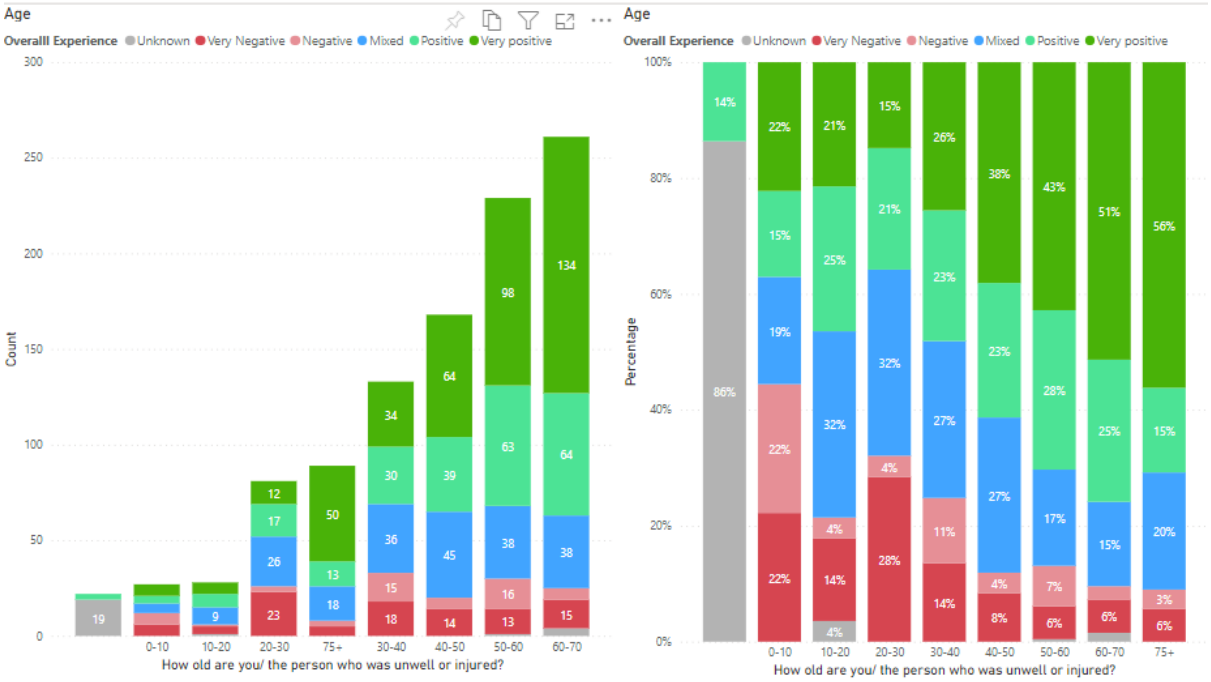
3.2 Satisfaction against various demographics

Overall satisfaction



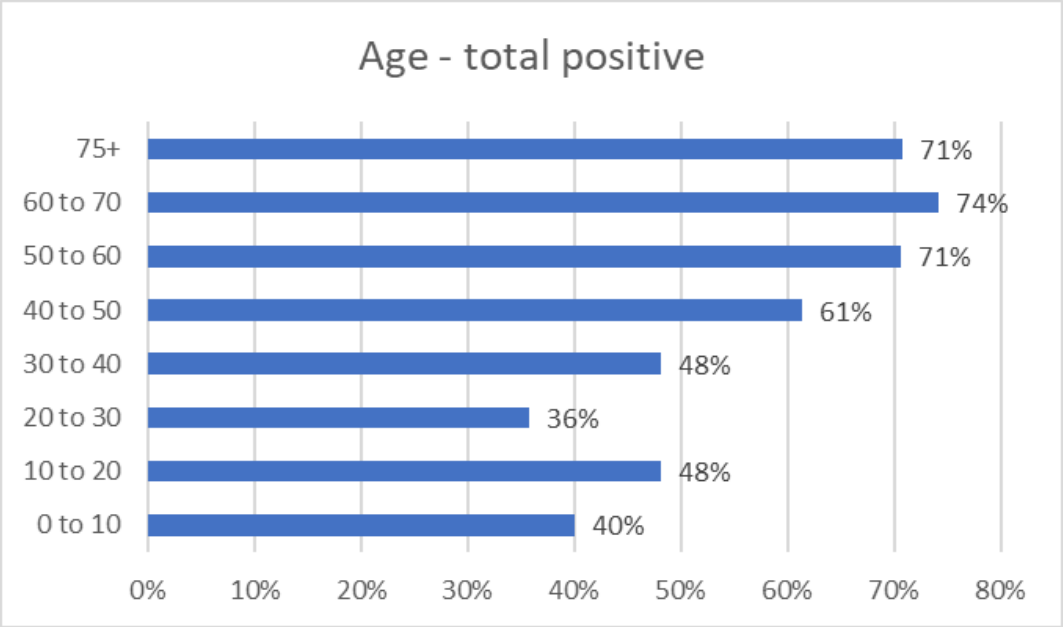
A majority found the overall experience very positive (39%) and 23% found the experience positive,making and overall combined positive satisfaction of 62% with 20% finding it mixed and 15% found it negative or very negative. 2% did not comment.

Age



The left shows the actual number and the right the comparative percentages. It is interesting that satisfied experience increases significantly with age with the over 75s recording 71% positive or very positive (56% very positive).

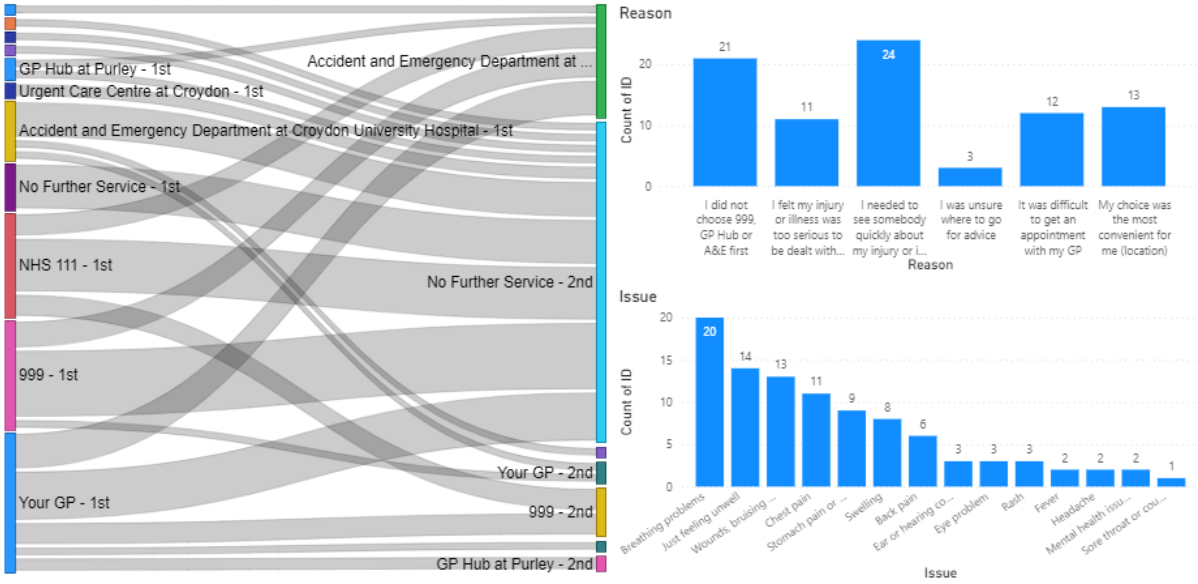
Total satisfaction



	0 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	75+
Age - total positive	40%	48%	36%	48%	61%	71%	74%	71%
Total respondents	2%	3%	8%	13%	17%	22%	26%	9%

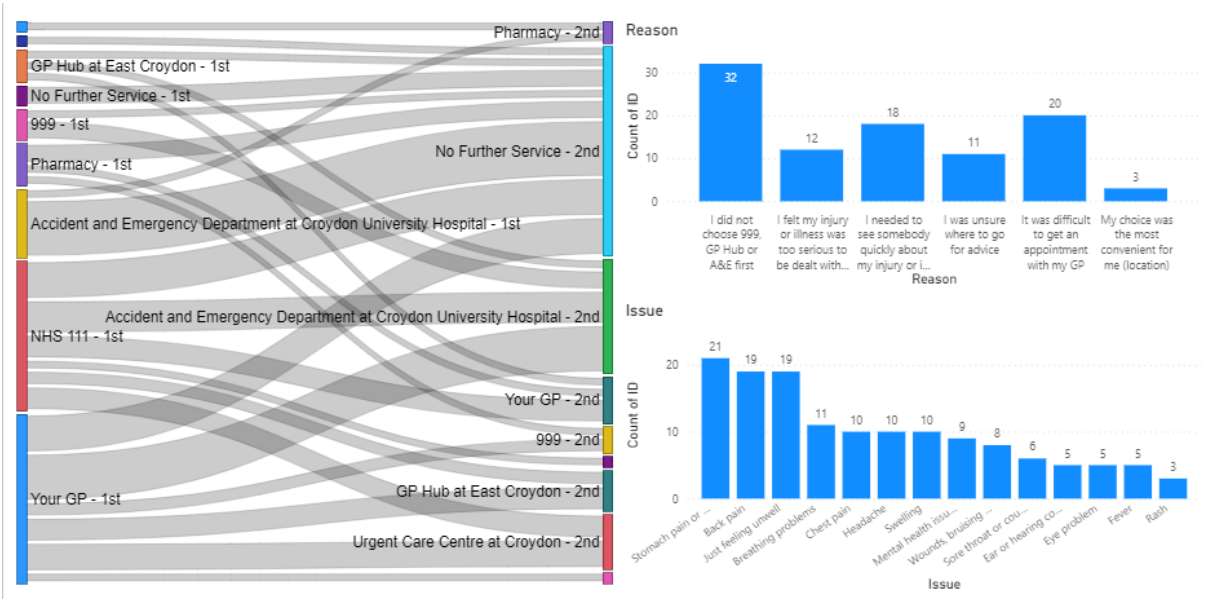
We do have lower numbers from younger groups but proportionately they are less satisfied, over 75s and 20-30s had the similar numbers of responses but over 75s had twice the level of satisfaction.

This is the over 75s experience:



More had a direct service to A&E after one stop or when directly. Most wanted to see someone quickly, or did not choose 999, GP Hub or A&E first. In terms of illness many had breathing problems, just felt unwell or had wounds.

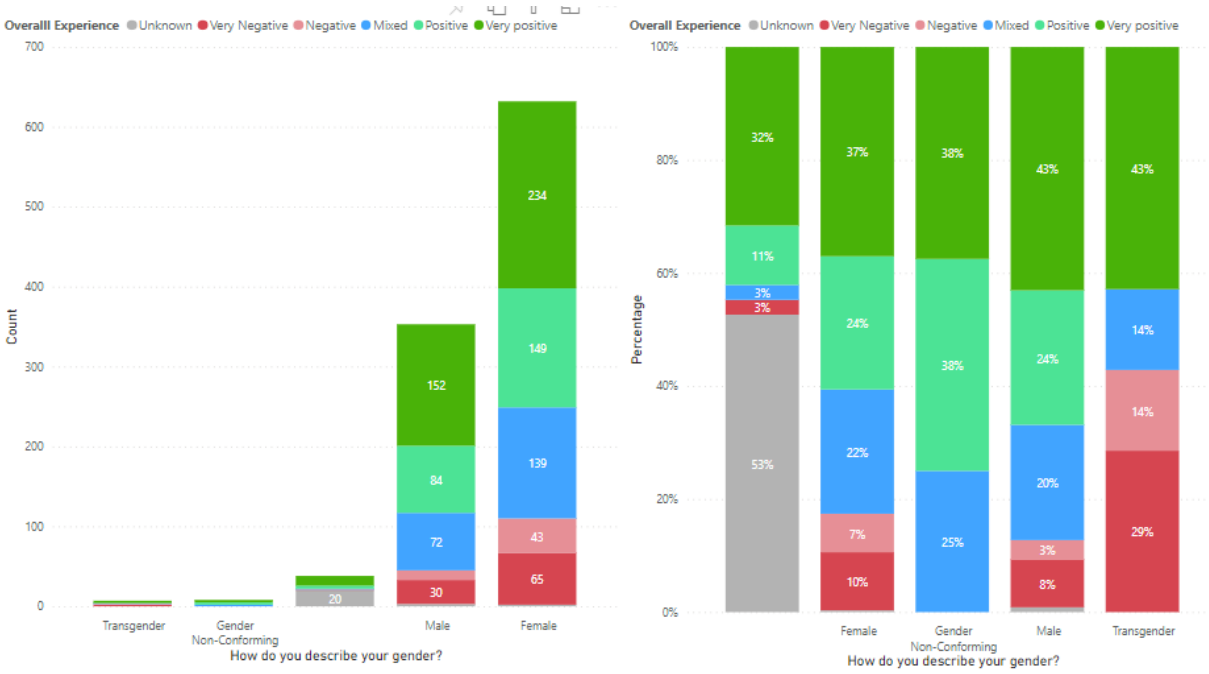
The least satisfied were the 20-30 group with 32%(negative):



They had a wider range of journeys with more not getting to A&E by the second stop. Most did not choose 999, GP or A&E first and many had difficulty getting to see their GP, or needing to see somebody quickly. Stomach pain, back pain and just feeling unwell were the highest scored conditions.

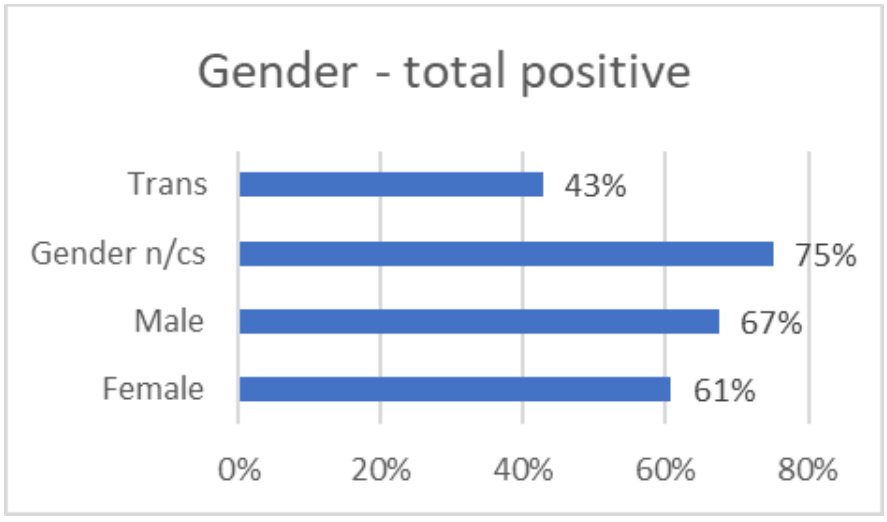
Overall, the younger the respondent the more negative their experience. The numbers are small for those under 20. There are higher levels of dissatisfaction 20-230. 30-40 and 40-50. Satisfaction increases as people get older.

Gender



There is not a significant difference between genders, but males were more likely to be positive (24%) and very positive (43%), where women are slightly higher in mixed (22%) and negative (10%).

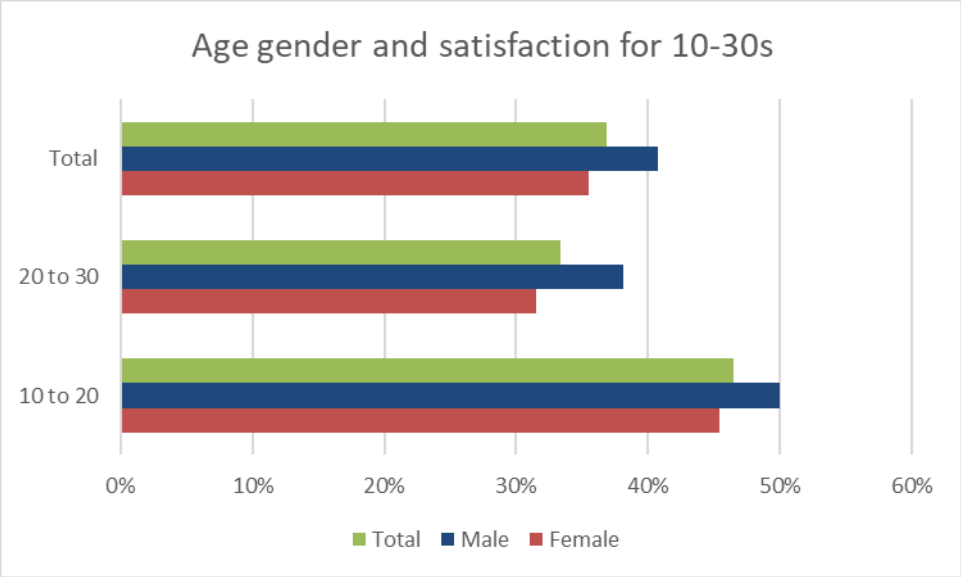
Total satisfaction



This shows just the combined scores of total satisfaction. It should be noted there are very small numbers for transexual and non- gender conforming. Those not answering about gender was not included here.

	Female	Male	Gender n/cs	Trans
Total positive	61%	67%	75%	43%
Total respondents	63%	35%	1%	1%

Age and Gender

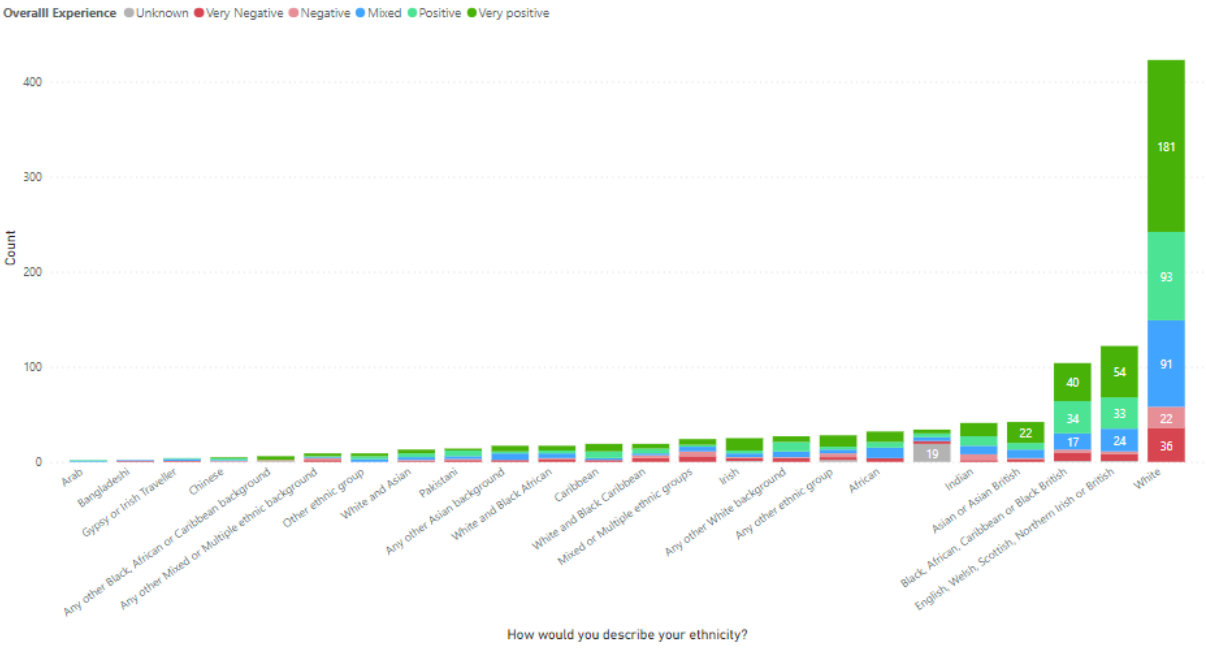


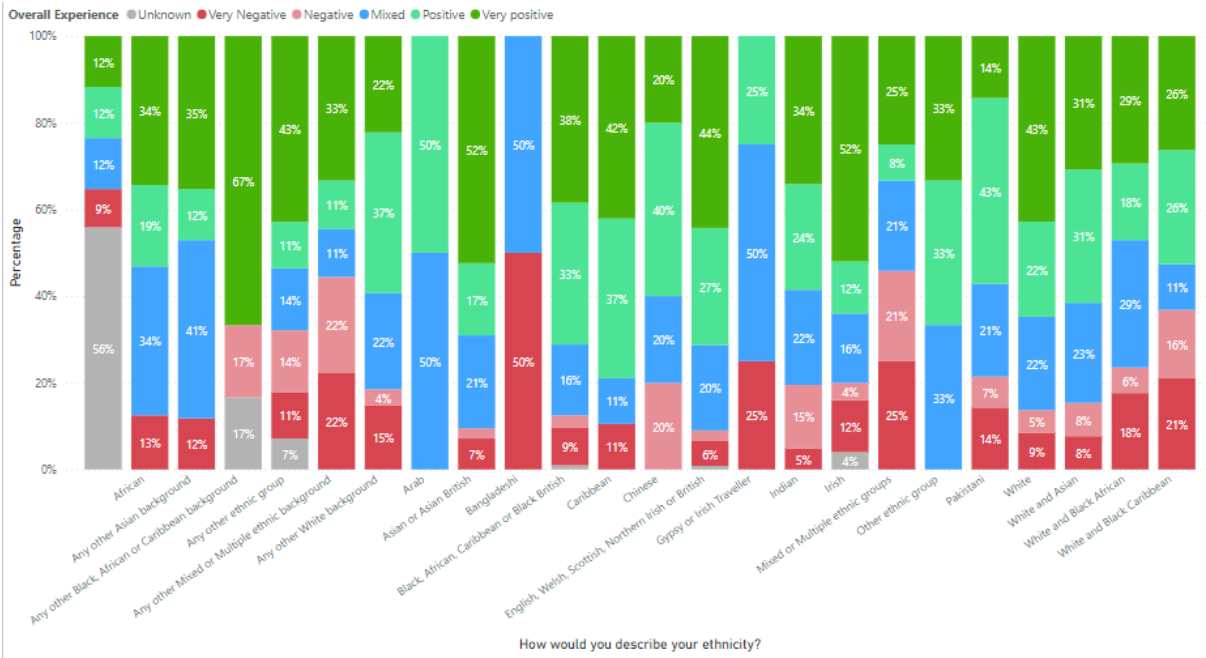
All	10 to 20	20 to 30	Total
Female	22	54	76
Male	6	21	27
Total	28	75	103

Pos/Vpos	10 to 20	20 to 30	
Female	10	17	27
Male	3	8	11
Total	13	25	38

% satisfied	10 to 20	20 to 30	Total
Female	45%	31%	36%
Male	50%	38%	41%
Total	46%	33%	37%

Ethnicity

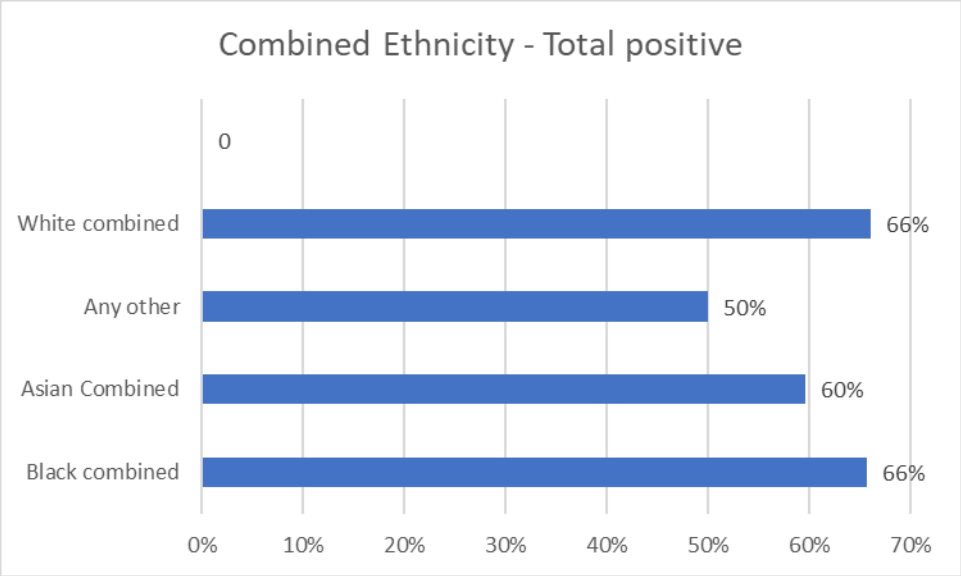




It is important not to make to many generalisations as the numbers for many of these ethnic subgroups is small. However there seem to be higher levels of

positivity amongst white/Irish and English/Welsh/Scottish/Northern Irish/British who all between 64-67% levels of very positive and positive as well as Asian British. The highest levels of negative satisfaction came from mixed or multiple ethnic groups, white or black Caribbean, but the numbers are small and warrant more research to understand more before making any firm conclusions.

Total satisfaction

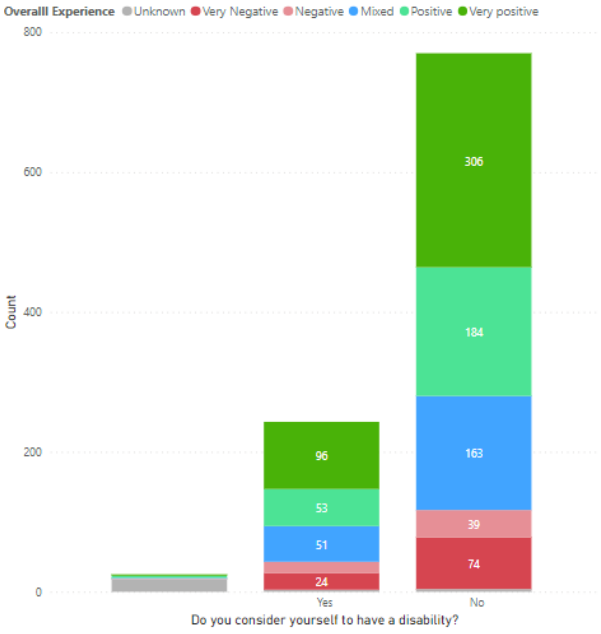


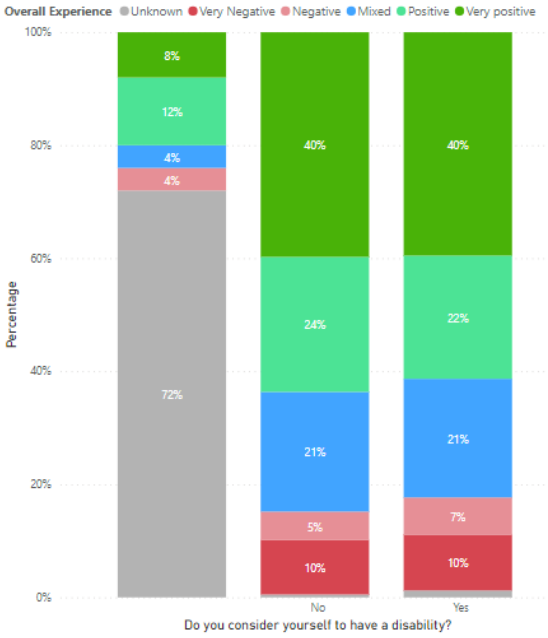
This shows just the combined positive scores by ethnicity. To enable broader analysis we combined ethnicities into Black (Mixed race white and black Caribbean, British, African), Asian (including Chinese, Indian, Pakistani, Mixed white and Asian), White (White British; White English, Scottish, Welsh, Northern Irish; Irish, White other), and Any other (which covered any other ethnic group, mixed or multiple ethnic group and Gypsy or Traveller).

		Black combined	Asian Combined	Any other	White combined
Combined Ethnicity - Total positive		66%	60%	50%	66%
Total respondents		20%	14%	7%	60%

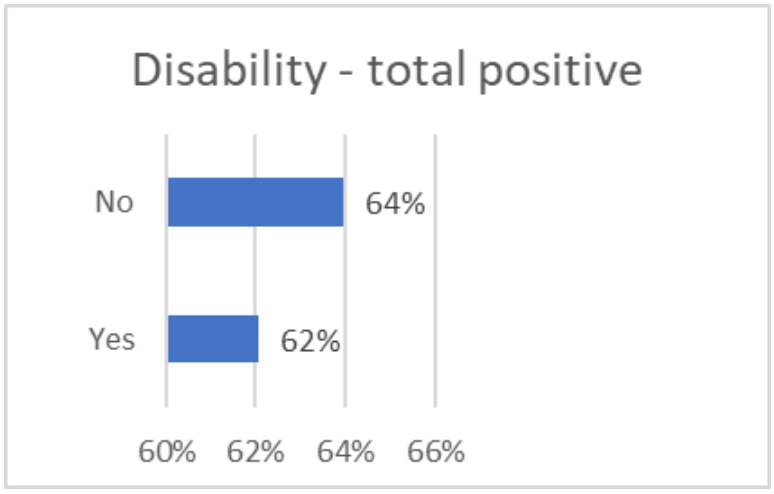
This table shows the combined satisfaction against the number of respondents. We had few respondents from Asiana and any other groups, but their comparative satisfaction was lower. Interesting overall positive satisfaction between White and Black communities was the same at 66% and four points above the average of 62%.

Disability



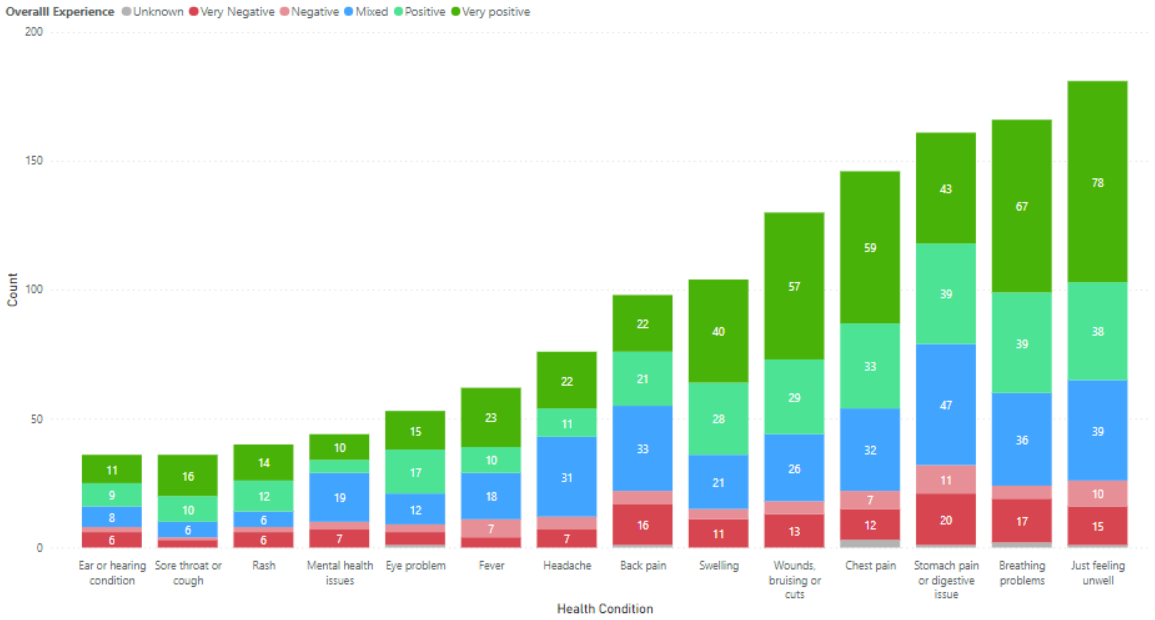


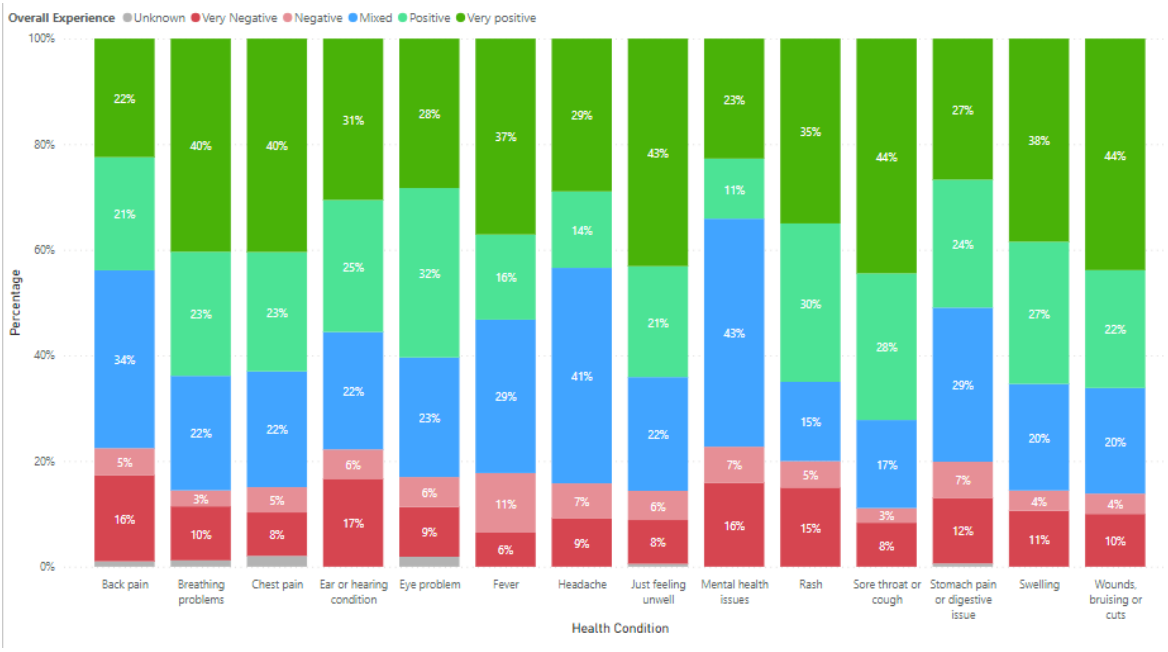
Although three quarters of respondents had a disability, there is little difference in satisfaction in service whether the person was disabled or not.



	Yes	No
Disability - total positive	62%	64%
Total respondents	24%	76%

Health Condition



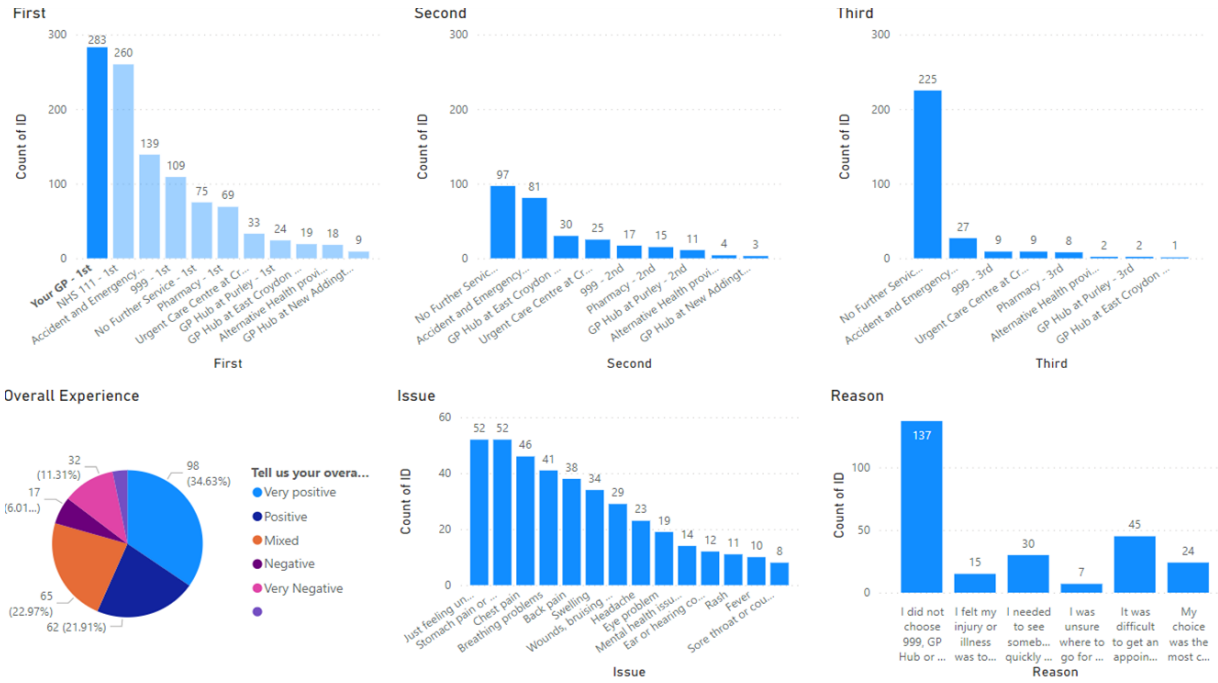


As we noted before, just feeling unwell was the highest registered condition but also one that was more satisfied experience with 64% positive or very positive along with wounds (66%), sore throat or cough (72%) and breathing problems and chest pain (63%). Mental health had the highest levels of dissatisfaction with 25% negative or very negative, rash at 20%, ear condition (23%) and back pain (21%) and stomach pain or digestive issue (19%). While we do not know the details of these it may relate to the ease at which the issue can be managed and resolved or the length in time that people had to wait to be seen while in pain. It may suggest that communicating on waiting times, directing to services who can resolve these more easily that A&E or managing expectations on how long it will take be relieved would improve satisfaction.

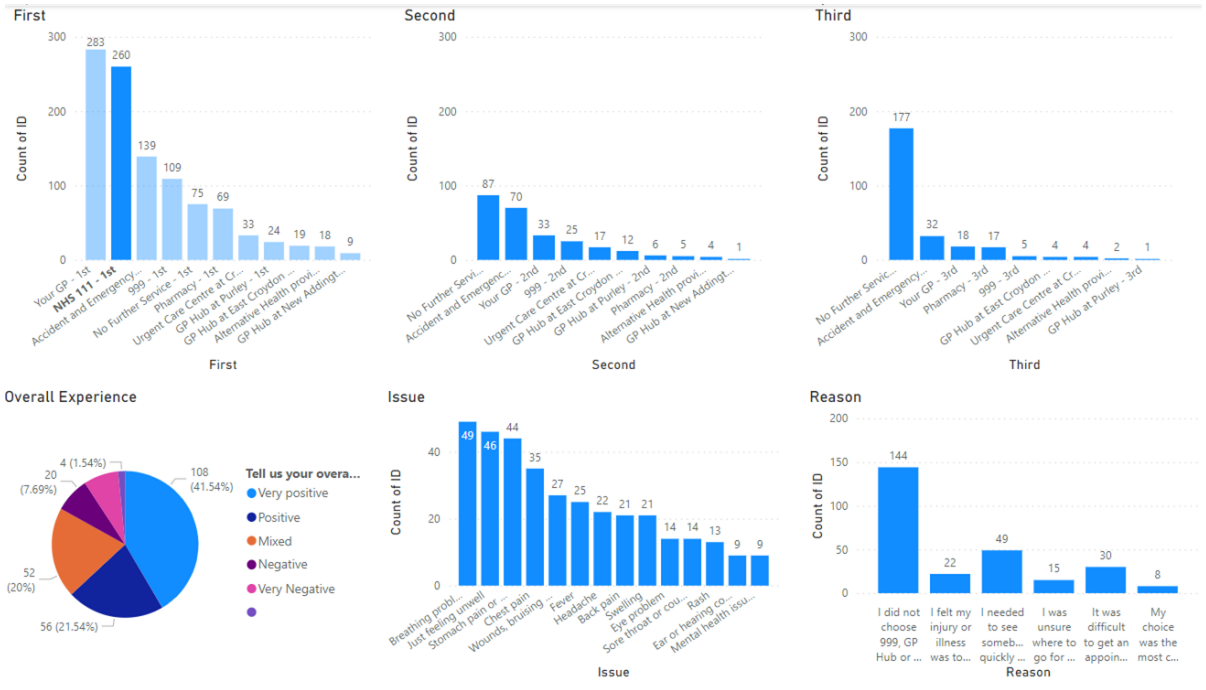
3.2 Satisfaction by first choice of service

Comparing levels of satisfaction, A&E has higher satisfaction at 70%, then NHS111 at 63% and GP 55% probably because of the latter of the challenges getting through – see much higher numbers of difficulty in getting an appointment with GP.

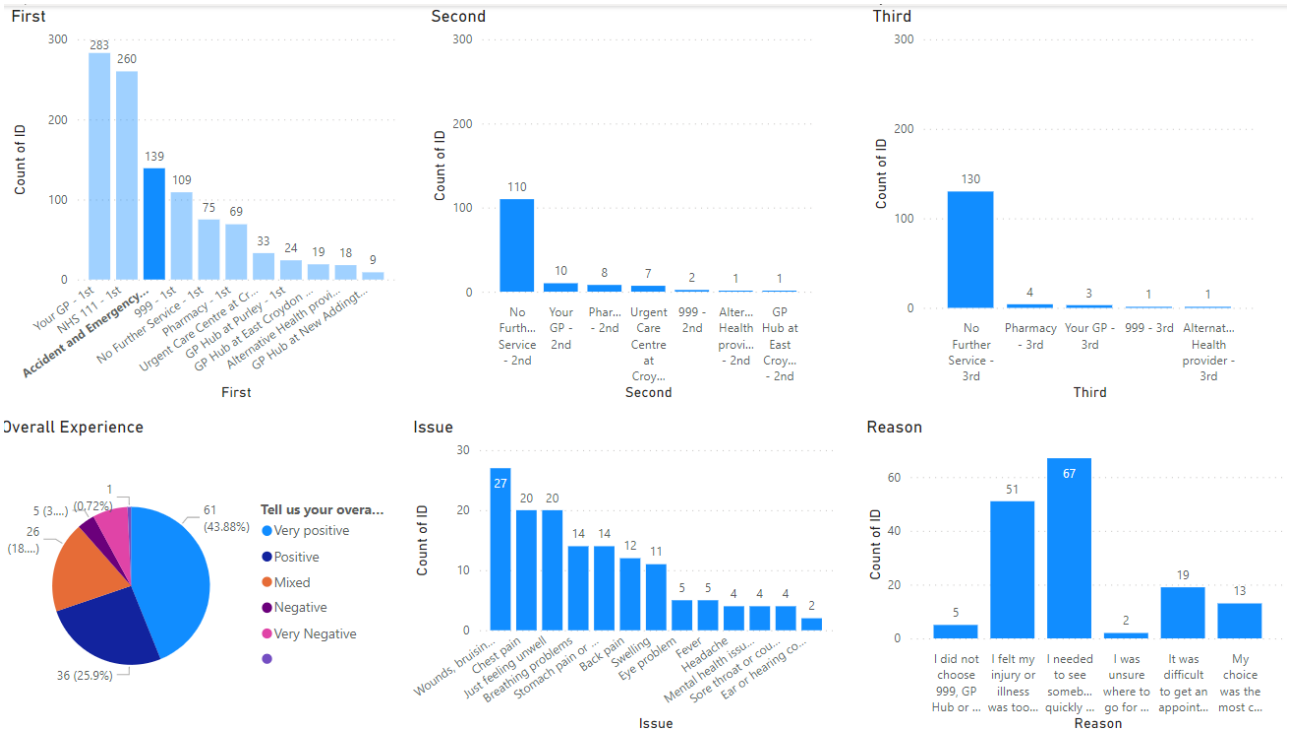
Those who chose GP first: 55% positive or very positive



Those who chose NHS111 first: 63% positive or very positive

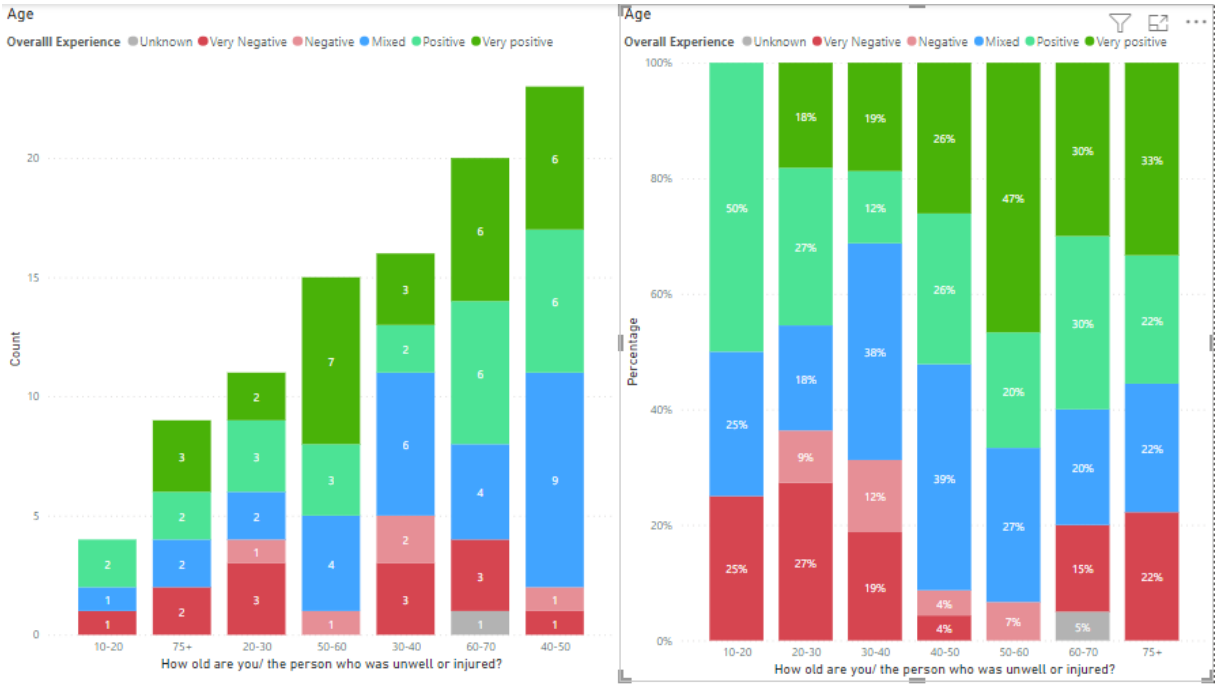


Those who chose A&E first:70% positive and very positive



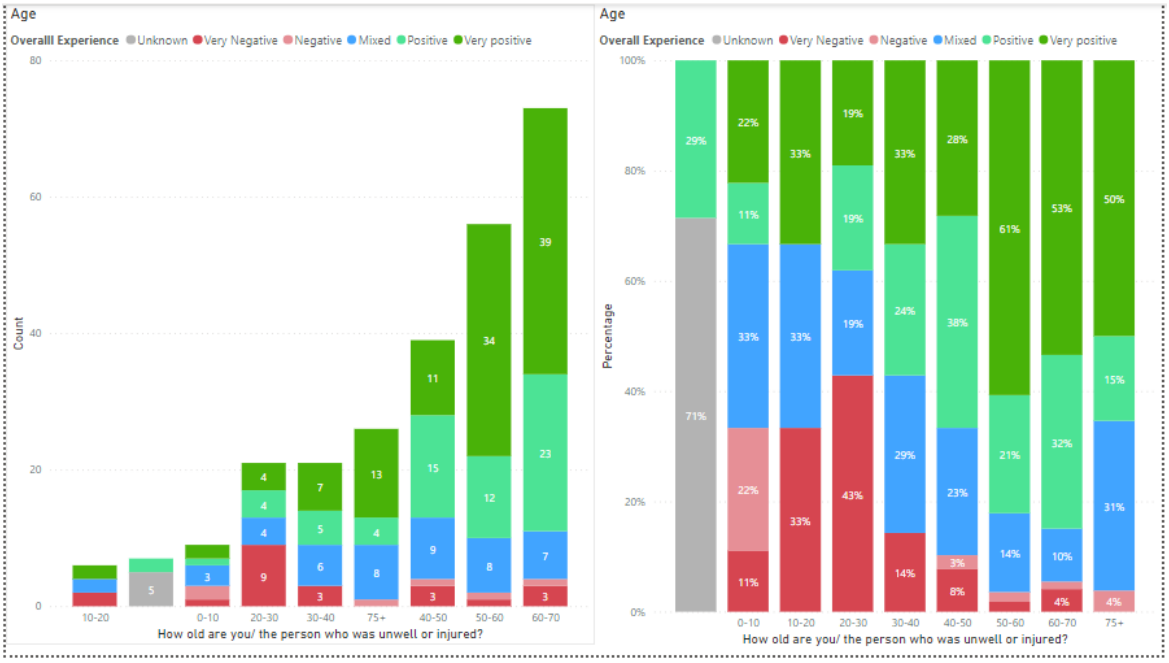
3.3 Patient satisfaction by PCN and age

Central Croydon Network (N=98)



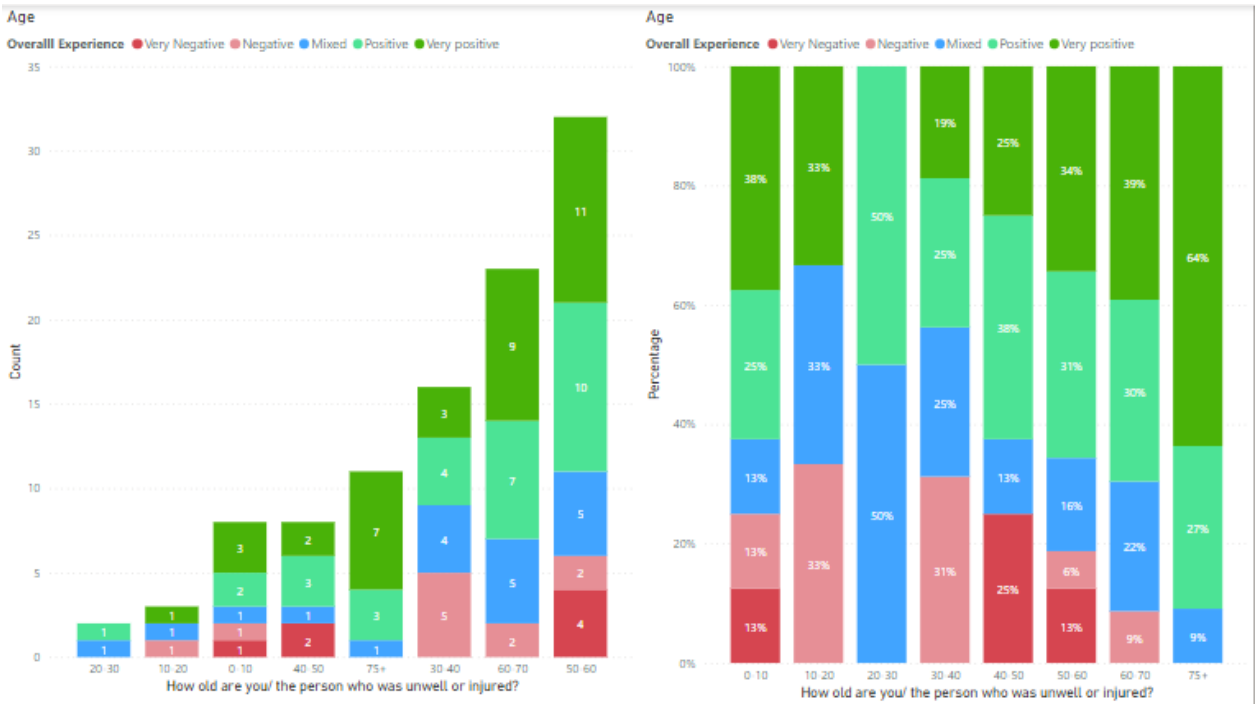
- 20-30s and 30-40s had higher levels of dissatisfaction compared to overall.

Croydon GP Super Network (N=173)



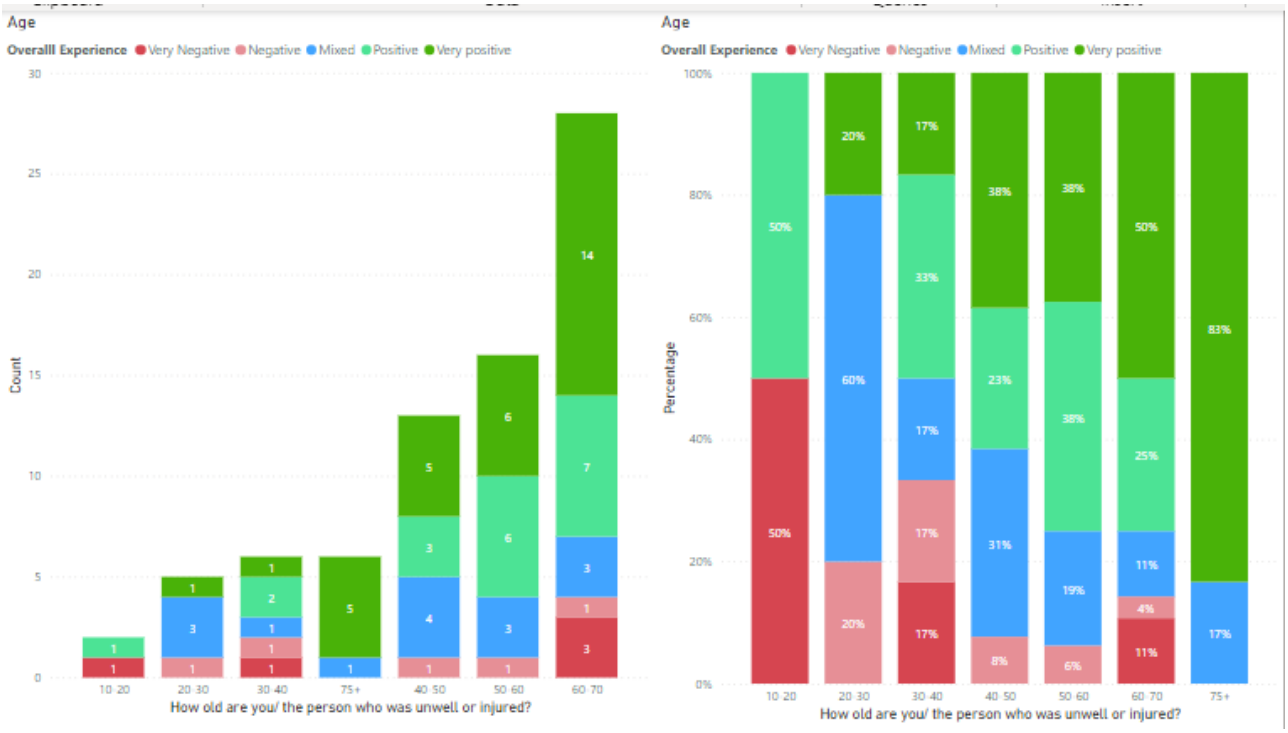
- 20-30s again the highest level of dissatisfaction compared to overall

GPNET (N=103)



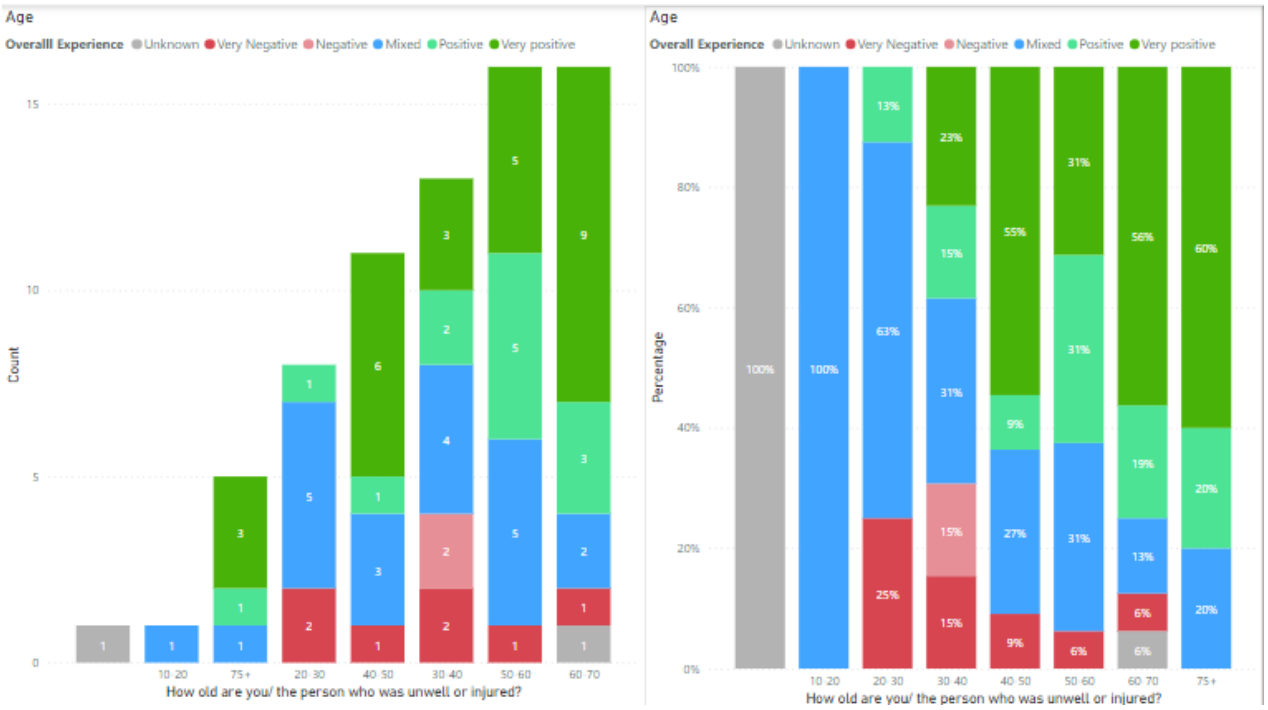
- Higher numbers of dissatisfaction amongst 40-50s and 50-60s.

KMP Network (N=76)



- Higher levels of dissatisfaction by 60-70s but numbers are smaller.

Mayday South Network (N=71)

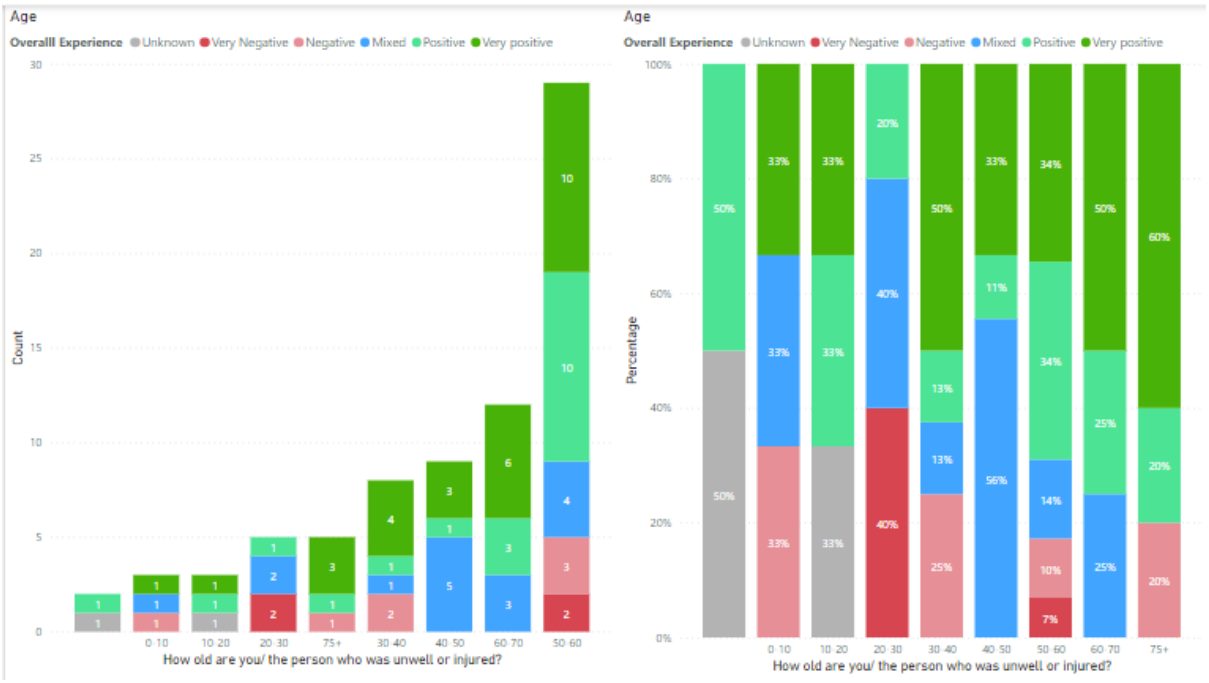


- 20-30s and 30-40s more dissatisfied.

One Thornton Heath (N=95)

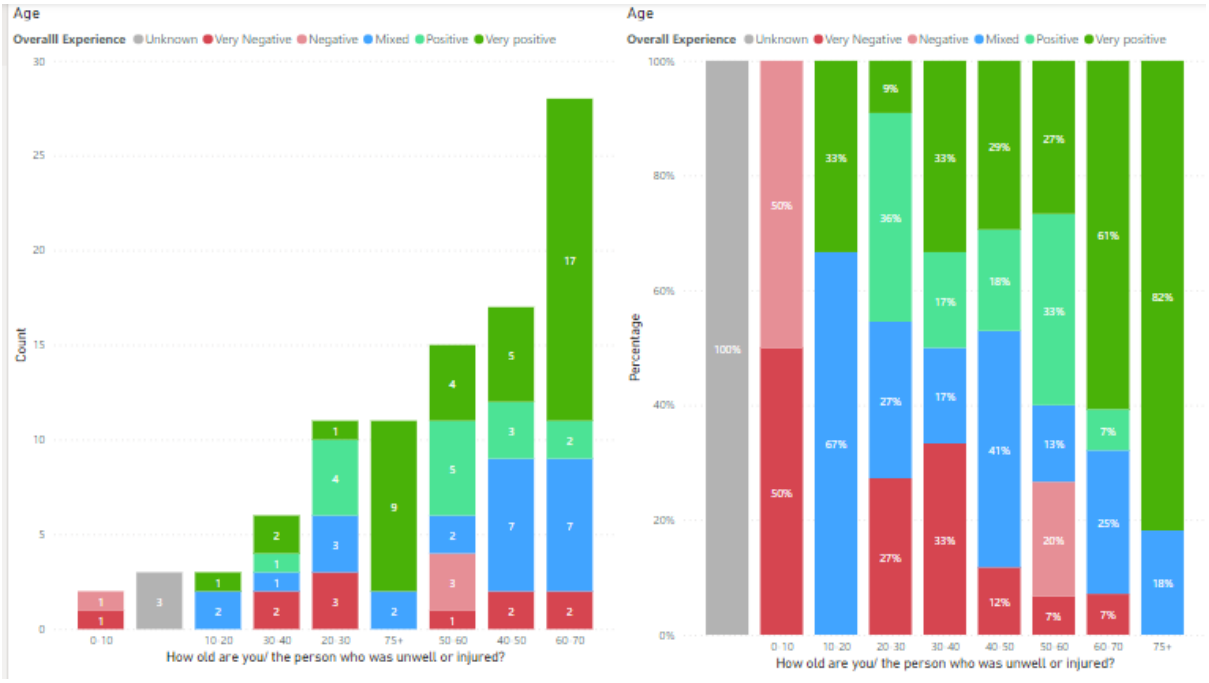
- Higher numbers among 30-40s and 50-60s but numbers smaller.

Primary Care North Croydon (N=76)



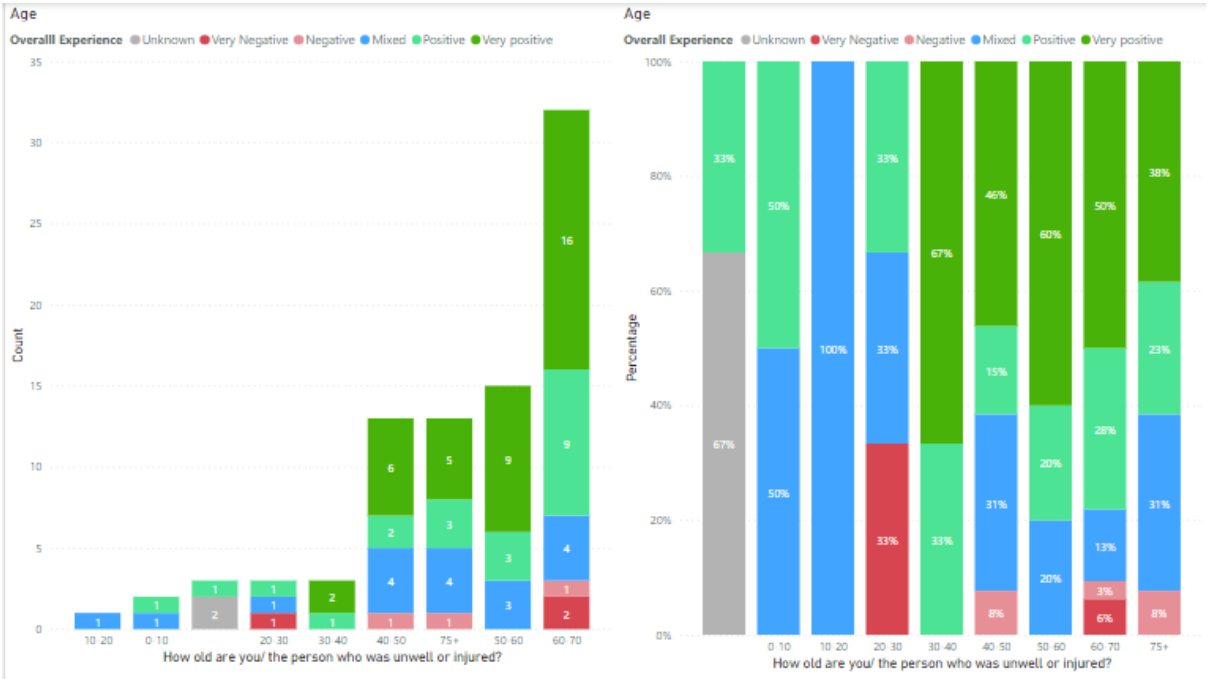
- Higher levels of satisfaction. Lower sample size.

SELNASH (N=76)



- Higher levels of very negative or mixed amongst 40-50s and 60-70s.

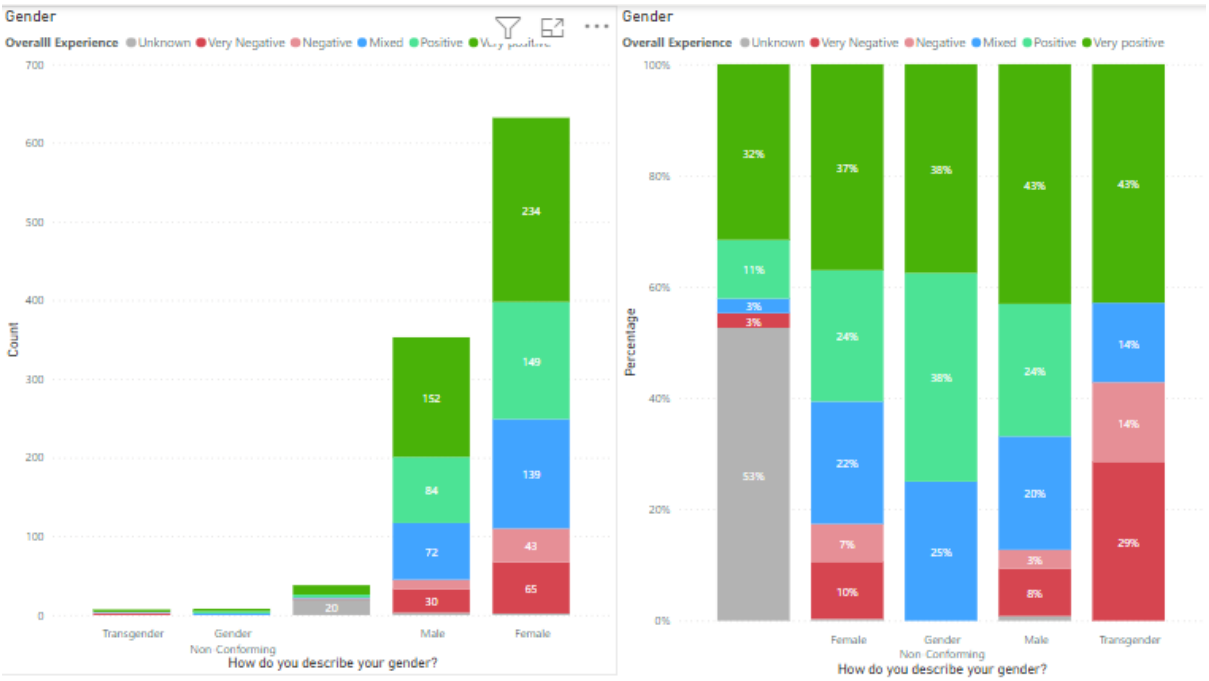
SPC Primary Health Care Network (N=85)



- Higher levels of satisfaction here.

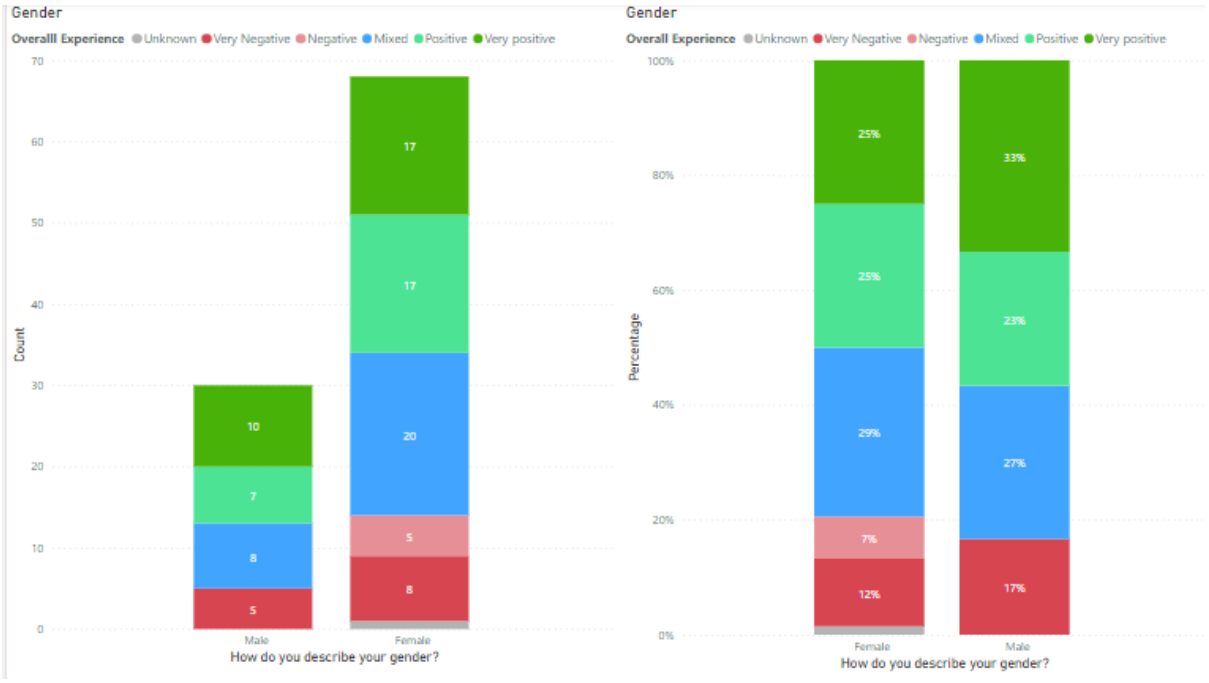
3.3 Patient satisfaction by PCN and gender

Overall (N=1038)



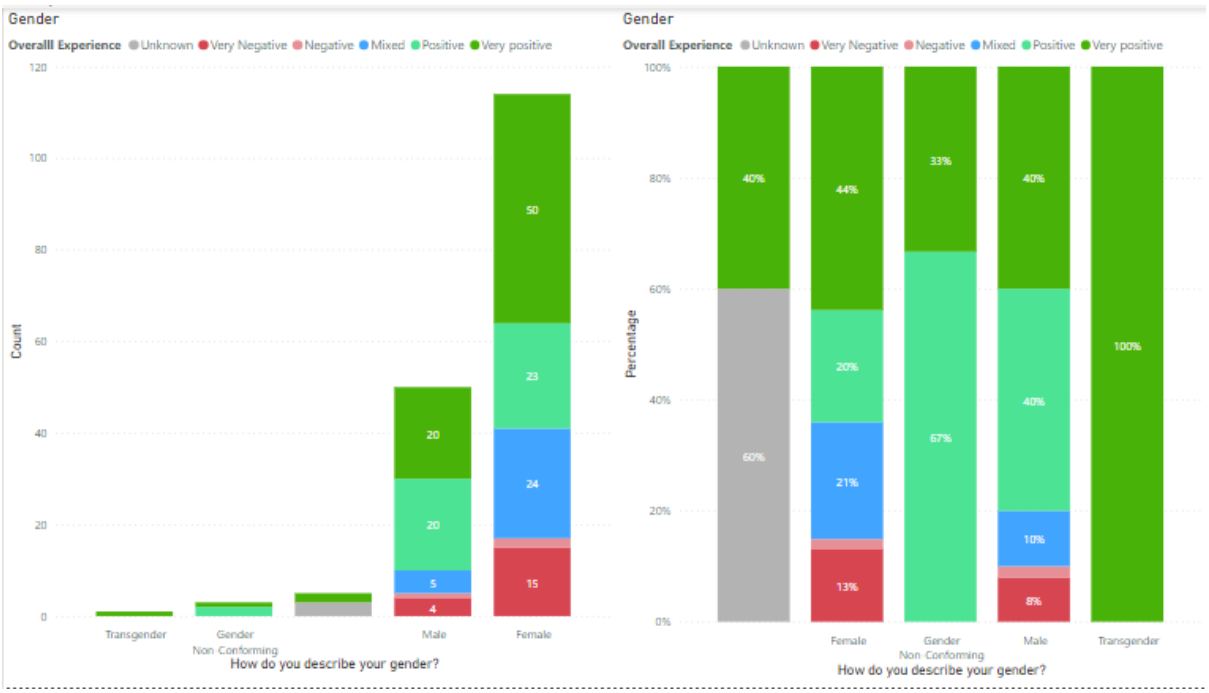
- More females completed the survey, and males were marginally more satisfied.
- Those who identify as transgender were marginally more satisfied, but the sample numbers are very small and so will not be referenced in the PCN breakdown.
- There is not a significant difference between genders, but males were more likely to be positive (24%) and very positive (43%), where women are slightly higher in mixed (22%) and negative (10%).

Central Croydon Network (N=98)



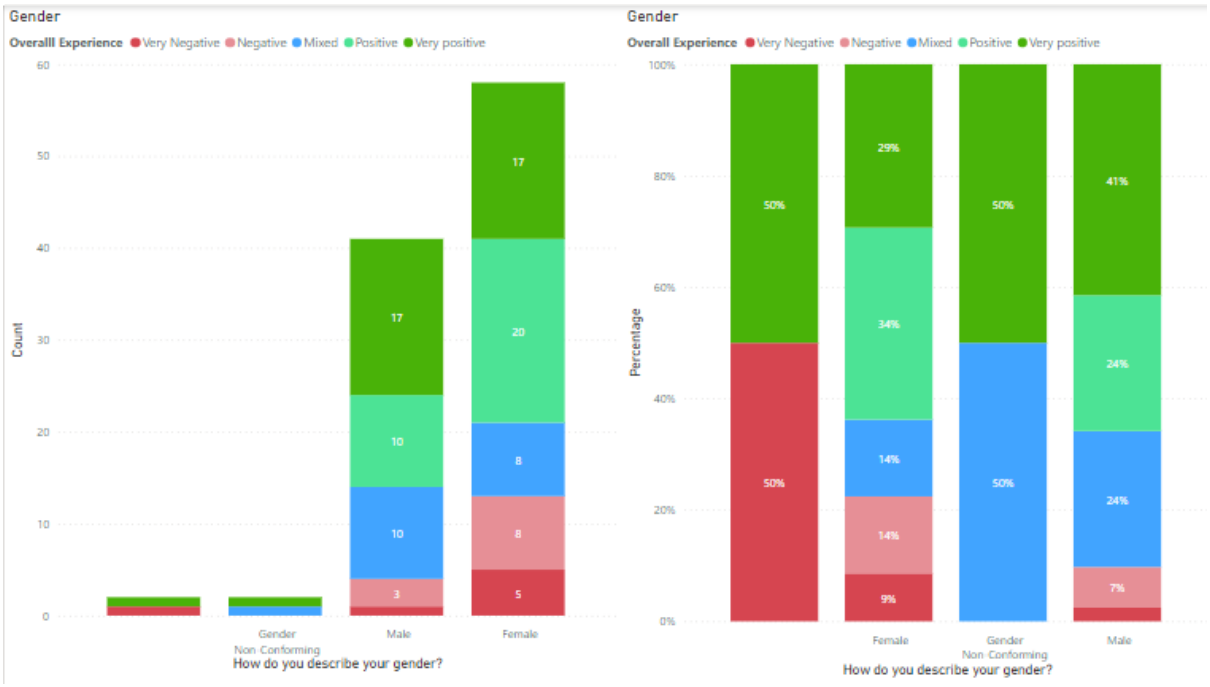
- Higher levels of dissatisfaction across genders compared with overall, men more satisfied.

Croydon GP Super Network (N=173)



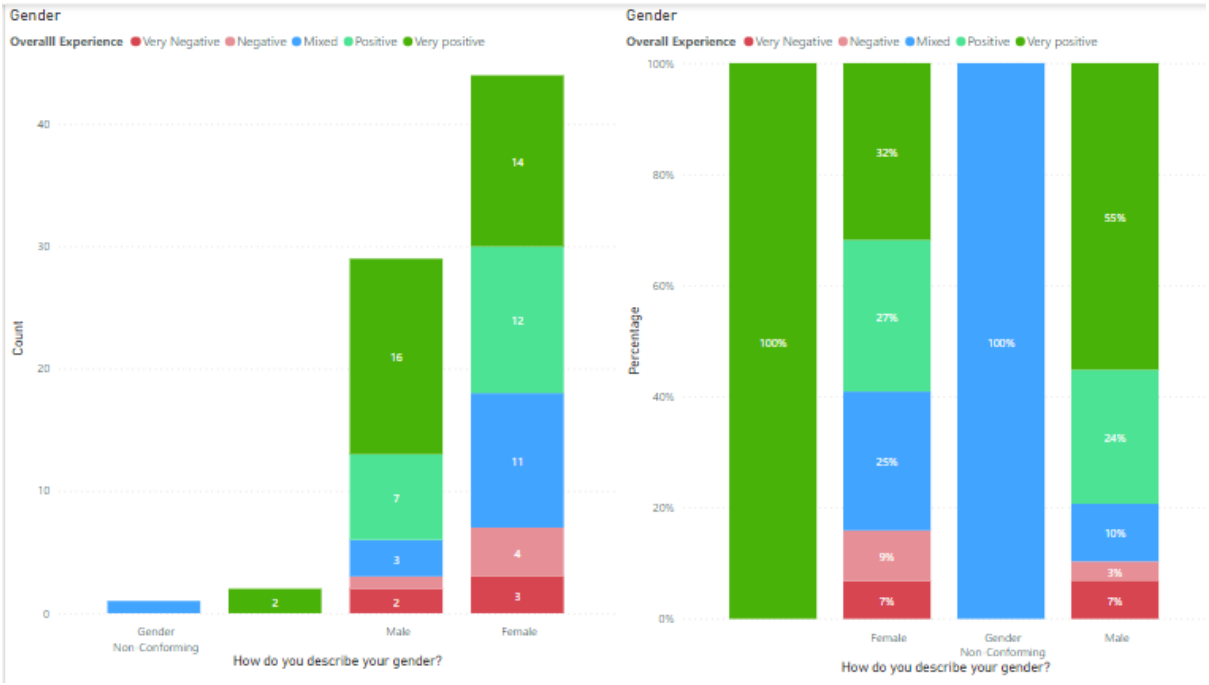
- Higher levels of satisfaction, but very negative equal to overall. Higher female response rate.

GPNET 5 (N=103)



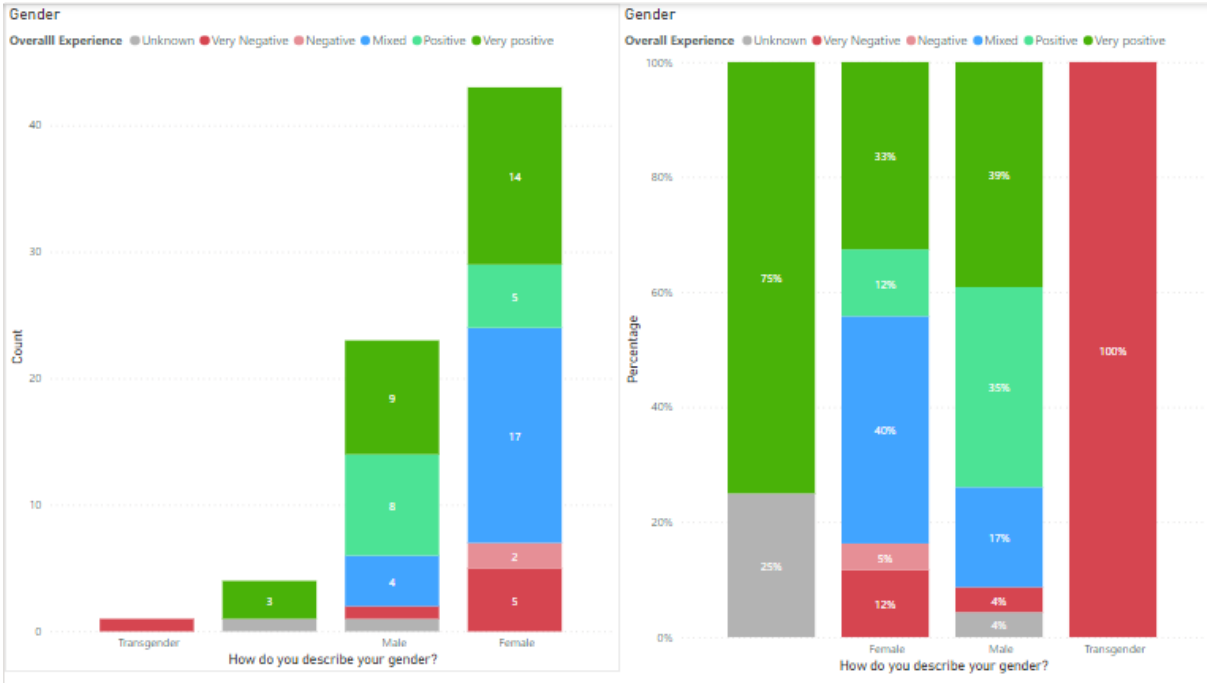
- Much higher levels of satisfaction across all than overall, men most satisfied. Higher male response numbers.

KMP Network (N=76)



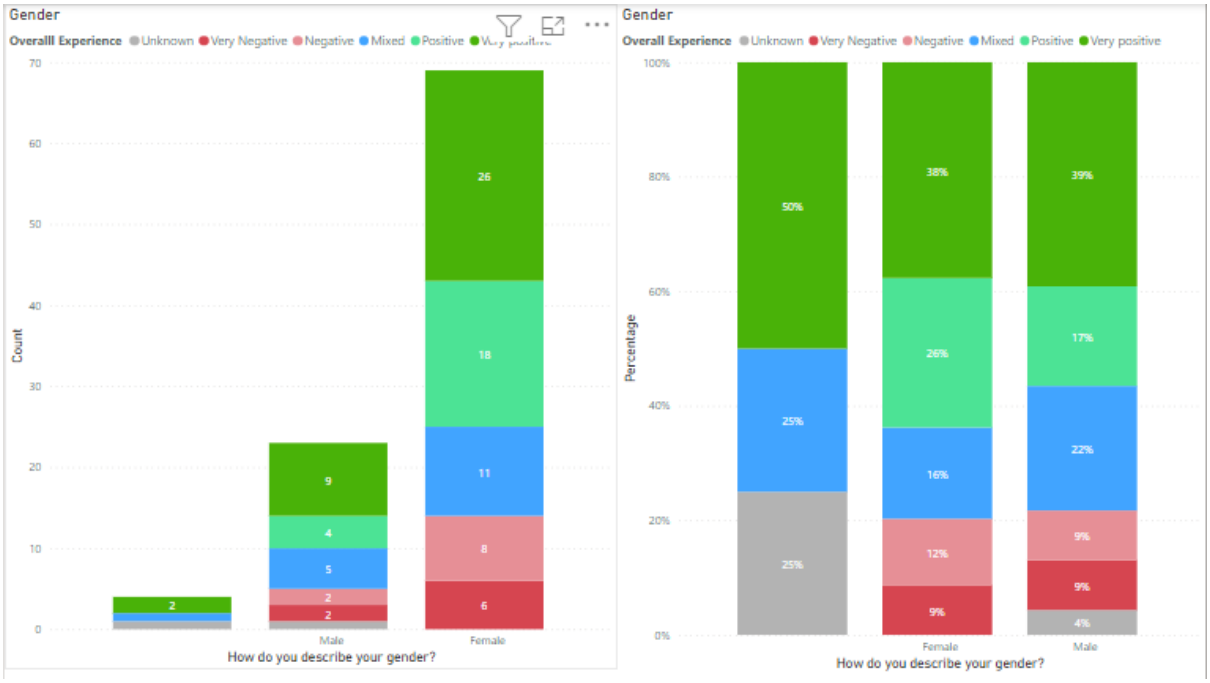
- Higher levels of satisfaction by men, women slightly more unsatisfied. Higher male responses.

Mayday South Network (N=71)



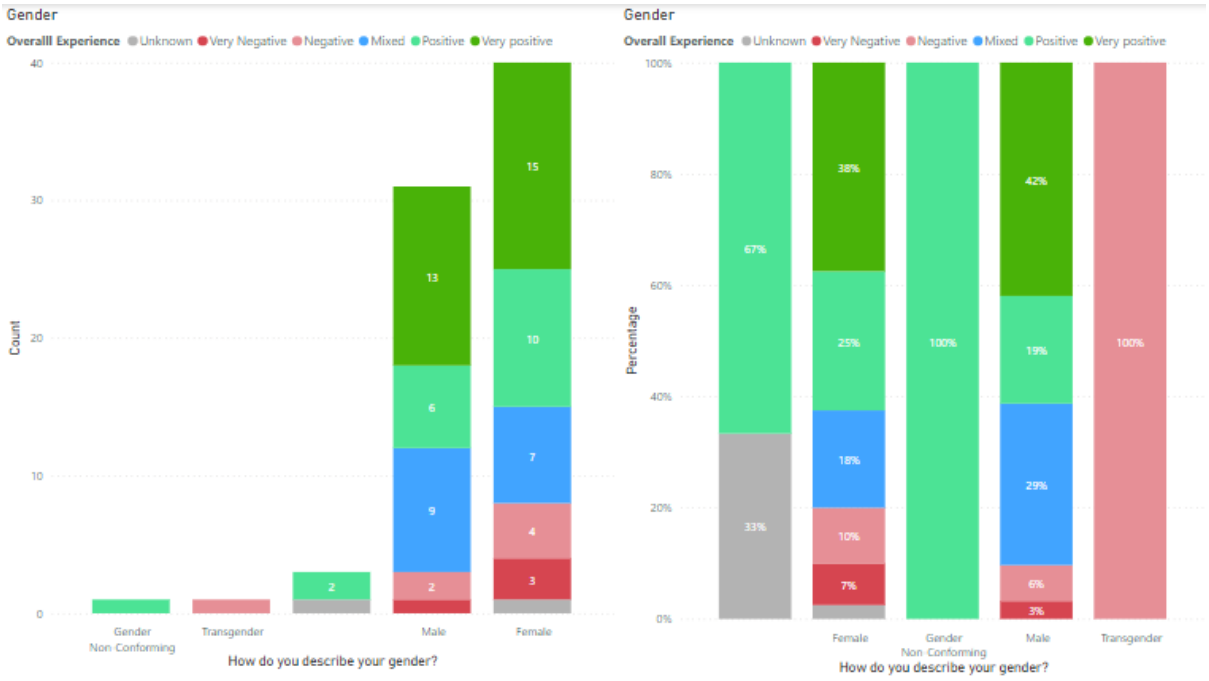
- Again, higher levels of satisfaction by men, women much more unsatisfied.

One Thornton Heath (N=95)



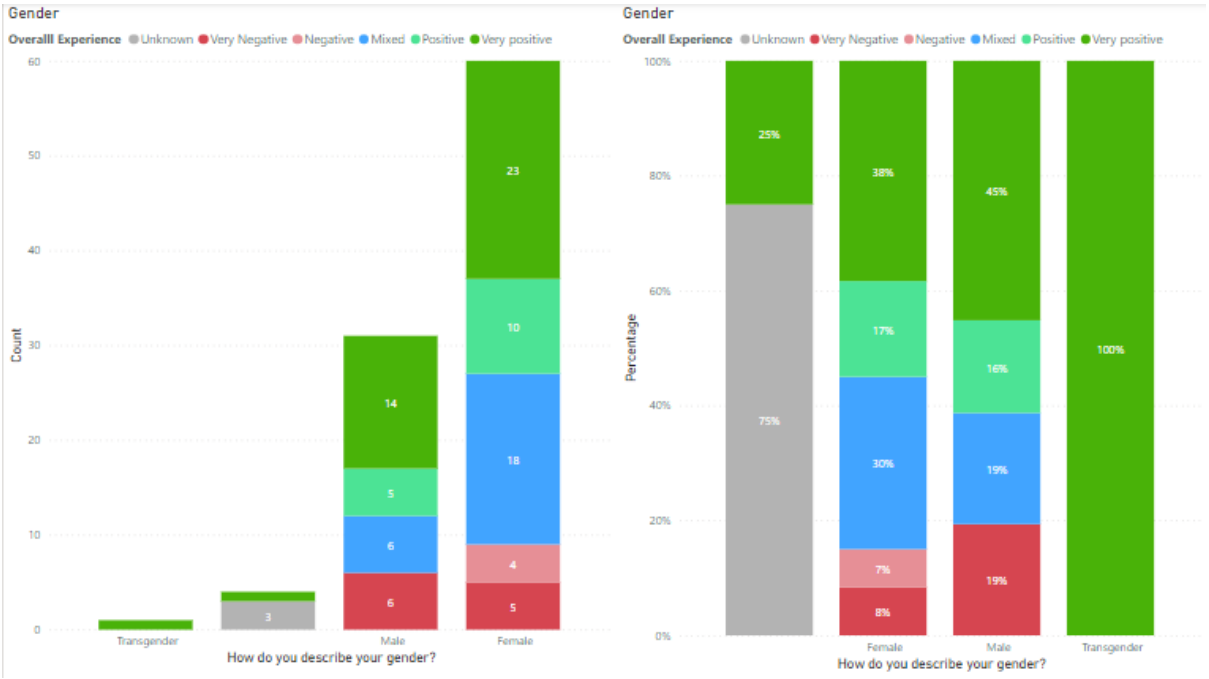
- Women more satisfied than men, but similar very negative responses. Fewer male respondents.

Primary Care North Croydon (N=76)



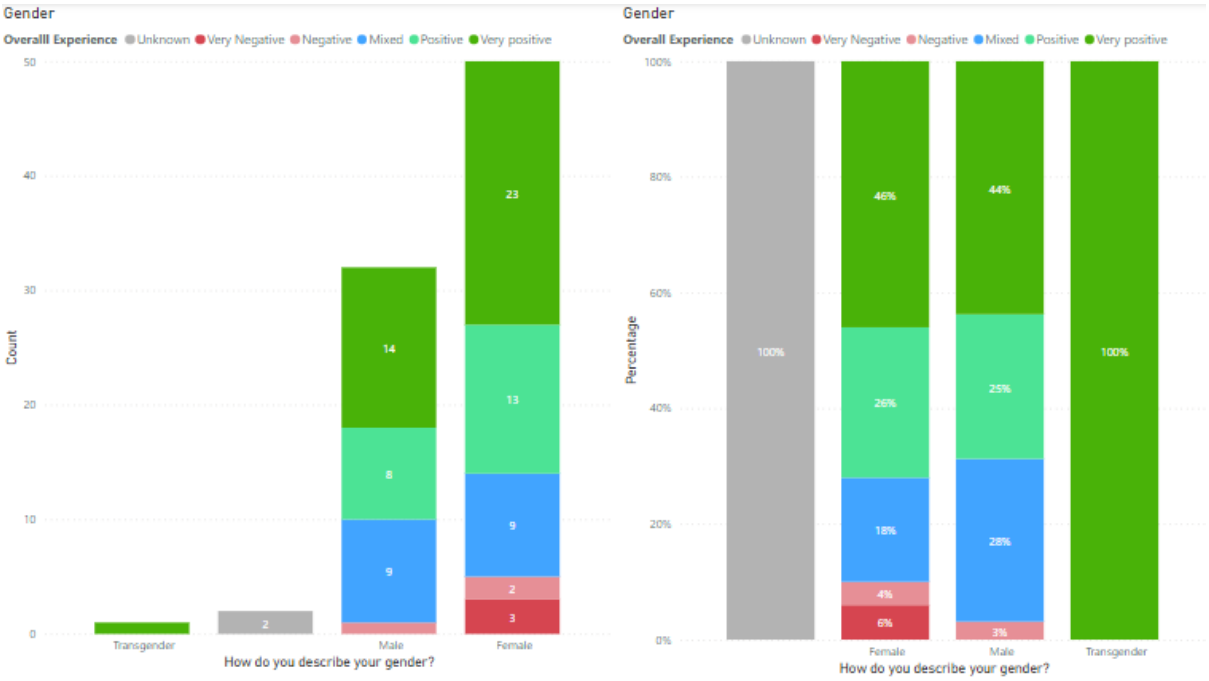
- Respondent numbers much closer than other PCNS, much higher levels of satisfaction, at similar levels between genders.

SELNASH (N=96)



- Higher levels of very negative from men, but also higher levels of satisfaction.

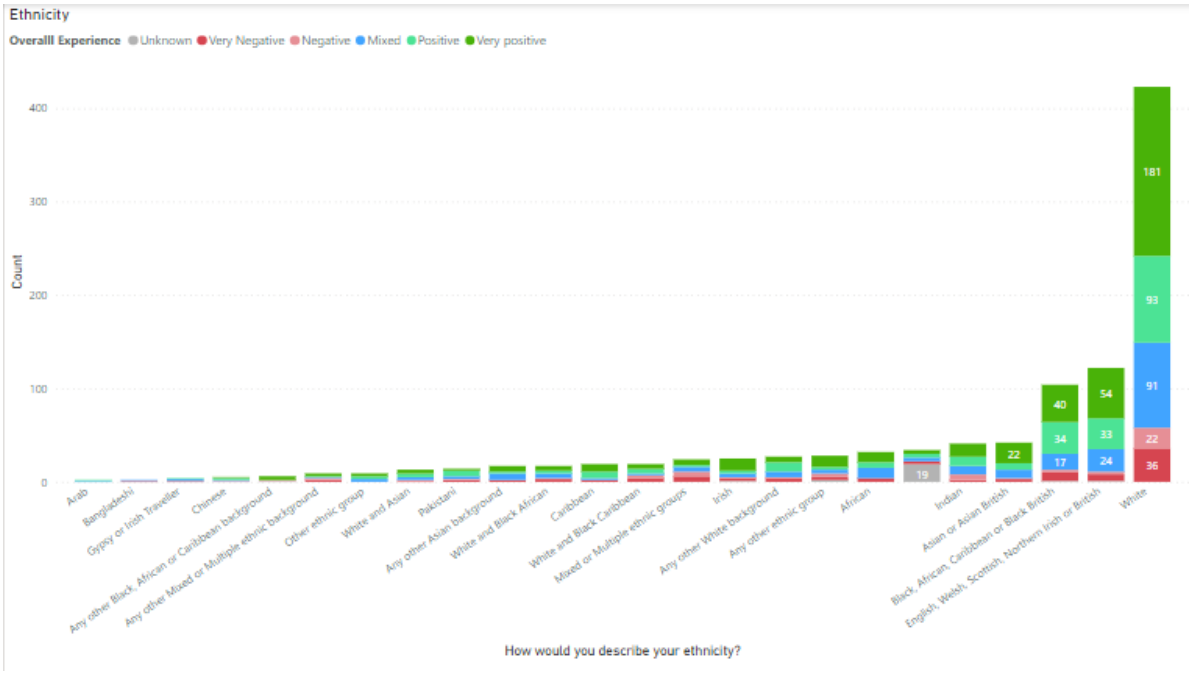
SPC Primary Health Care Network (N=85)

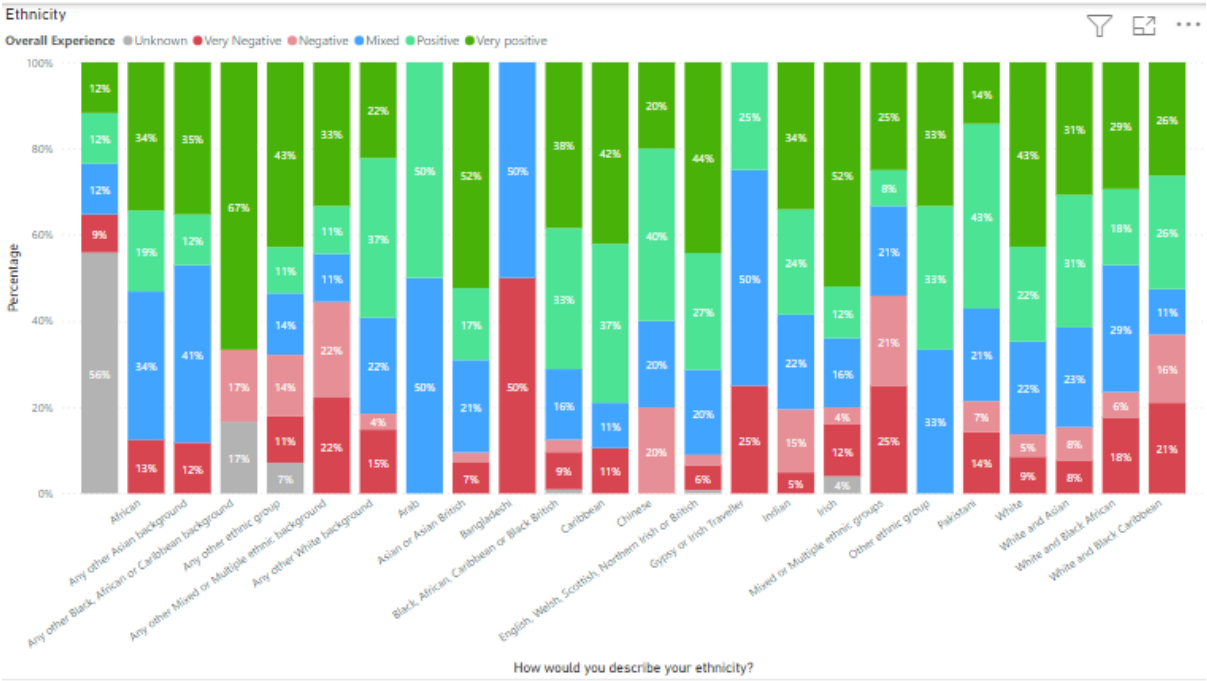


- High satisfaction, with lower levels of negative and very negative from women, compared by men.

3.4 Patient satisfaction by PCN and ethnicity

Overall (N=1038)

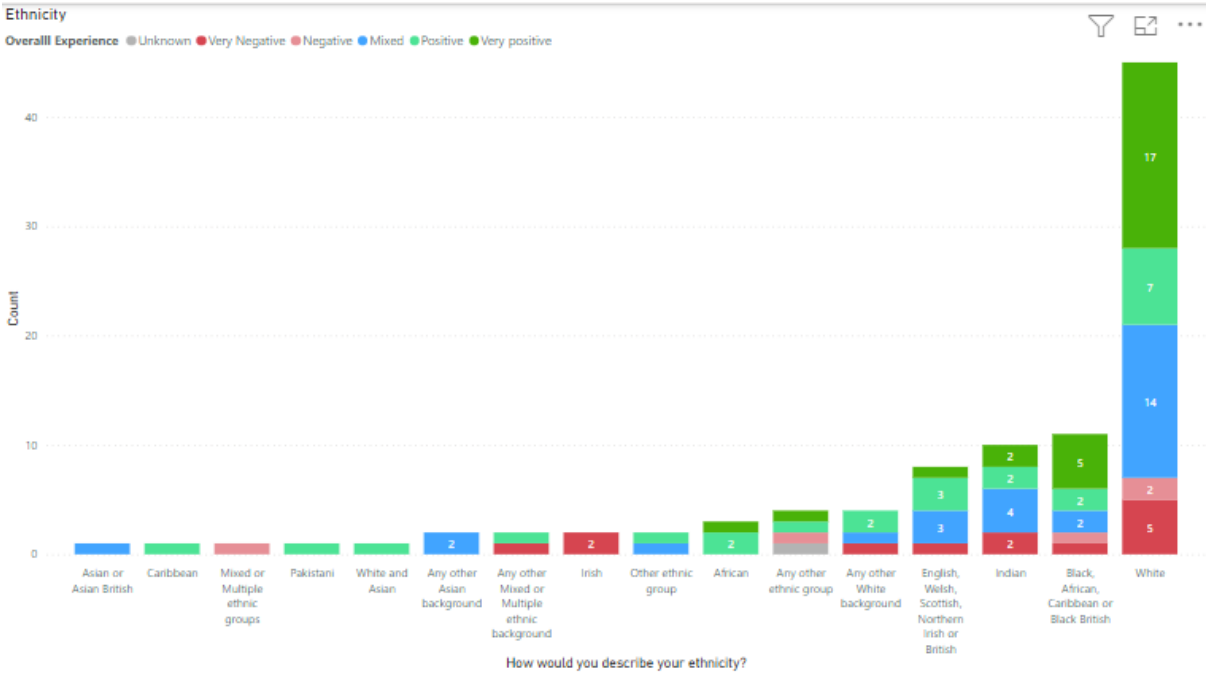


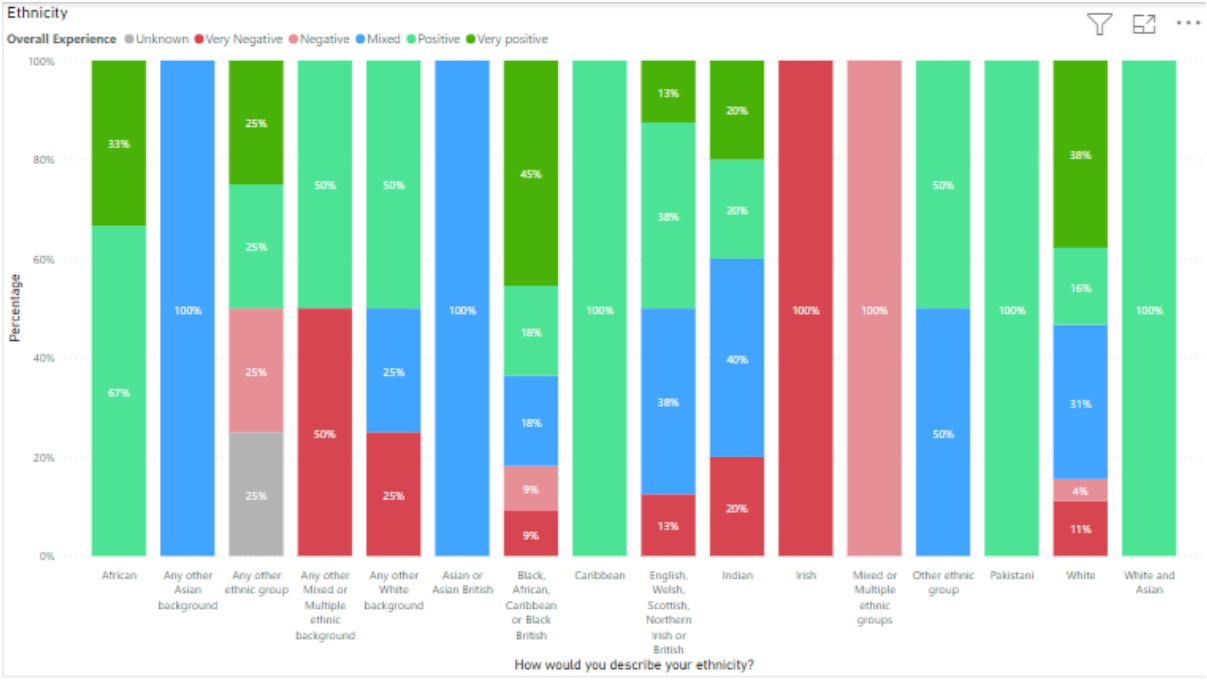


It is important not to make too many generalisations as the numbers for many of these ethnic subgroups is small. However there seem to be higher levels of positivity amongst white/Irish and English/Welsh/Scottish/Northern Irish/British who all between 64-67% levels of very positive and positive as well as Asian British. The highest levels of negative satisfaction came from mixed or multiple ethnic

groups, white or black Caribbean, but the numbers are small and warrant more research to understand more before making any firm conclusions. The PCN breakdowns should be considered with care.

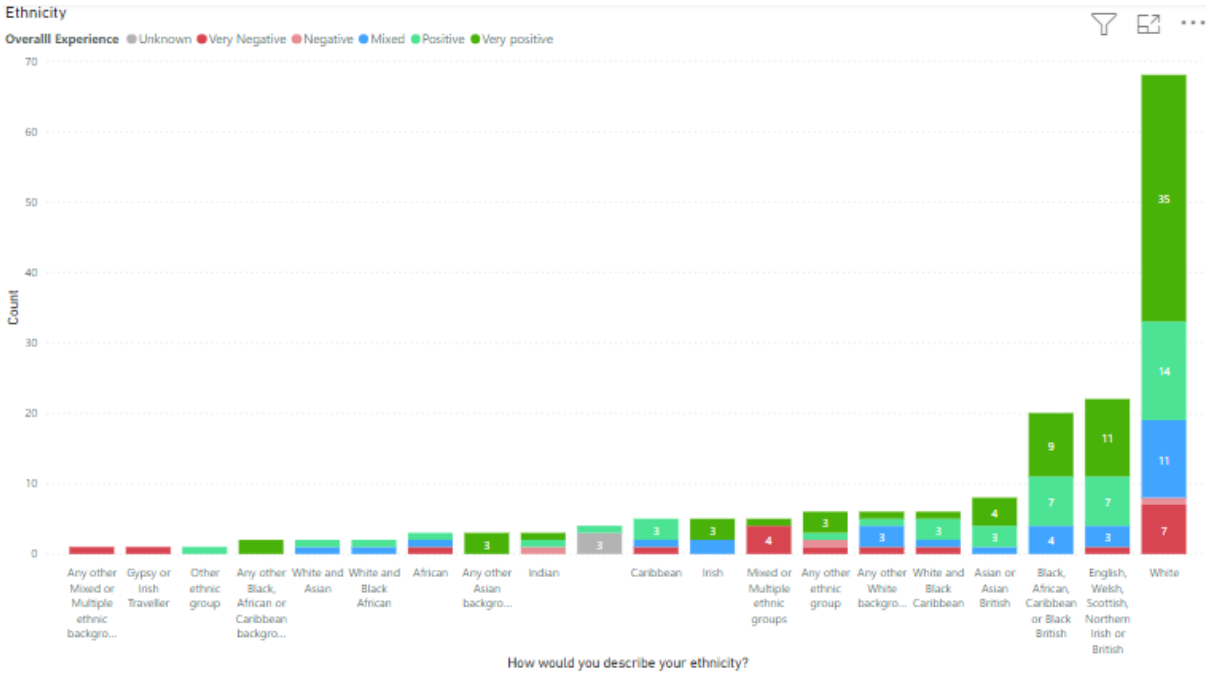
Central Croydon Network (N=98)





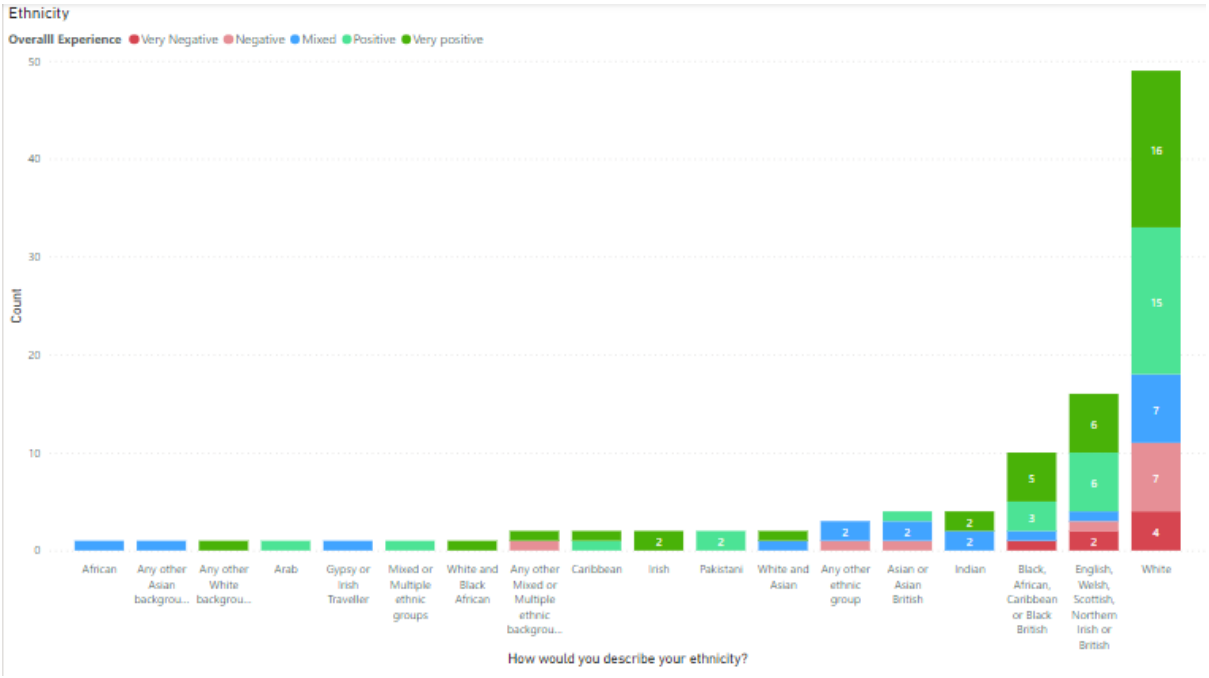
- White/ White British respondents more mixed compared with overall, but higher levels of satisfaction with Black African and Caribbean/Black British and African. Indian had higher levels of dissatisfaction but lower response numbers.

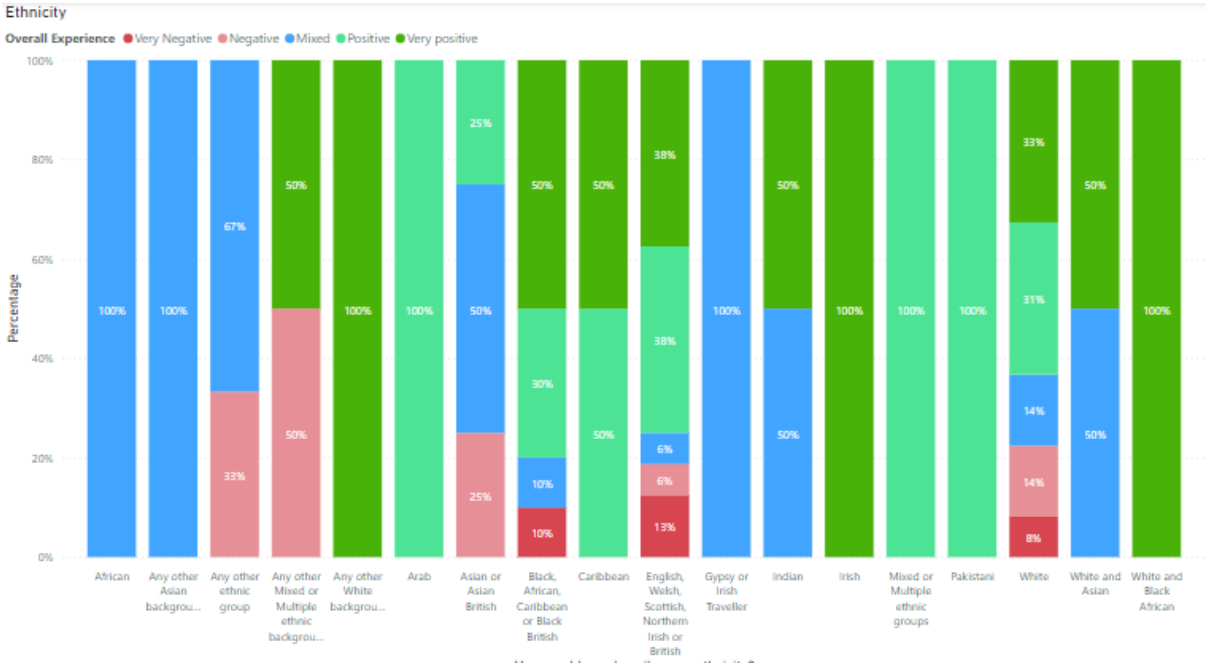
Croydon GP Super Network (N=173)



- Higher satisfaction from White/White British, and higher satisfaction for Black, African Caribbean/ Black British with no negatives and similar numbers for Asian/ Asian British communities.

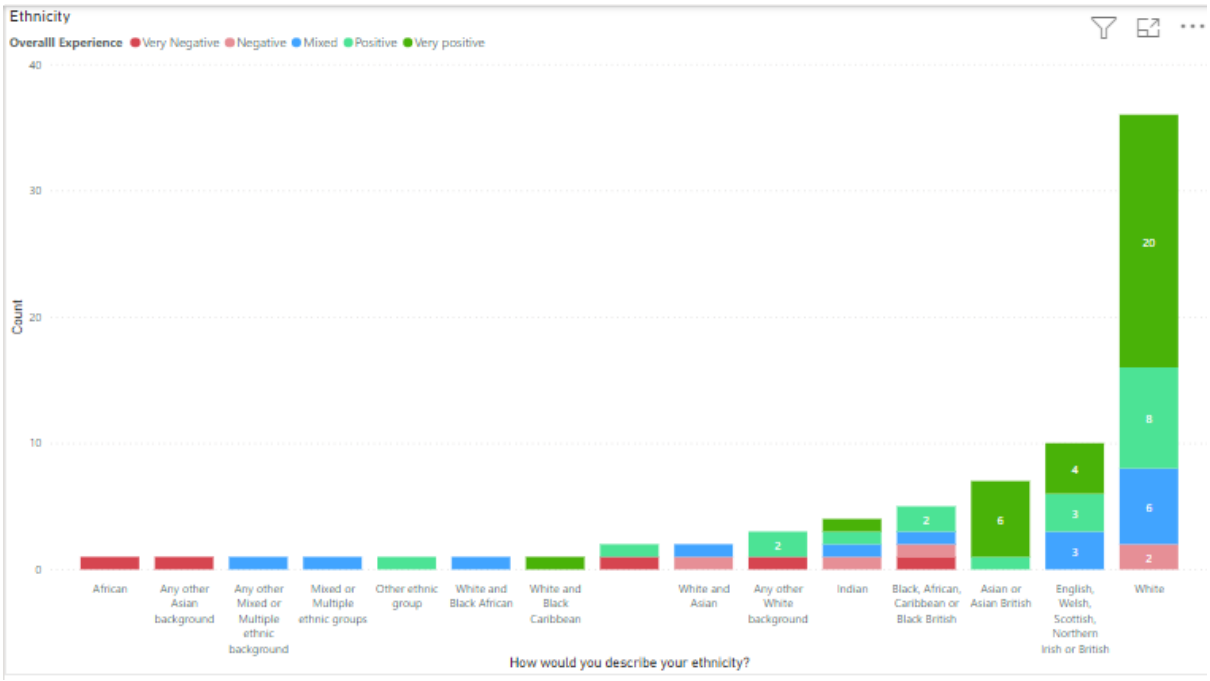
GPNET (N=103)

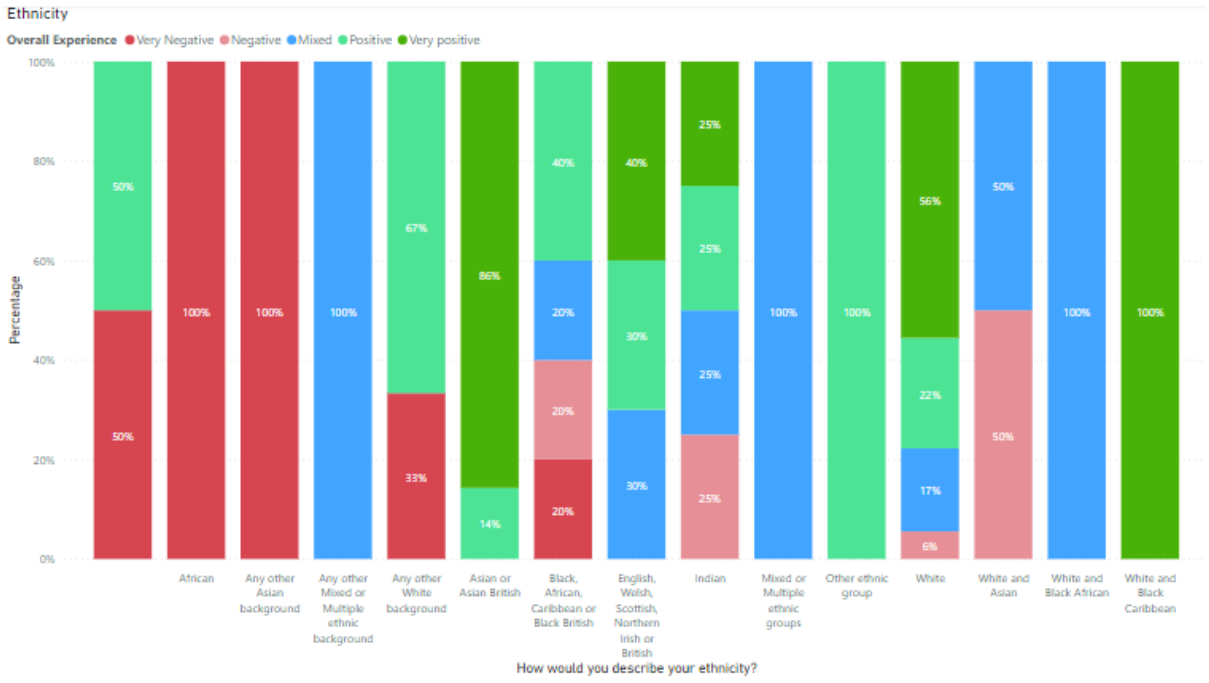




- Similar levels of satisfaction compared with overall from White/White British and Indian for Asian communities seeing higher satisfaction, but lower response numbers.

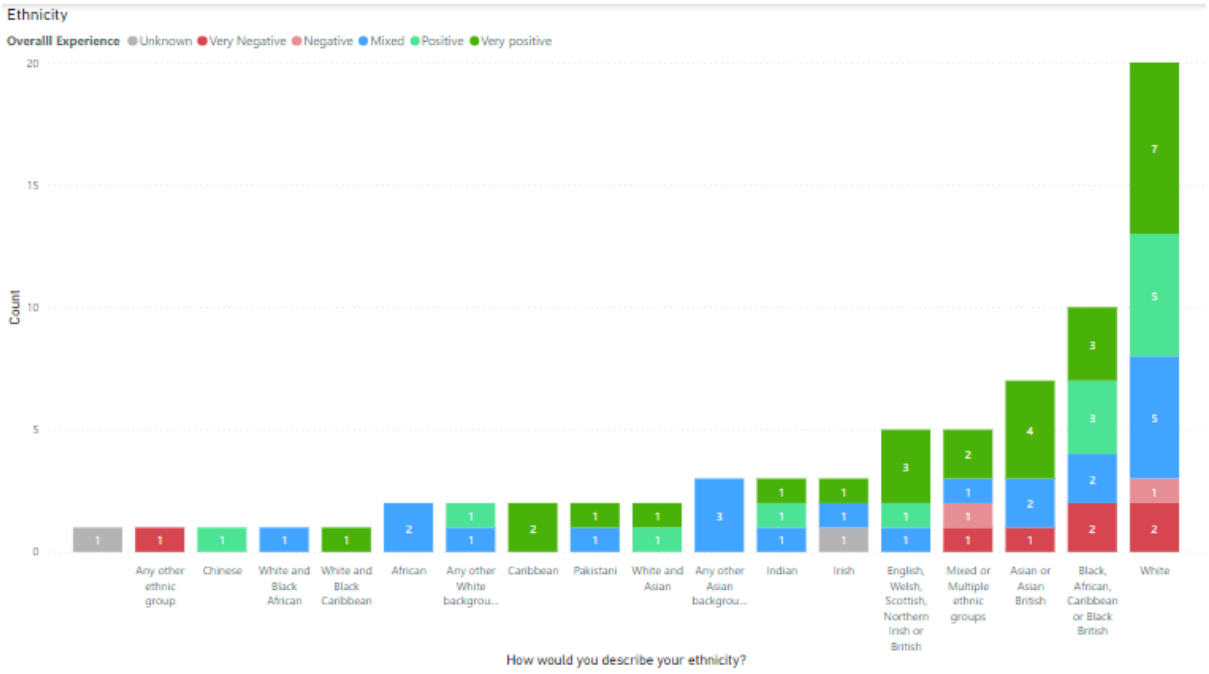
KMP Network (N=76)

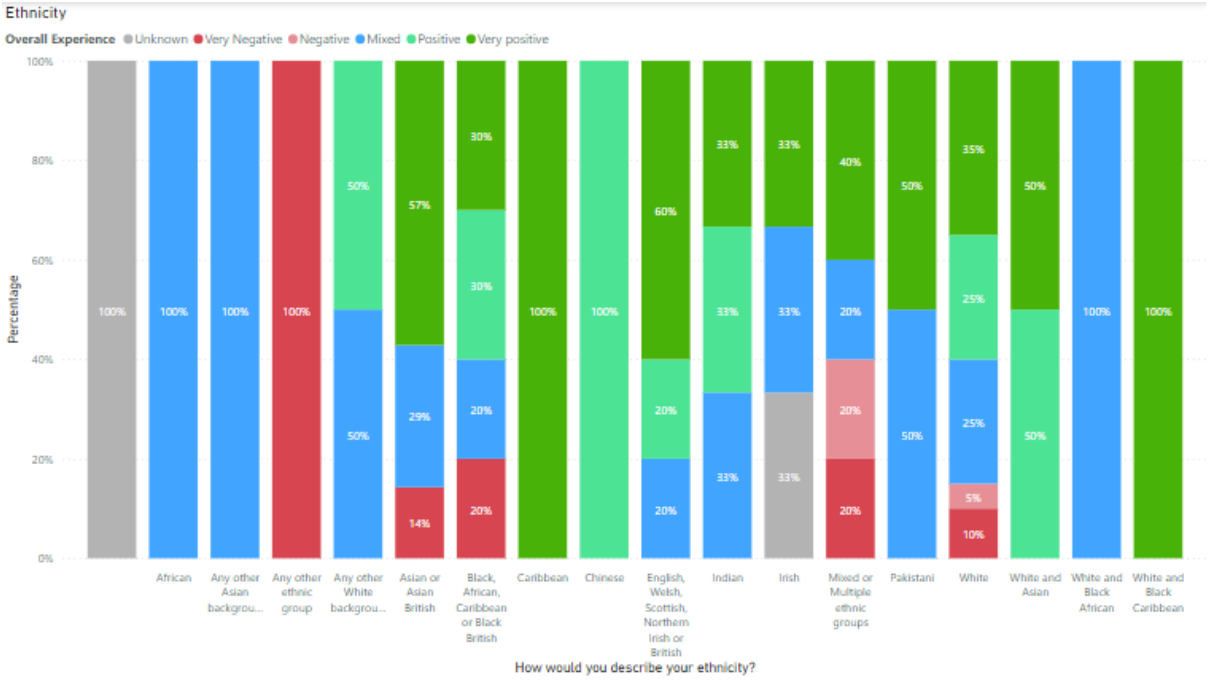




- Higher levels of satisfaction across all groups with higher numbers of responses.

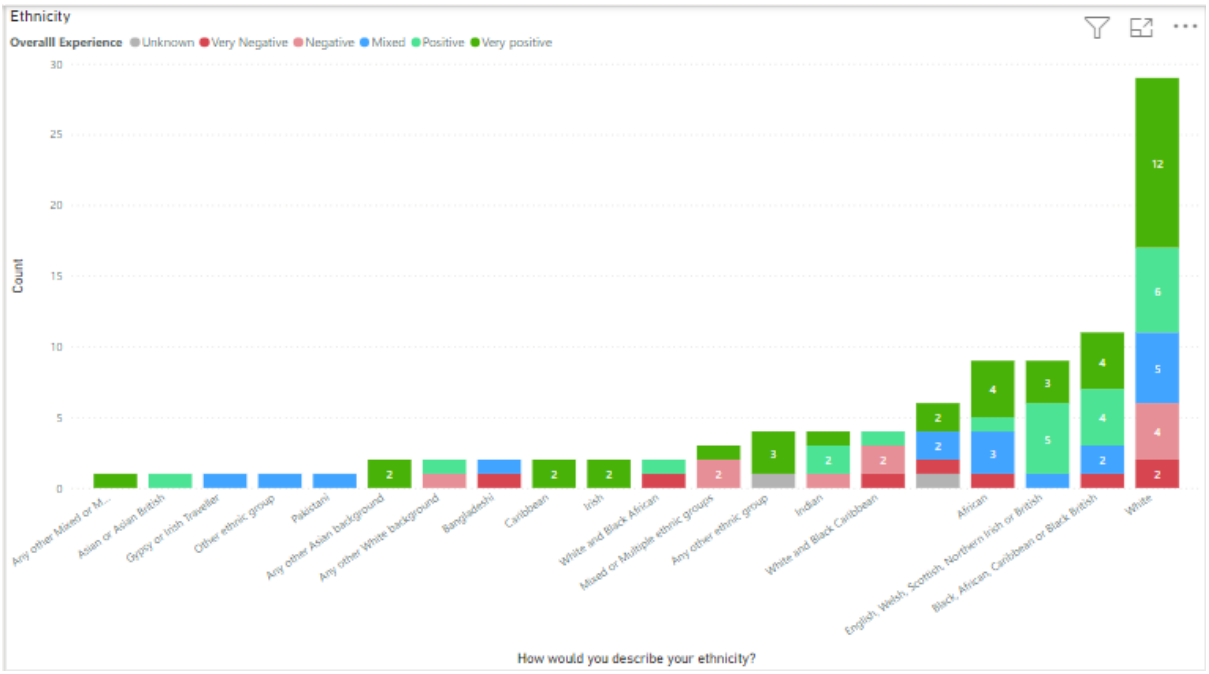
Mayday South Network (N=71)

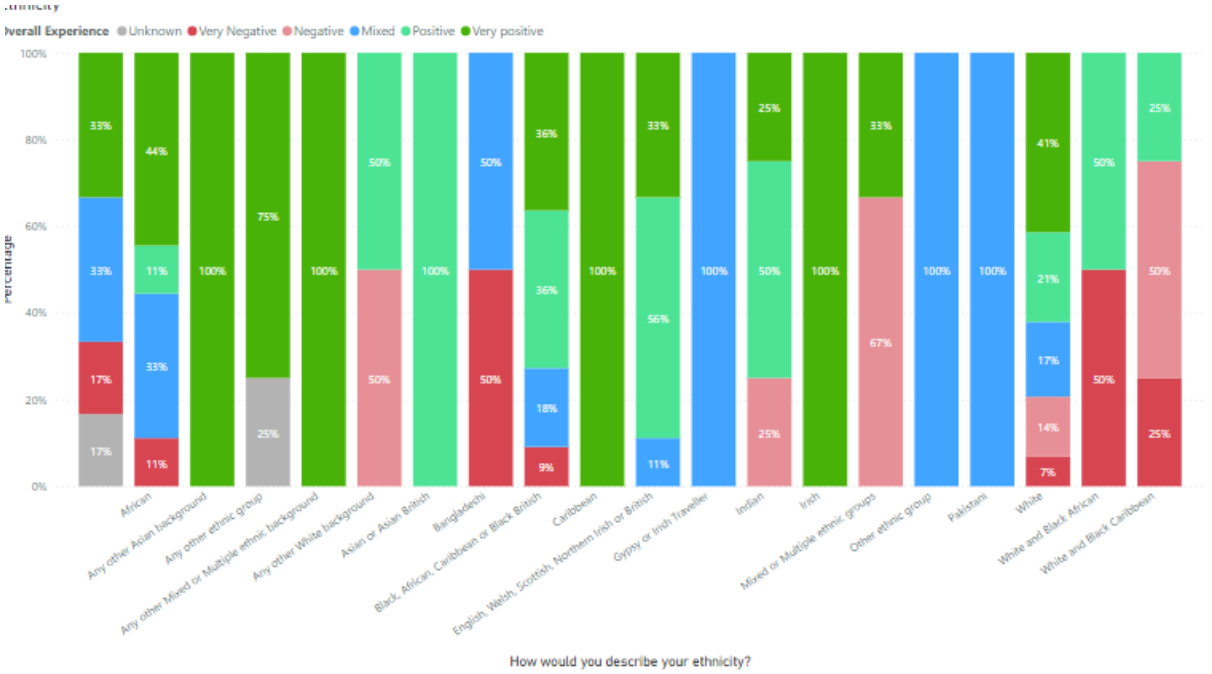




- Similar satisfaction compared with overall from White/White British, and higher dissatisfaction for Black, African Caribbean/ Black British, and Mixed/ multiple ethnic groups.

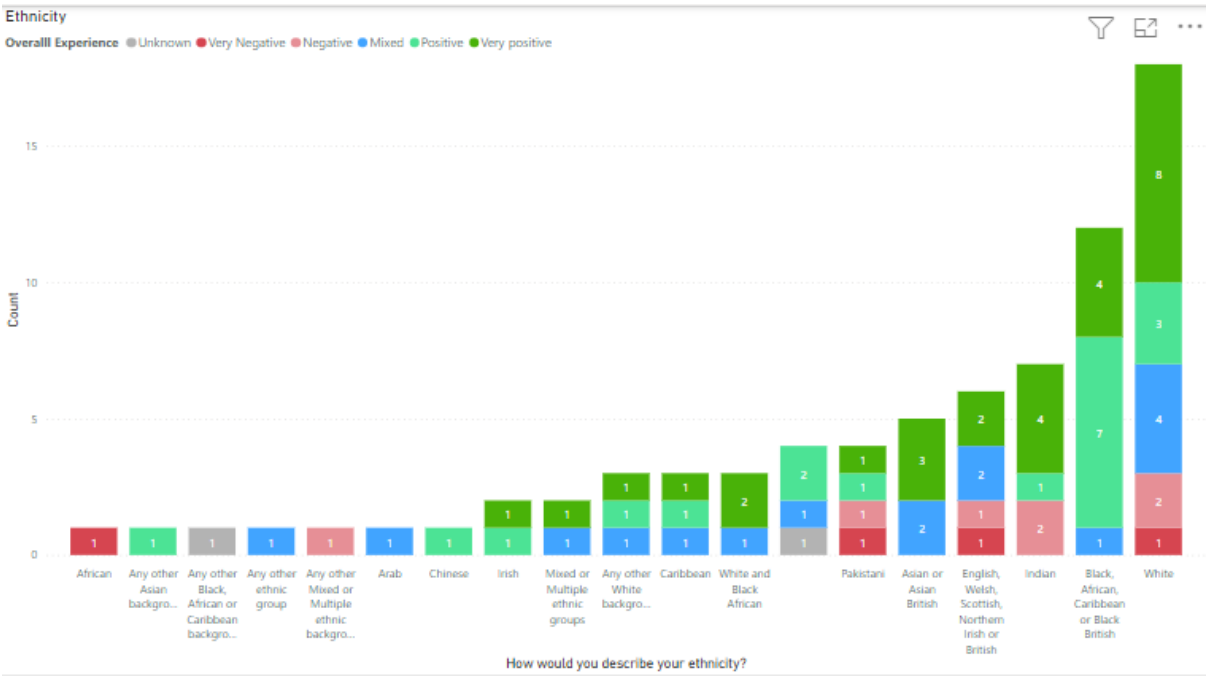
One Thornton Heath (N=95)

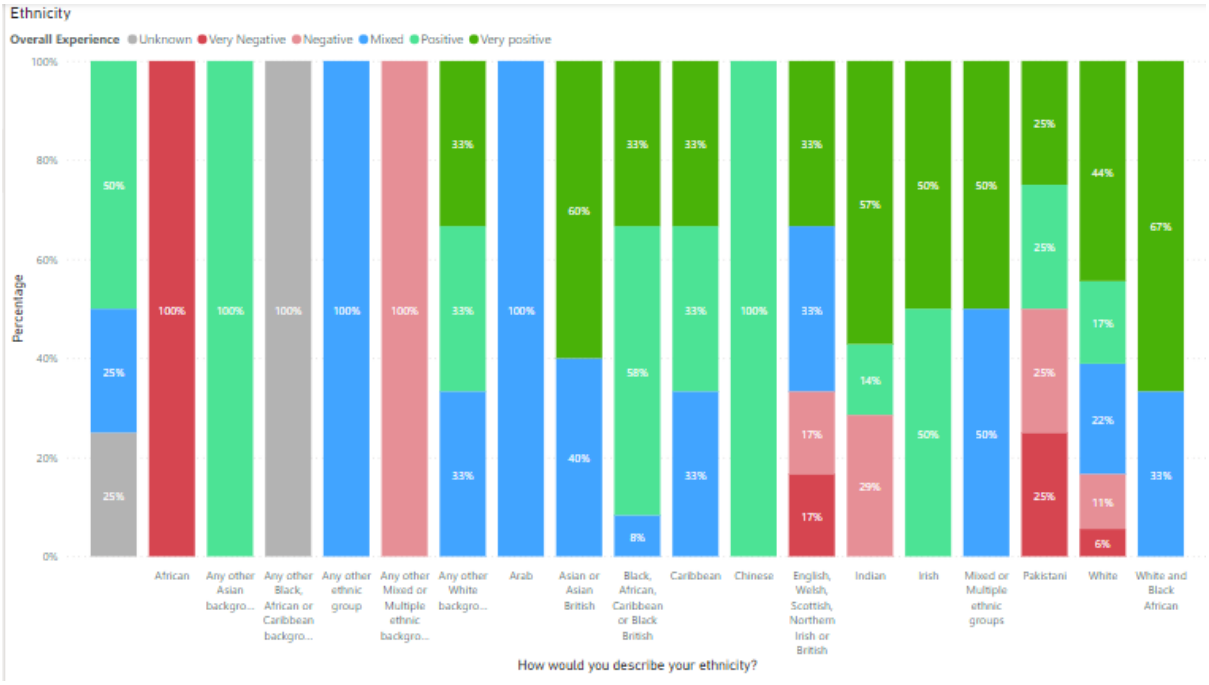




- Higher levels of dissatisfaction compared with overall from White/White British, similar levels with overall for Black, African Caribbean/ Black British, and African respondents.

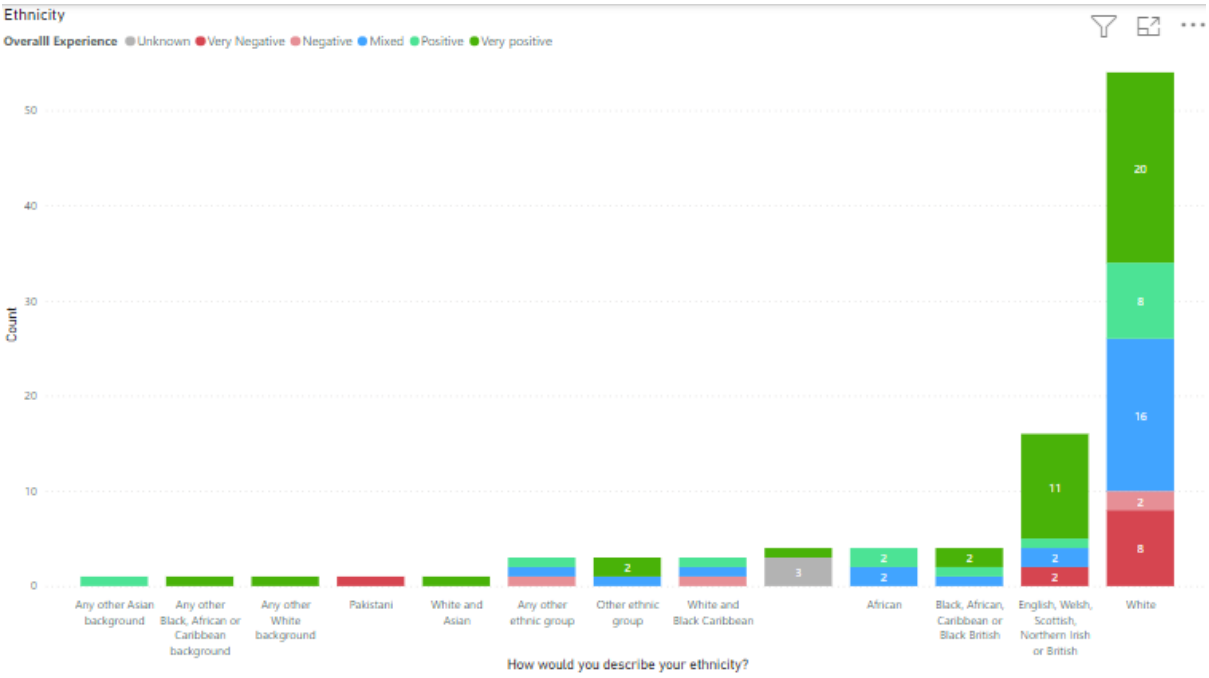
Primary Care North Croydon (N=76)

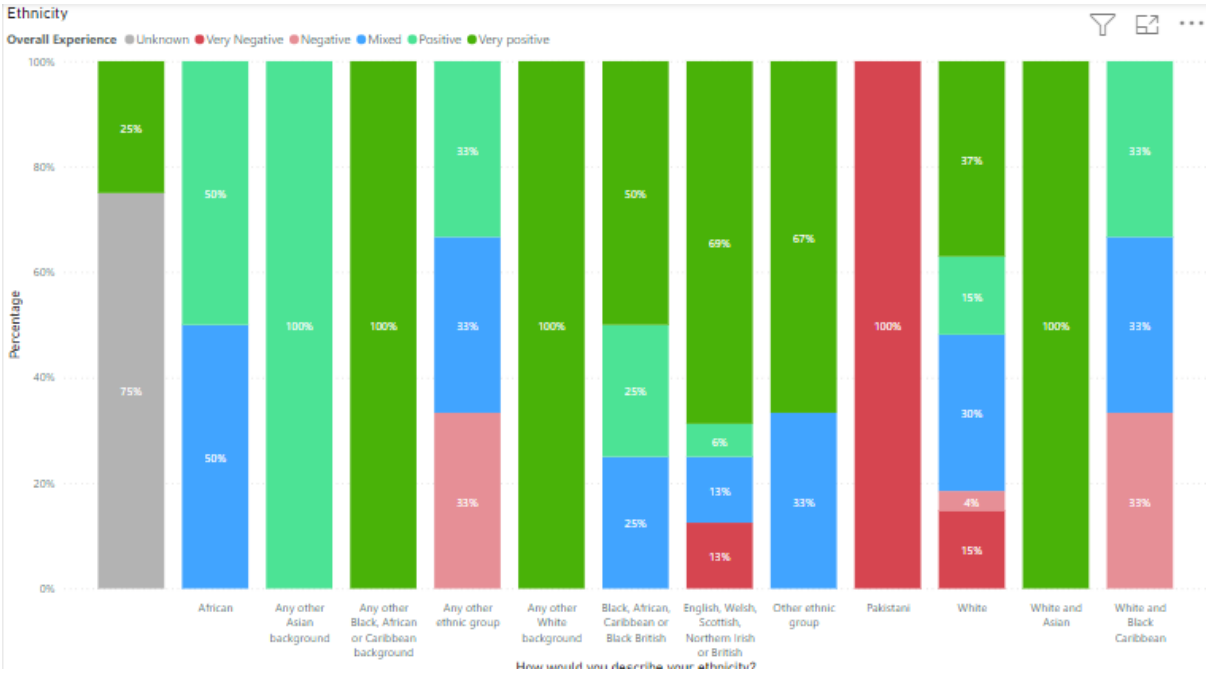




- Higher levels of dissatisfaction compared with overall with White/White British respondents, higher levels of satisfaction from Black African Caribbean/ Black British respondents.

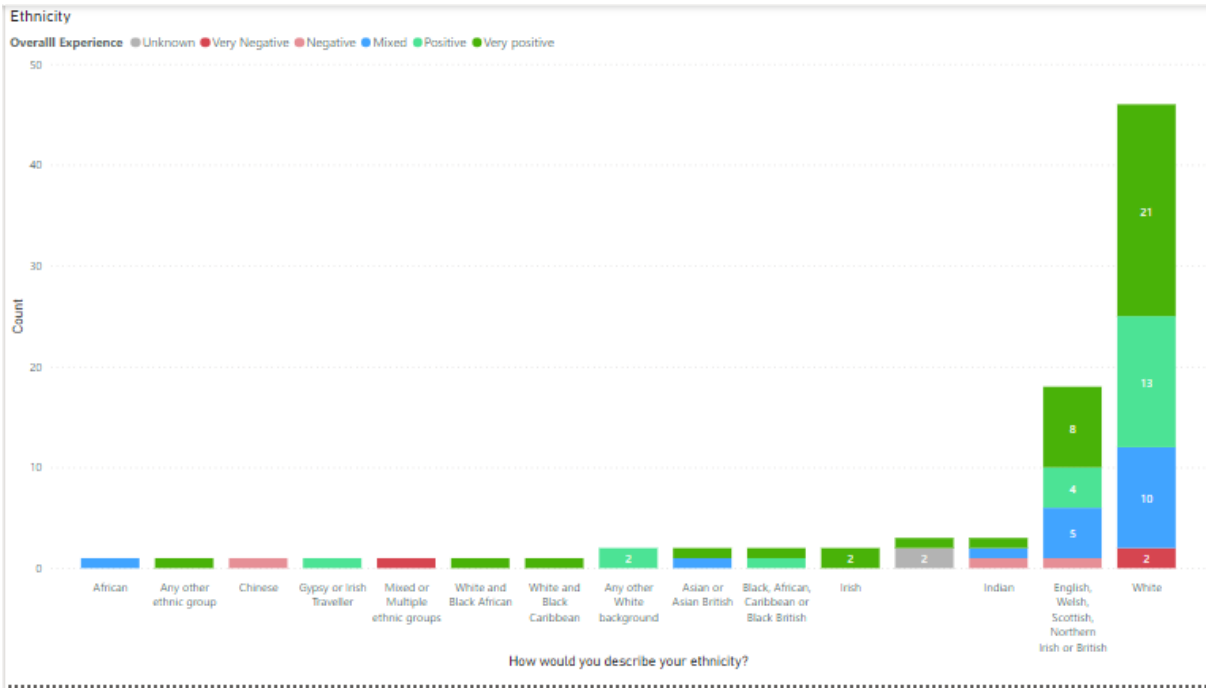
SELNASH (N=96)

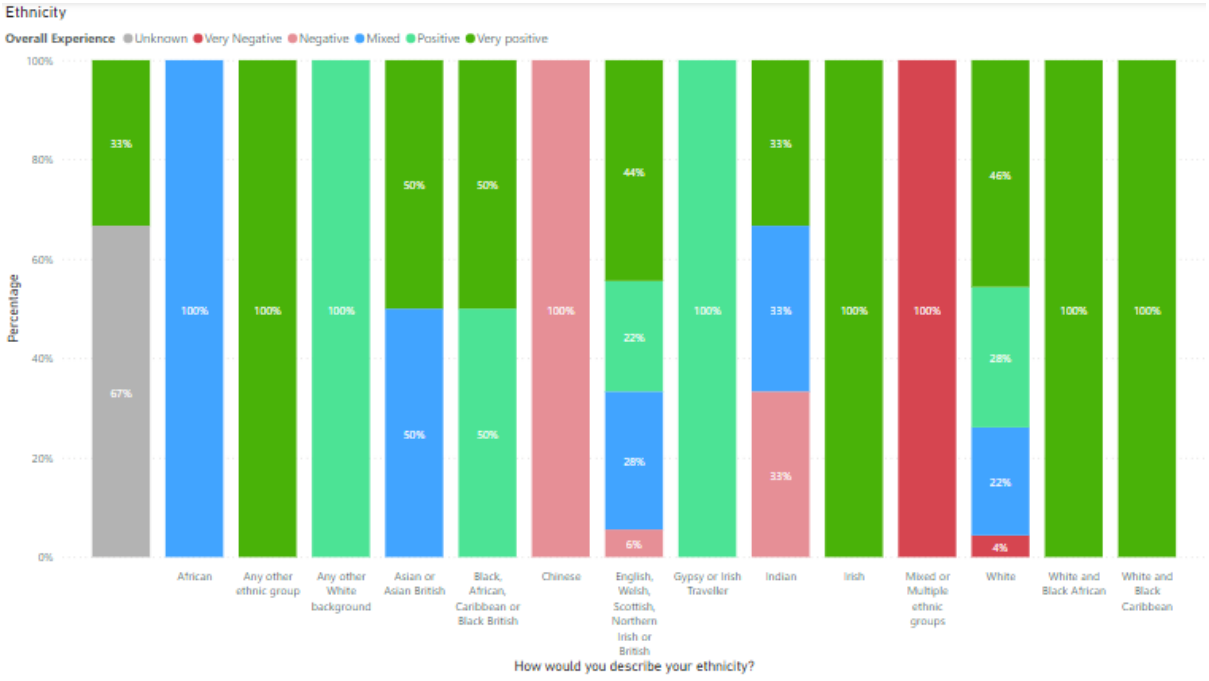




- Higher respondents than overall where White or British and had higher levels of dissatisfaction than overall. Black African, Caribbean/ Black British, and African had higher levels of satisfaction from low respondent numbers.

SPC Primary Health Care Network (N=85)

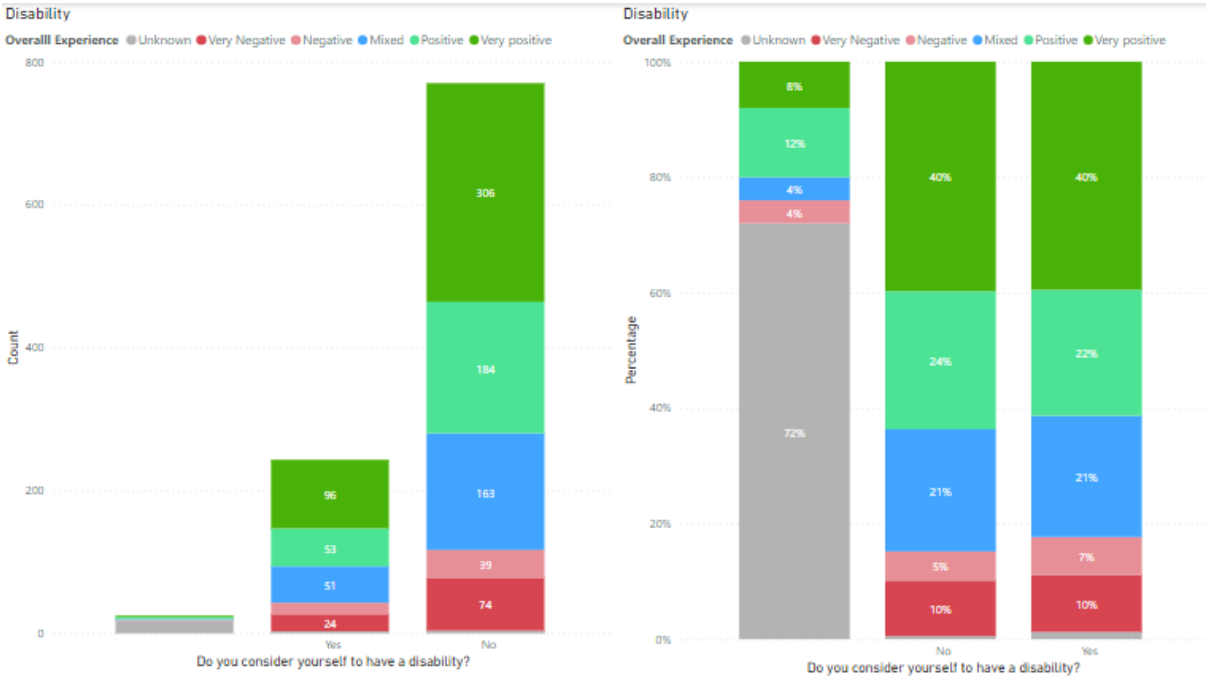




- Higher levels of satisfaction across all ethnicities, very few non-white respondents.

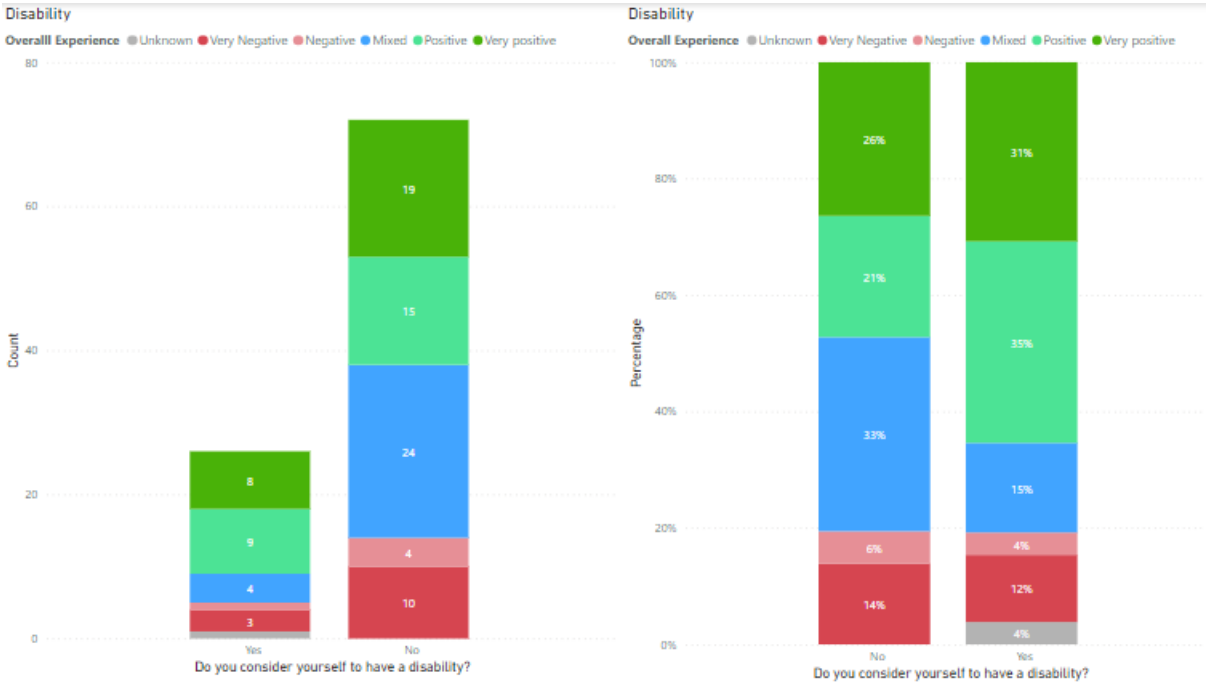
3.5 Patient satisfaction by PCN and disability

Overall (N=1038)



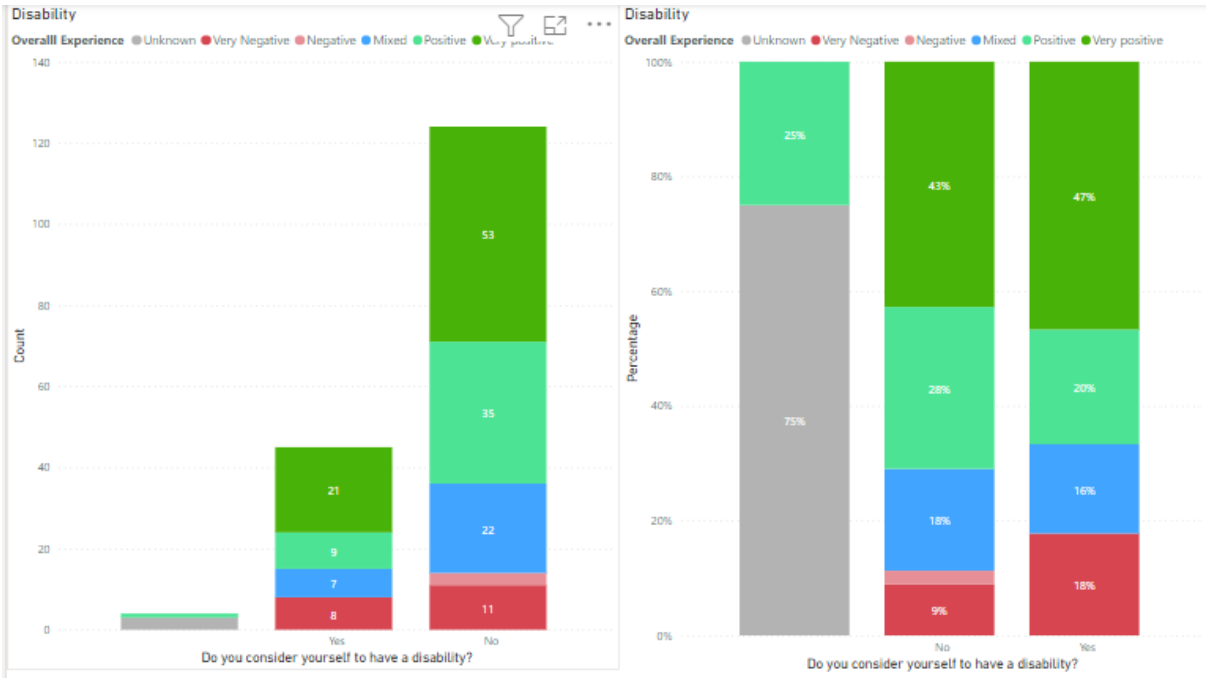
Disability did not seem to have an effect experience of services with the percentages almost mirroring between yes and no.

Central Croydon Network (N=98)



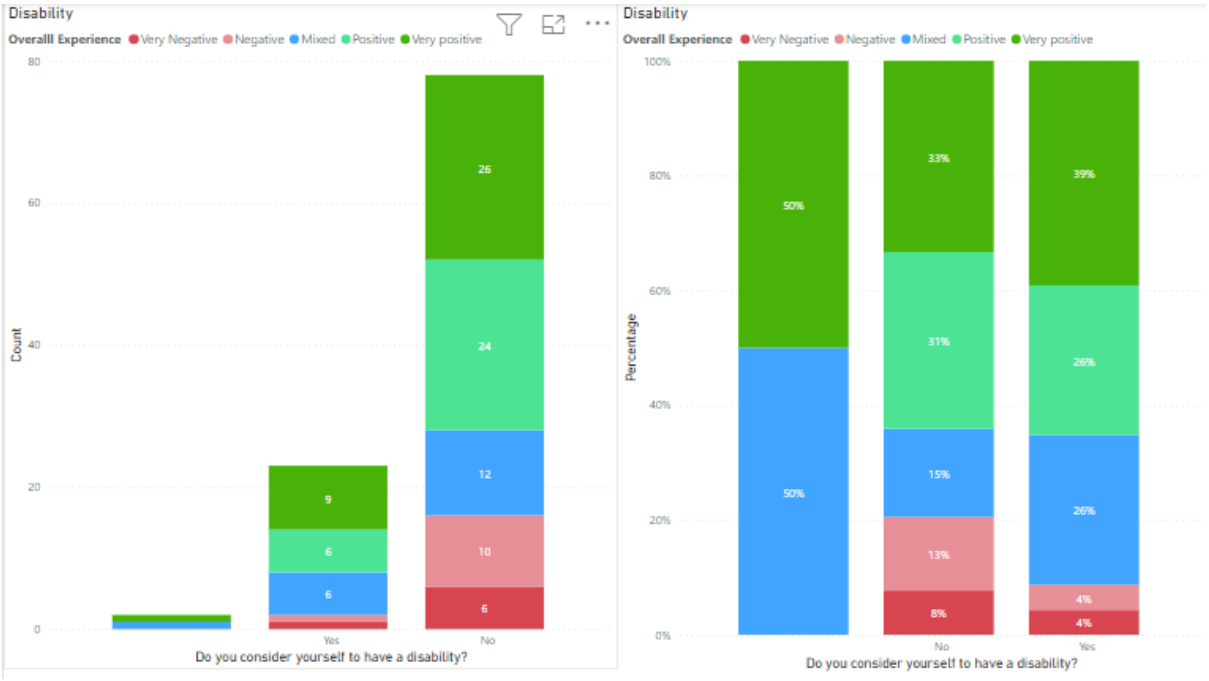
- Those who did have a disability were more satisfied that those who did not.

Croydon GP Super Network (N=173)



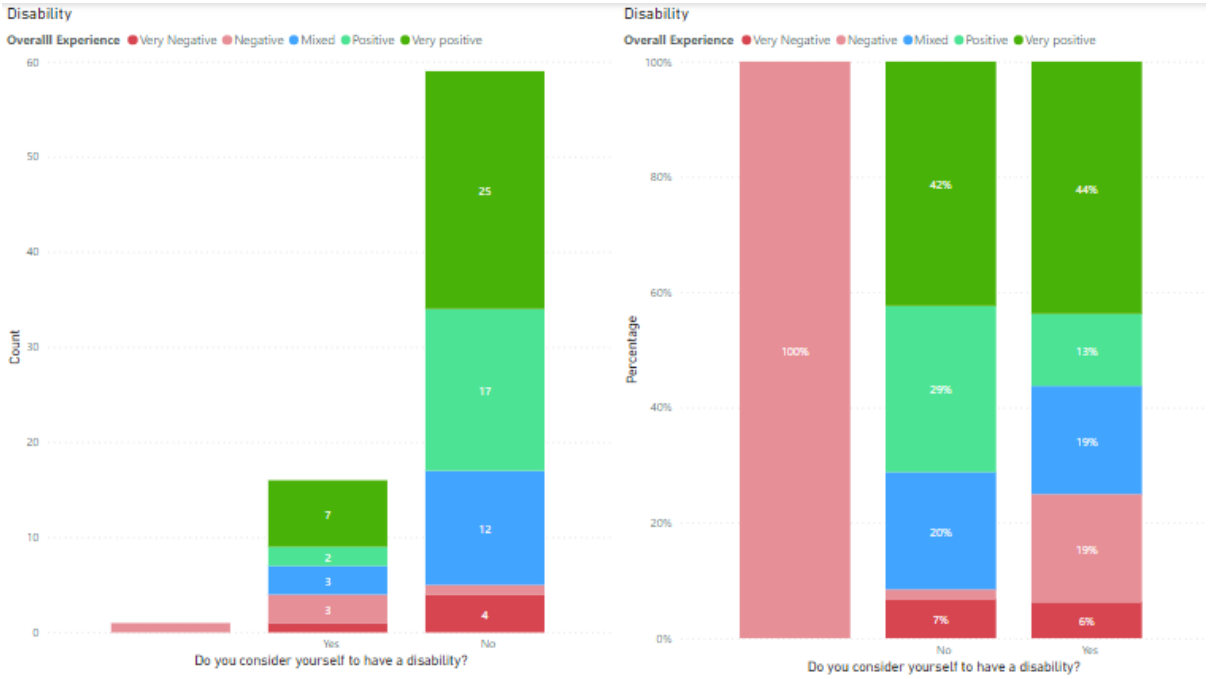
- Those who did not have a disability had higher levels of satisfaction, with nearly 1 in 5 of those with disability having a very negative experience.

GPNET (N=103)



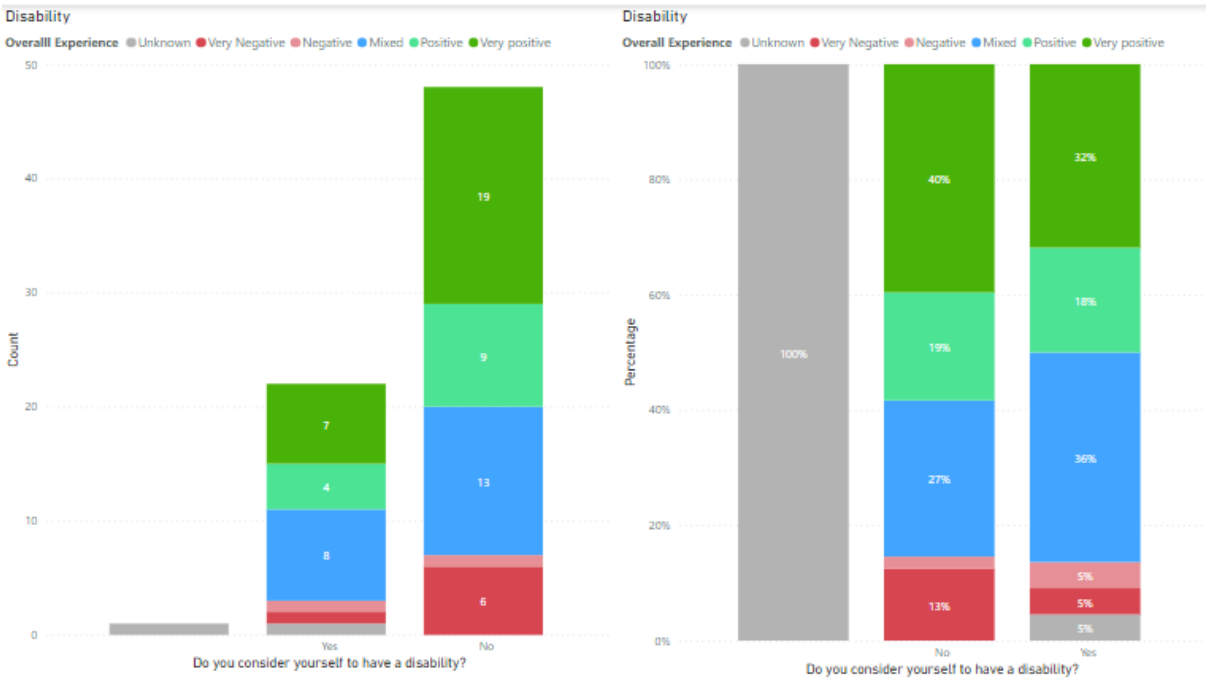
- Nearly 1 in 4 of those who do not have a disability rated dissatisfaction.

KMP Network (N=76)



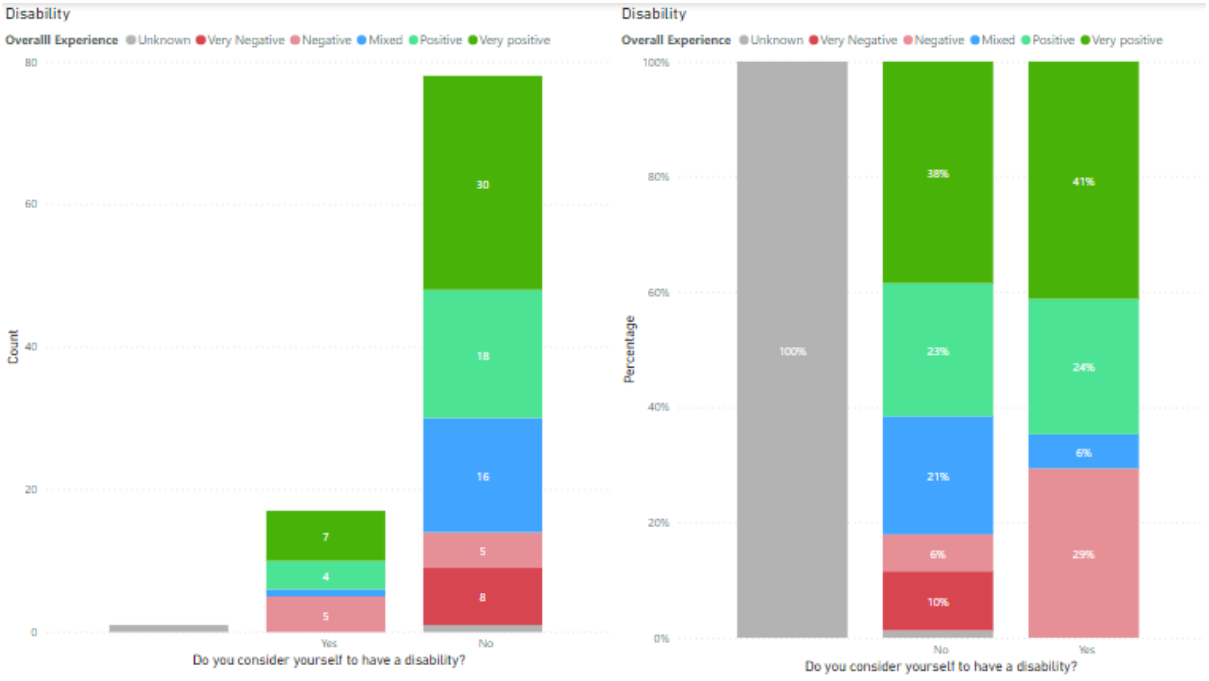
- A quarter of those with a disability had a worse experience – one of the highest, but from low sample numbers. Those without a disability were closer to overall sample.

Mayday South Network (N=71)



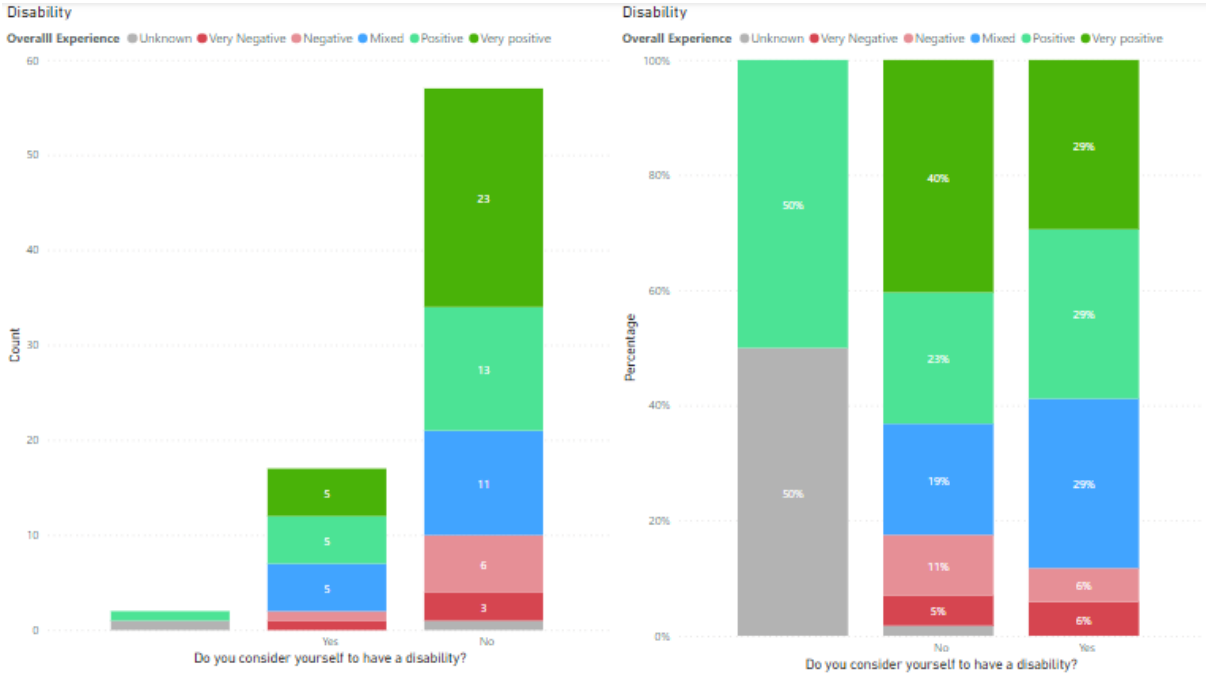
- For those with a disability, dissatisfaction levels were lower.

One Thornton Heath (N=95)



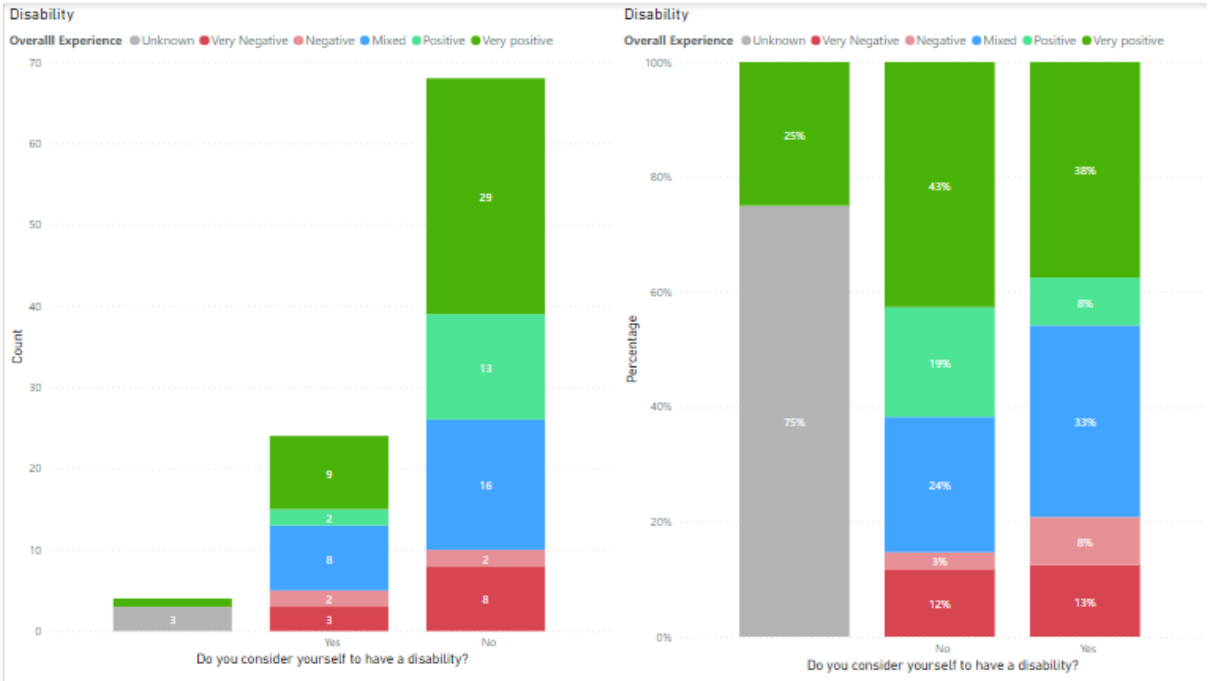
- For those with a disability, dissatisfaction levels were higher.

Primary Care North Croydon (N=76)



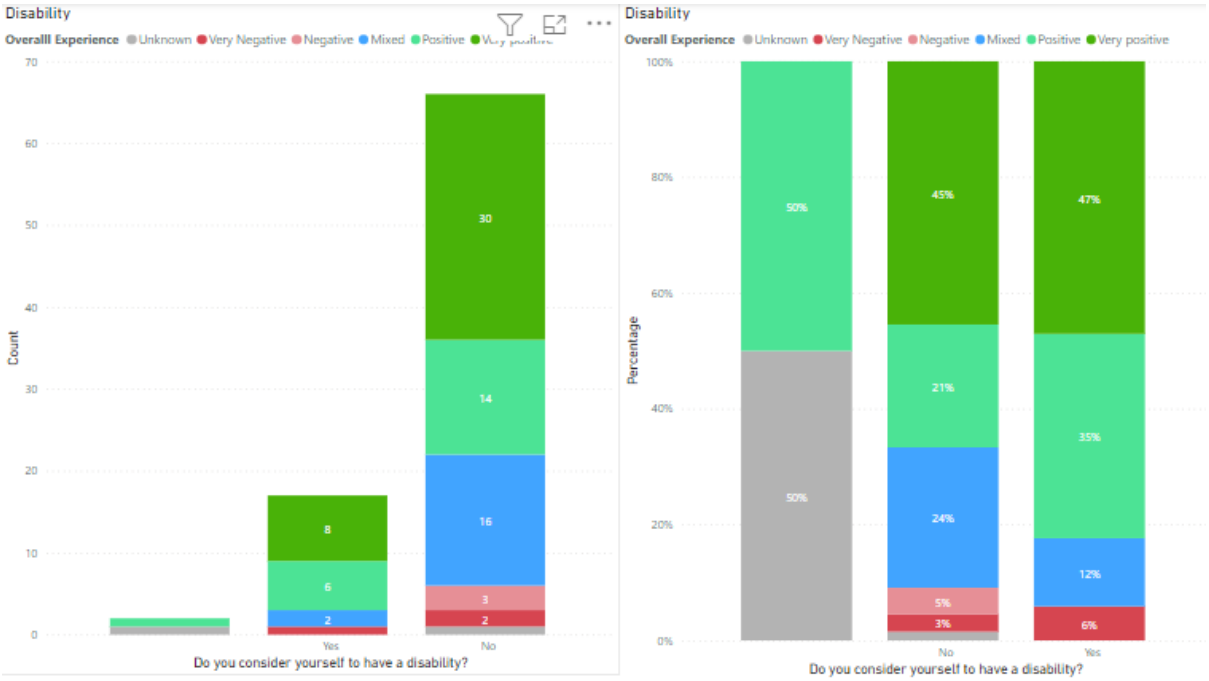
- Levels of dissatisfaction are lower for both.

SELNASH (N=96)



- Higher levels of dissatisfaction for those with a disability, compared with overall.

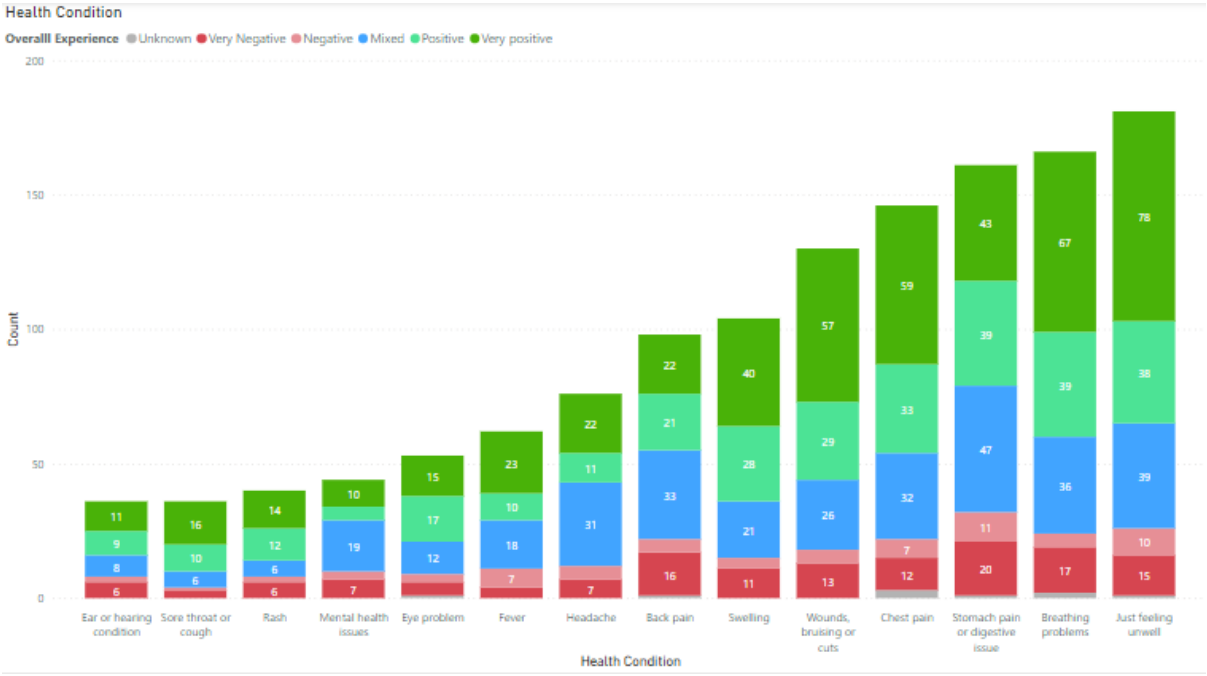
SPC Primary Health Care Network (N=85)

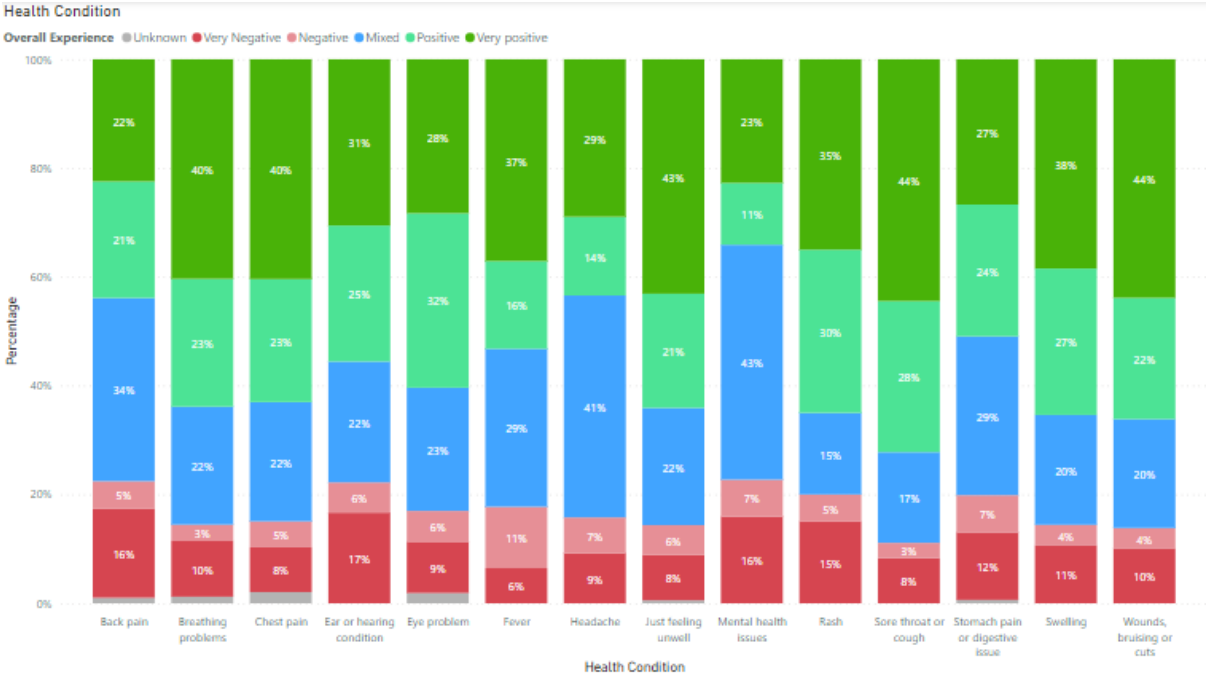


- Much higher levels of satisfaction for both.

3.6 Patient satisfaction by PCN and health condition during pathway

Overall (N=1038)

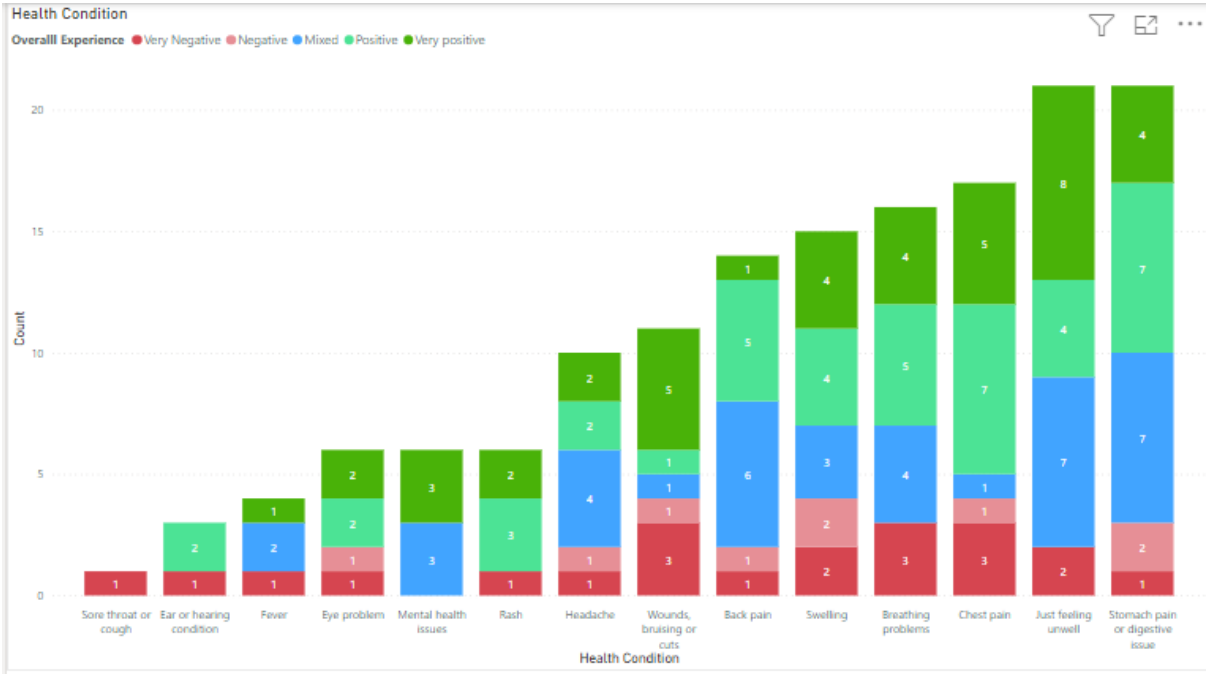


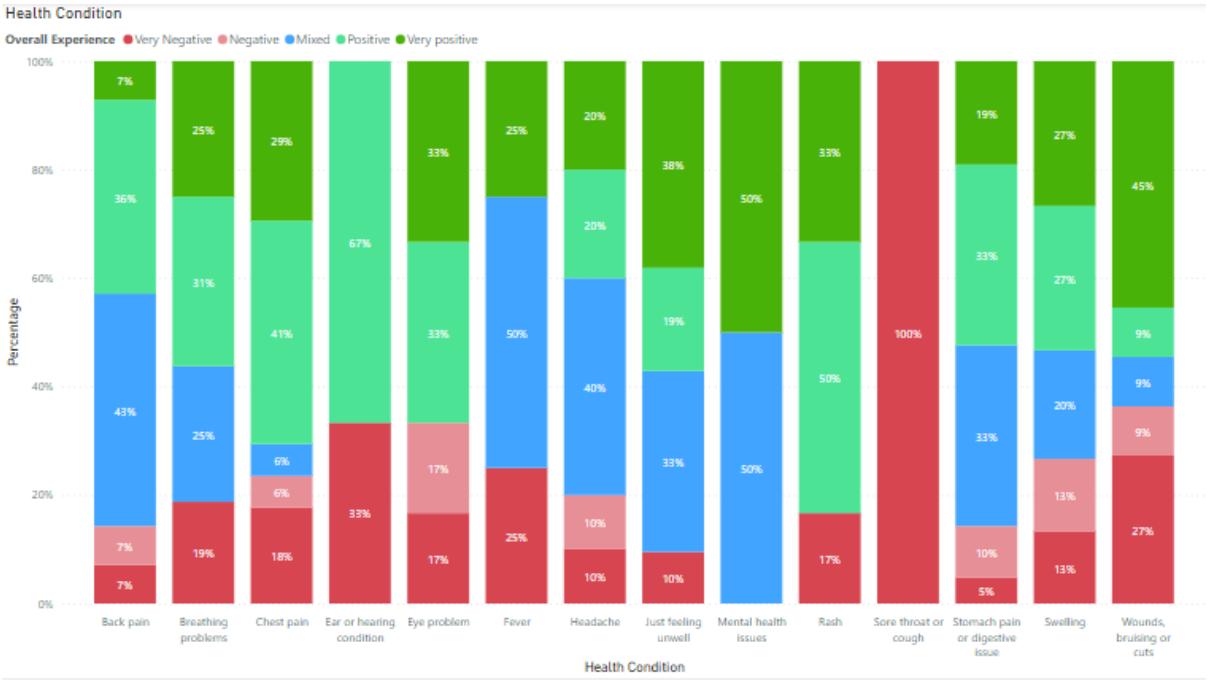


Health Condition

Just feeling unwell was the highest registered condition but also one that was more satisfied experience with 64% positive or very positive along with wounds (66%), sore throat or cough (72%) and breathing problems and chest pain (63%). Mental health had the highest levels of dissatisfaction with 25% negative or very negative, rash at 20%, ear condition (23%) and back pain (21%) and stomach pain or digestive issue (19%). While we do not know the details of these it may relate to the ease at which the issue can be managed and resolved or the length in time that people had to wait to be seen while in pain. It may suggest that communicating on waiting times, directing to services who can resolve these more easily that A&E or managing expectations on how long it will take be relieved would improve satisfaction.

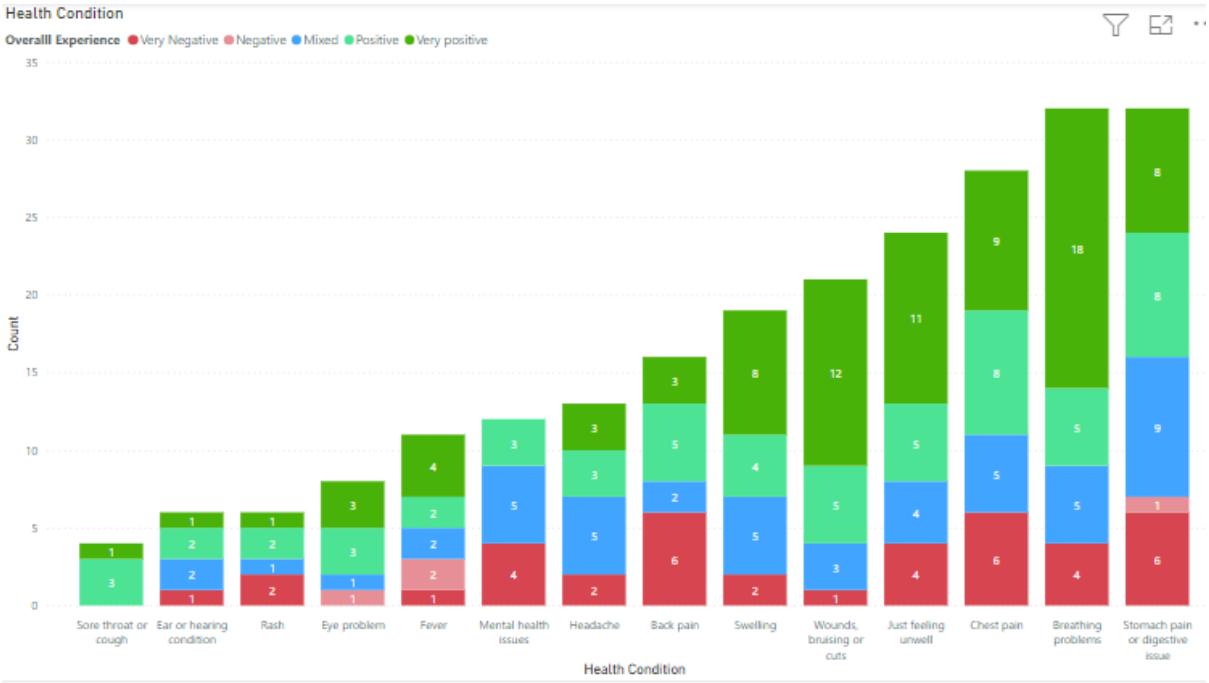
Central Croydon Network (N=98)

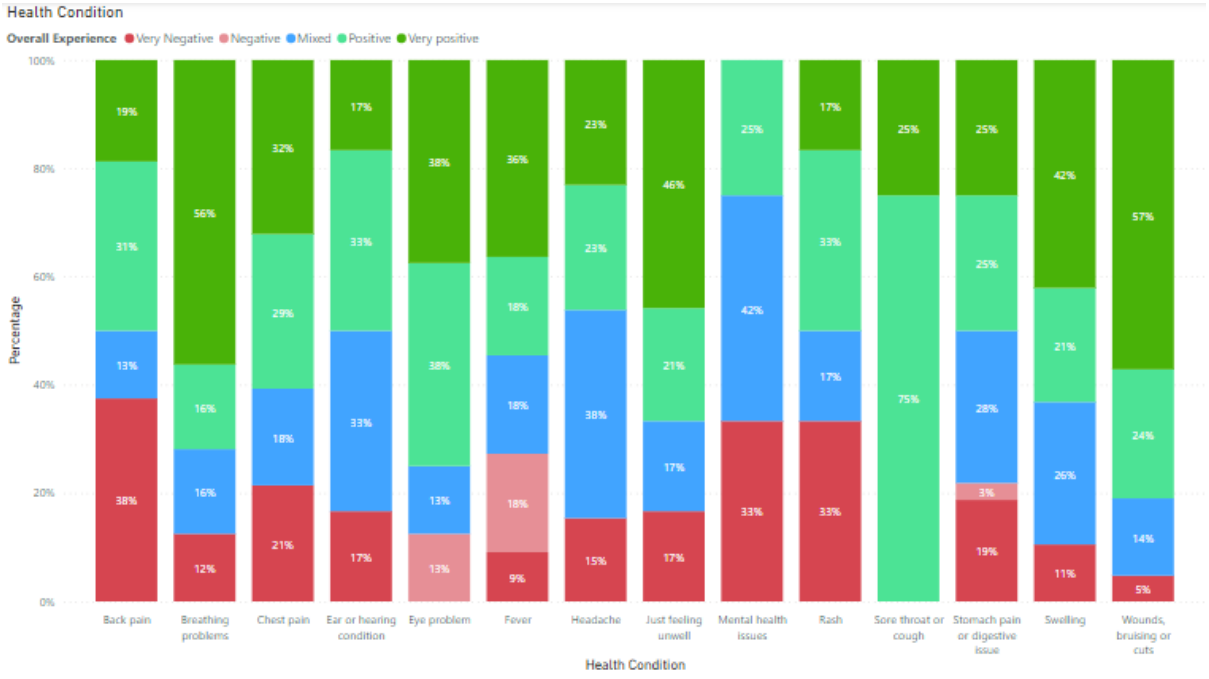




- There is a higher level of dissatisfaction across conditions. Those with wounds, breathing problems and chest pain had the lowest satisfaction ratings. Mental health had the highest satisfaction.

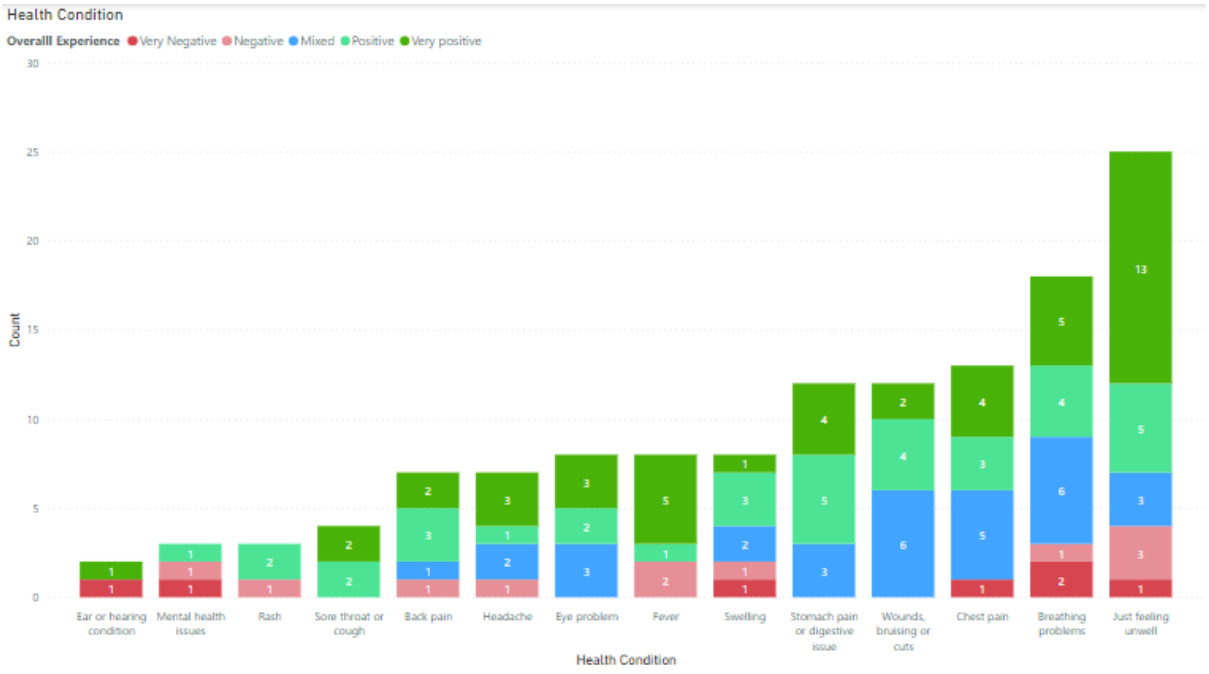
Croydon GP Super Network (N=173)

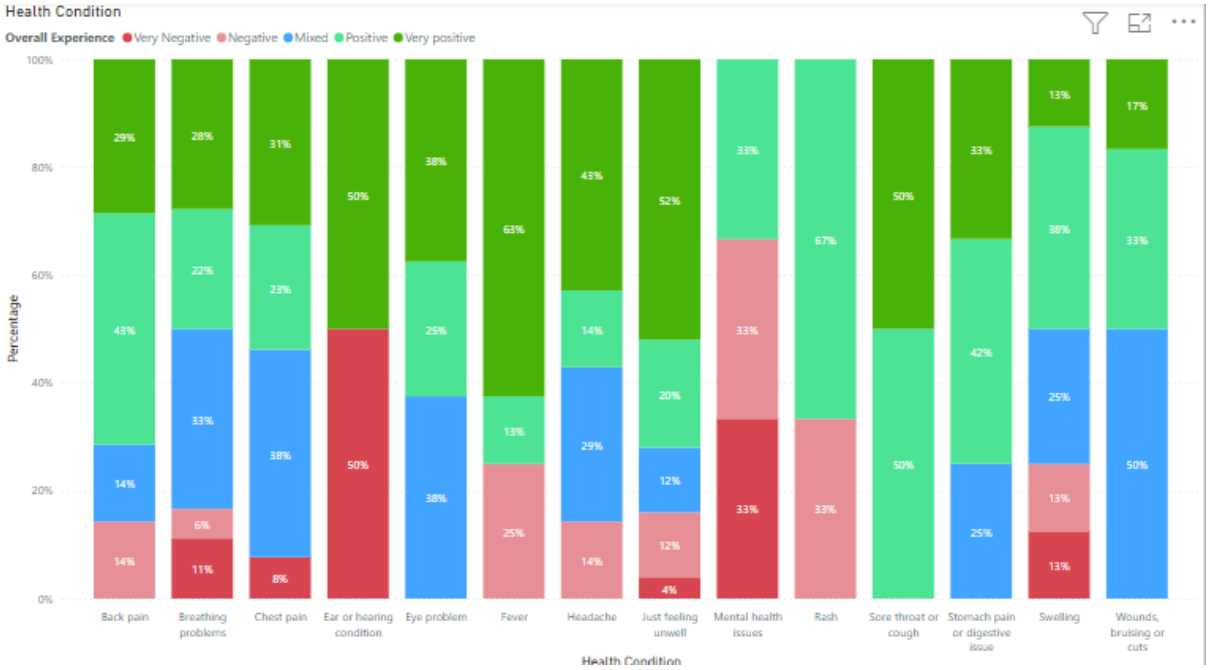




- There are higher levels of dissatisfaction here. Those with stomach pain, chest main and back pain had the lowest satisfaction ratings. Breathing problems and wounds had the highest satisfaction.

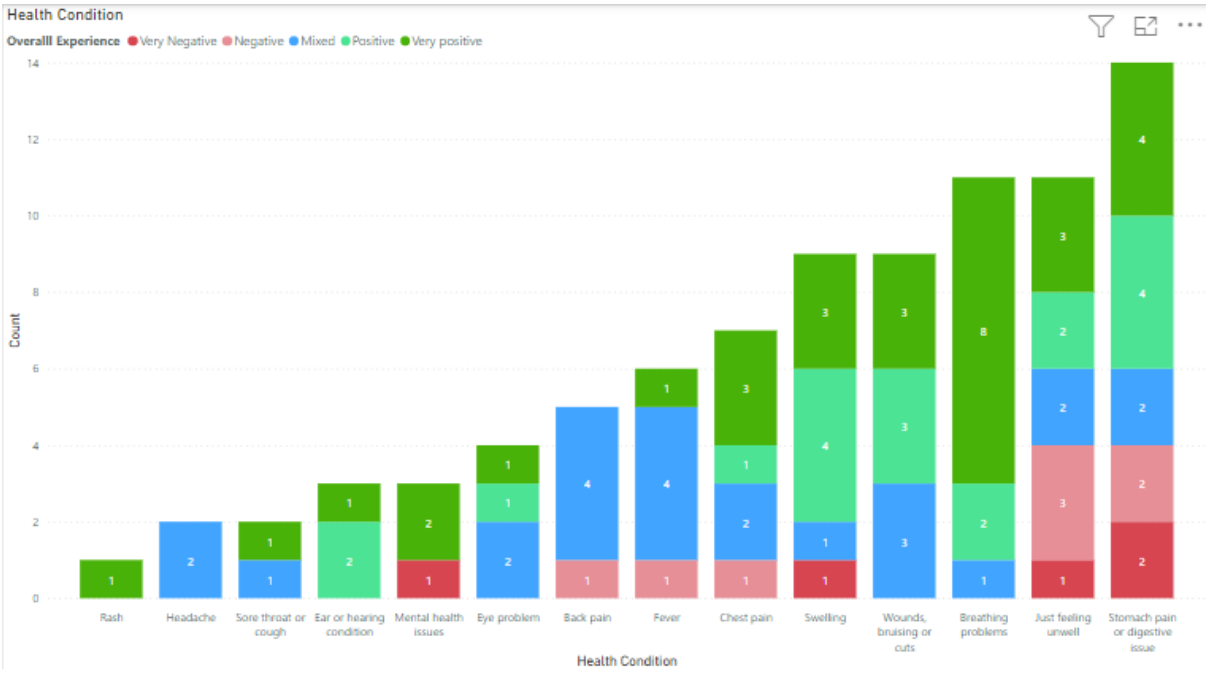
GPNET (N=103)

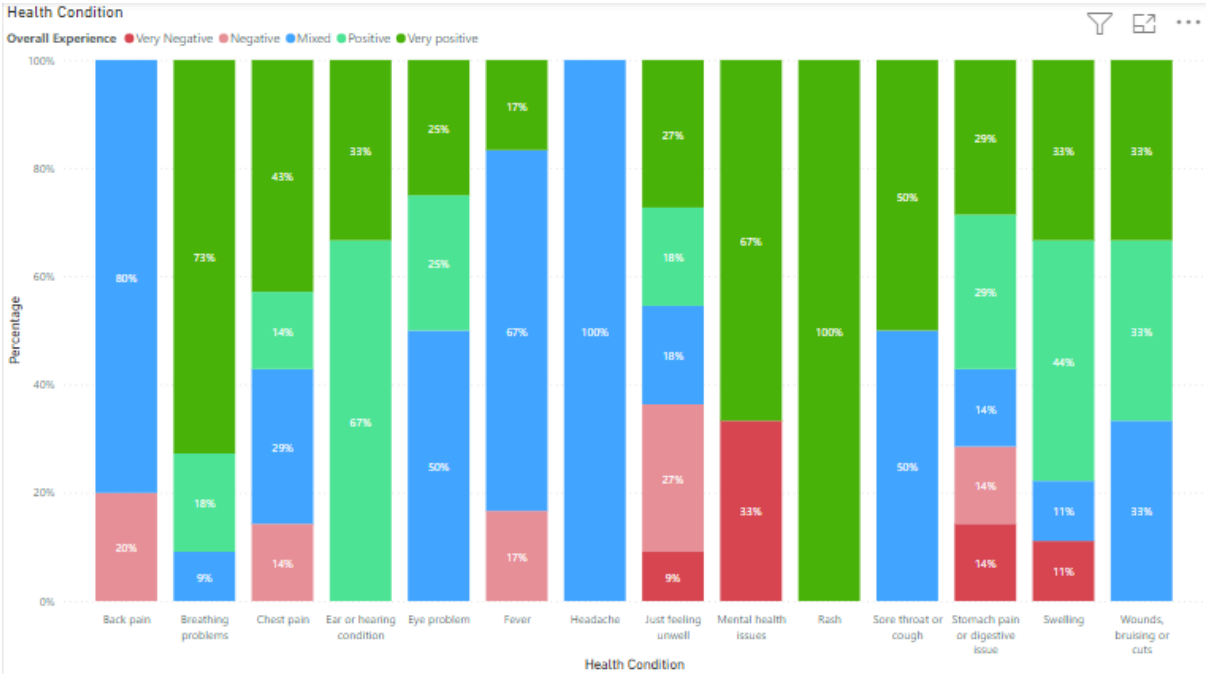




- Satisfaction levels were higher here with very few registering very negative or negative satisfaction – those with breathing problems or just feeling unwell having worse satisfaction levels. Those with stomach pain had higher levels of satisfaction.

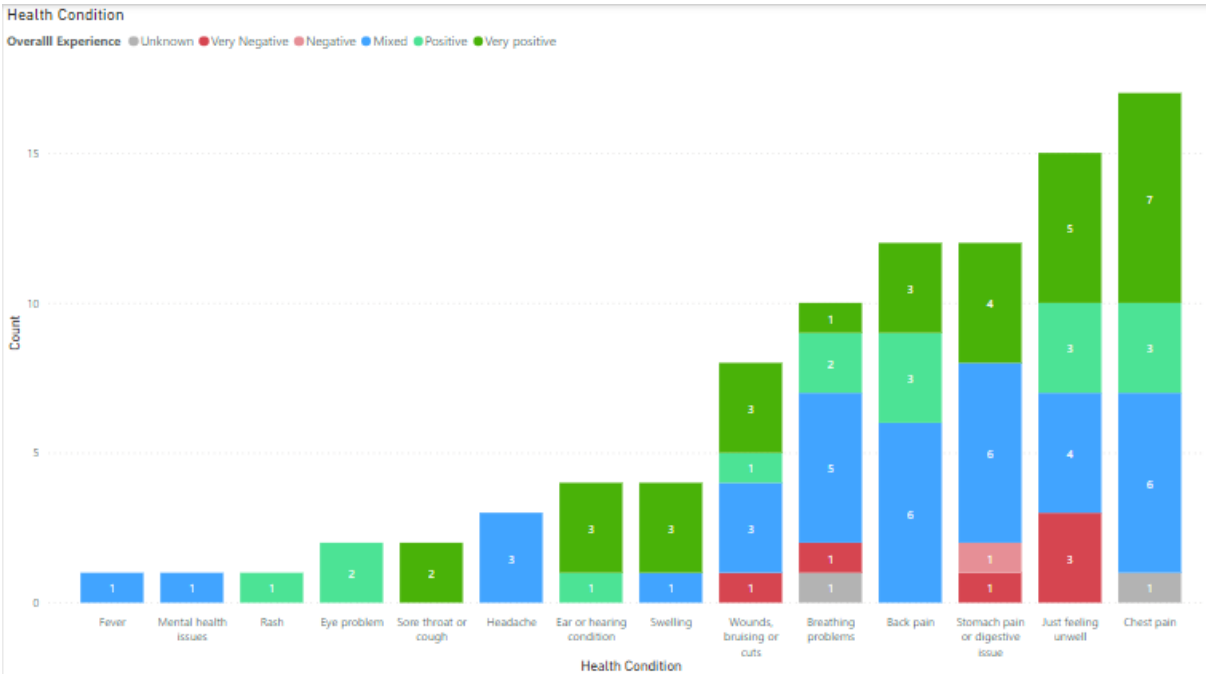
KMP Network (N=76)

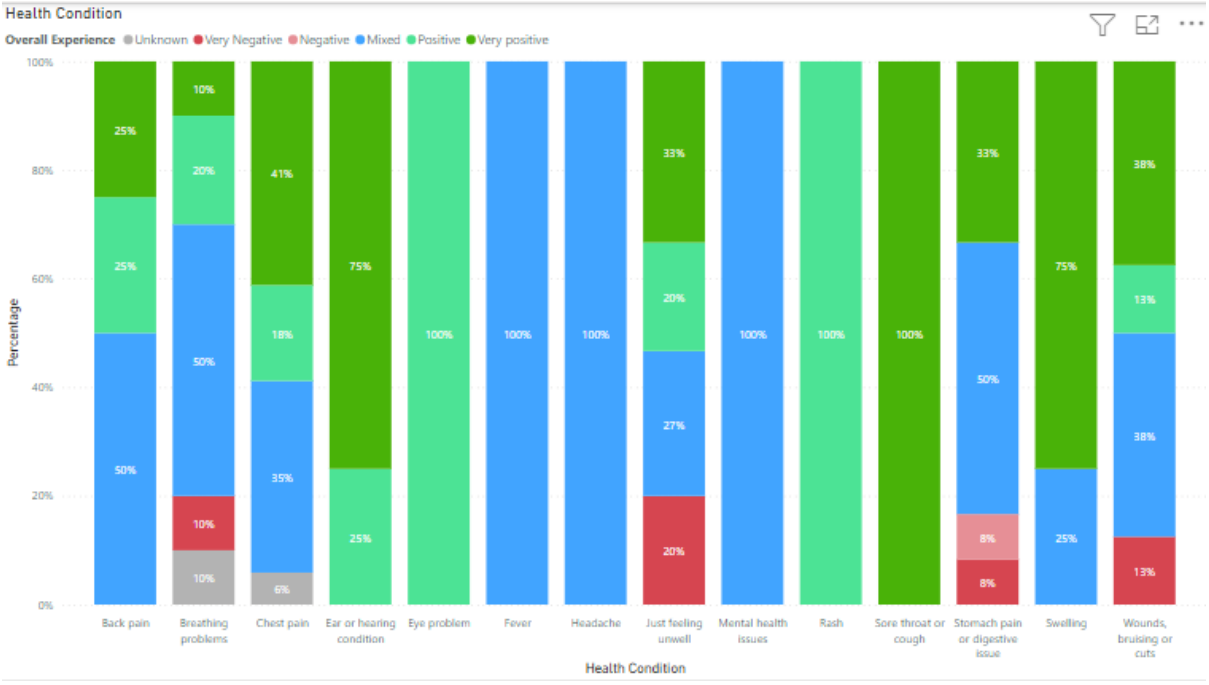




- Stomach pain and just feeling unwell were the highest levels of dissatisfaction, breathing problems have the highest level of satisfaction.

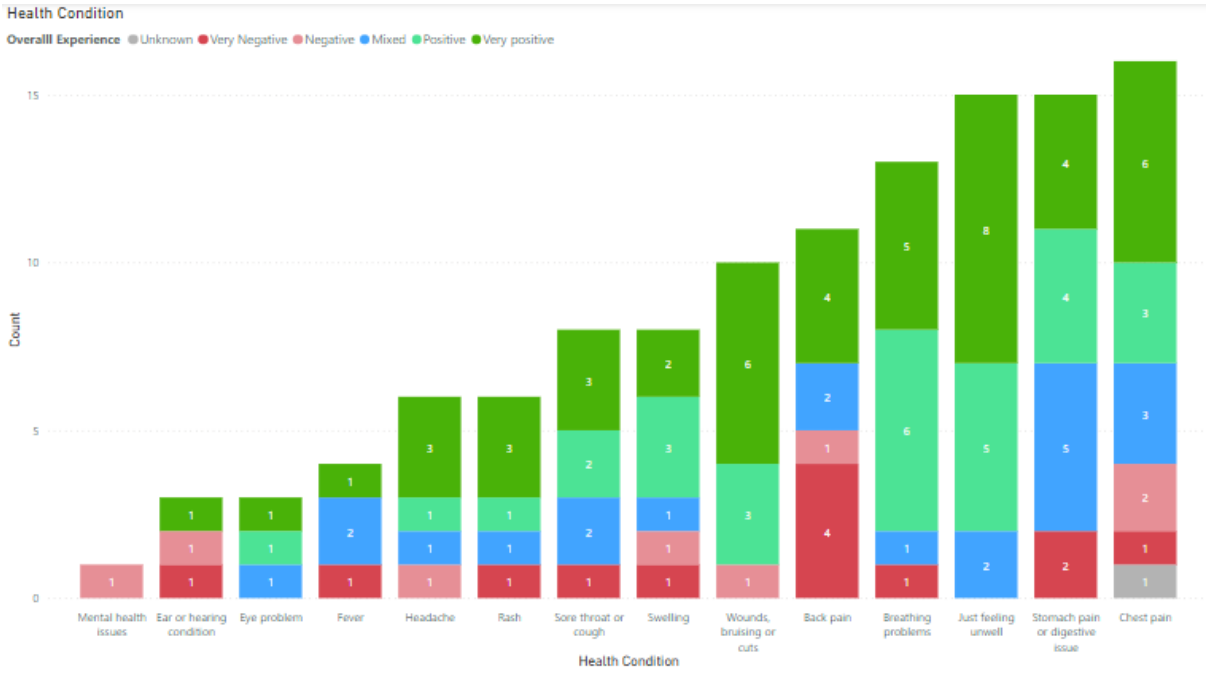
Mayday South Network (N=71)

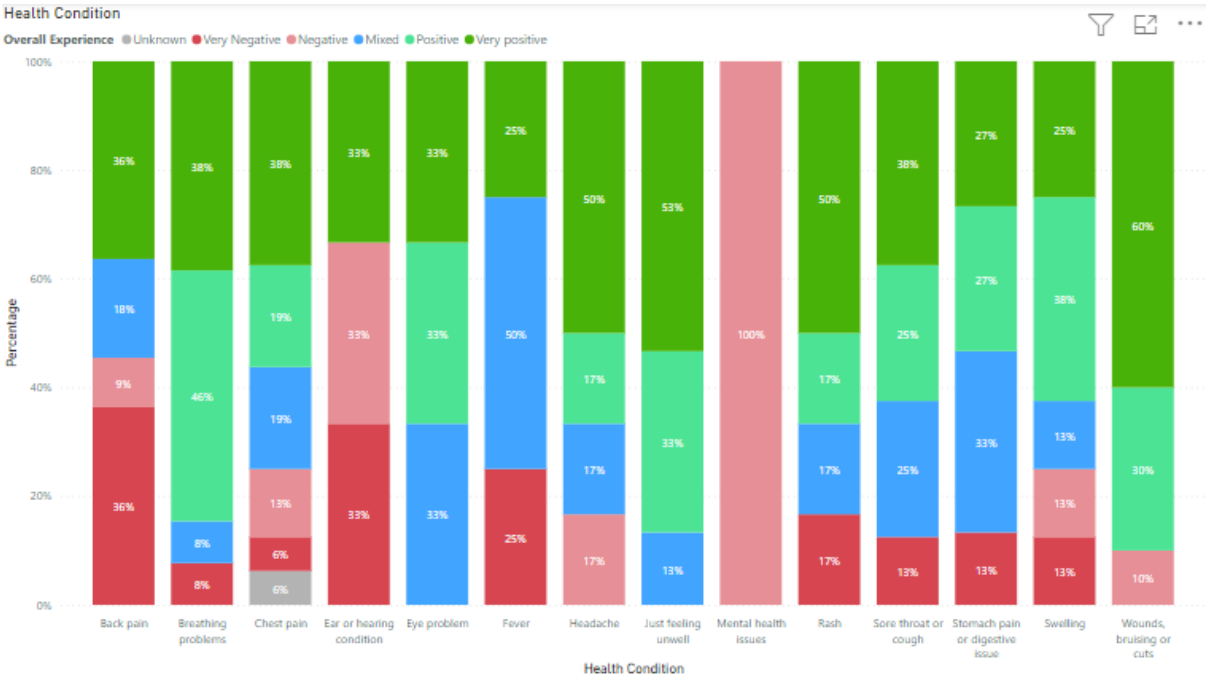




- Just feeling unwell had lowest level of satisfaction and chest pain and ear problems had the highest satisfaction.

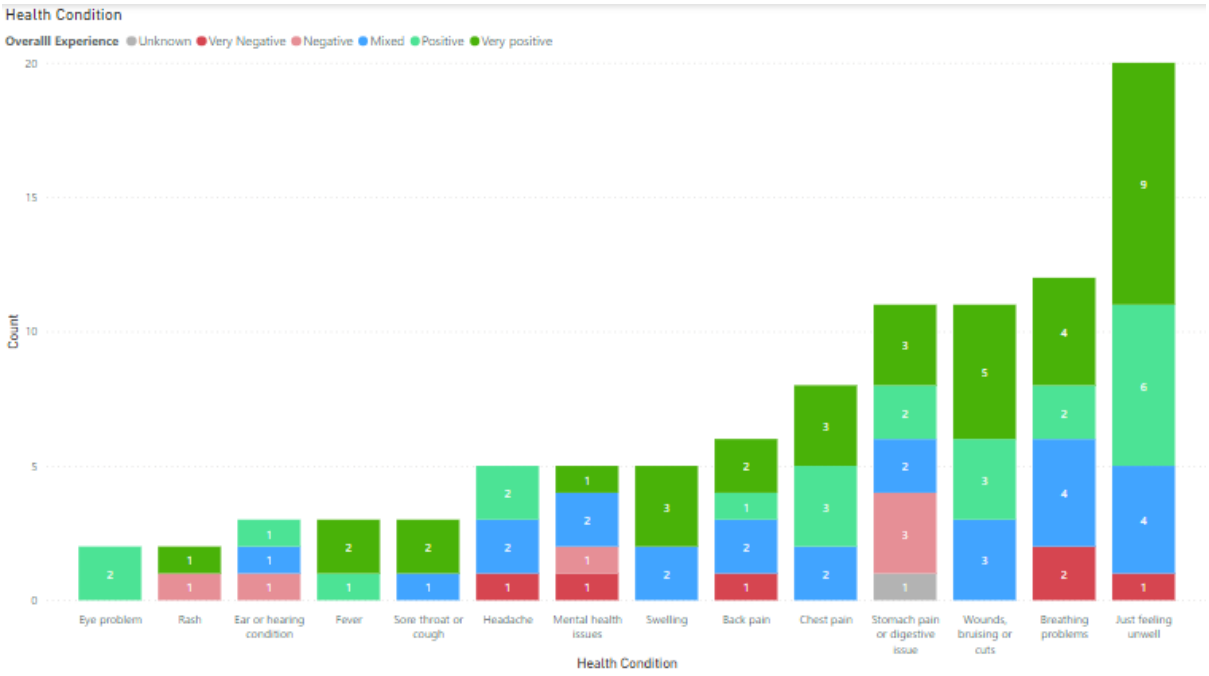
One Thornton Heath (N=95)

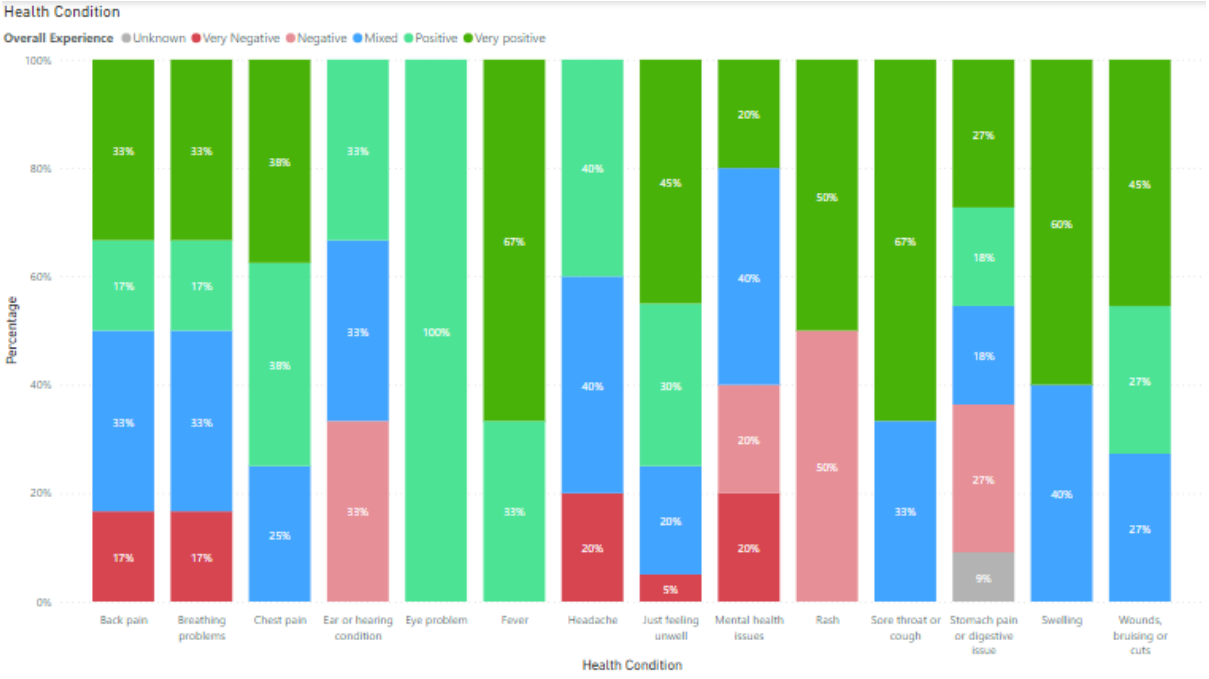




- Back pain and stomach pain had the highest levels of dissatisfaction. Just feeling unwell and those with wounds had highest level of satisfaction.

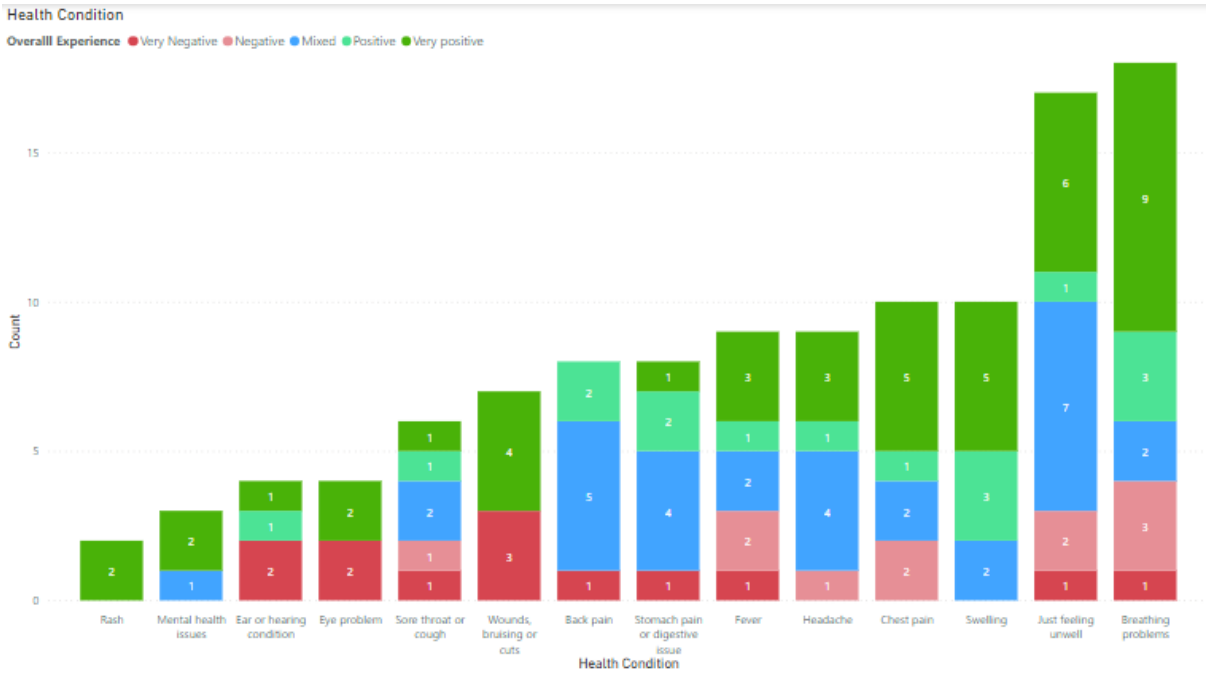
Primary Care North Croydon (N=76)

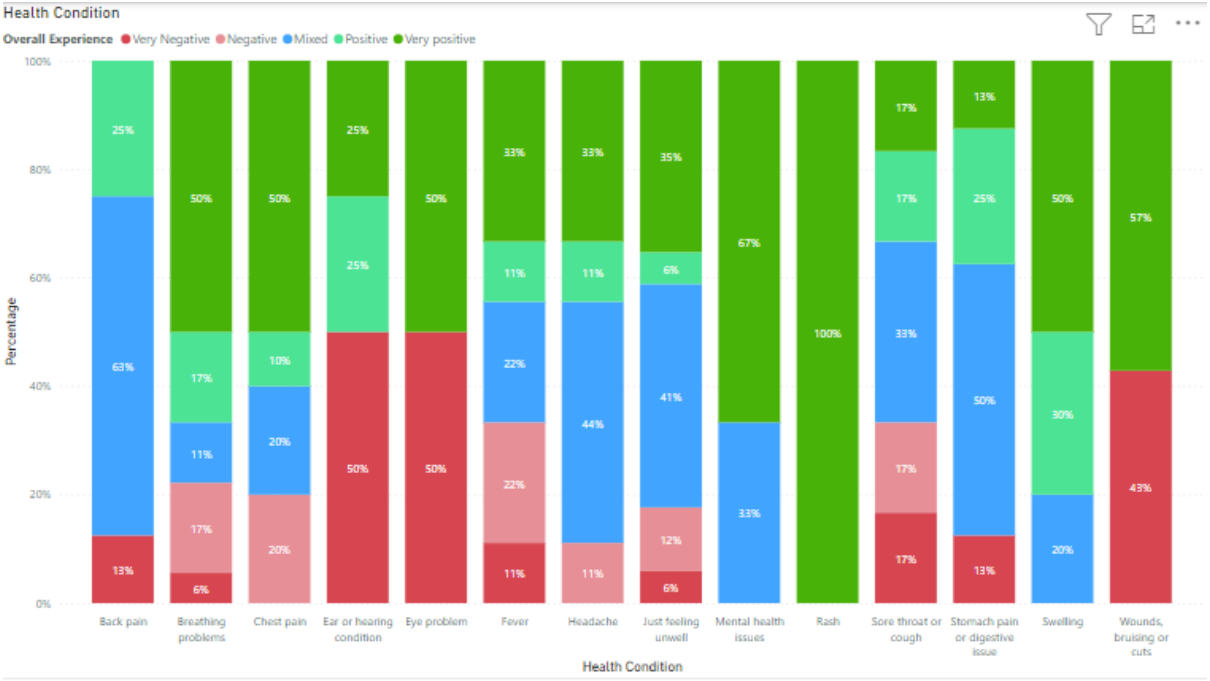




- Breathing problems had the highest level of dissatisfaction. Just feeling unwell and those with wounds had highest level of satisfaction.

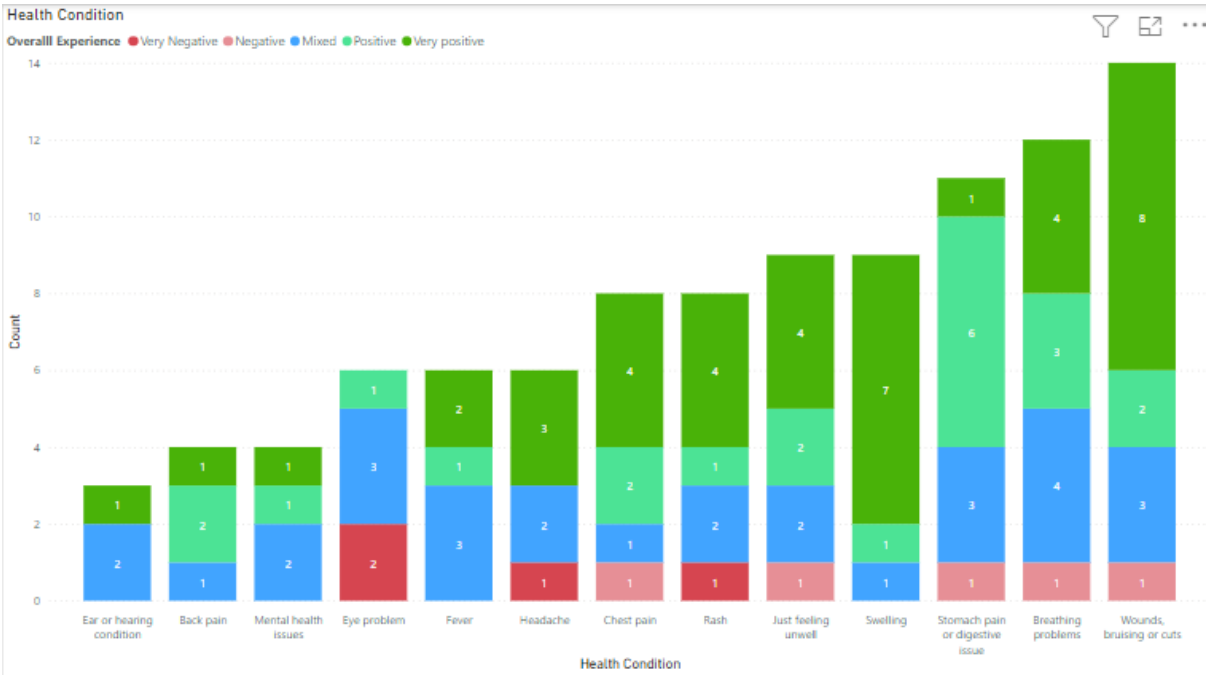
SELNASH (N=96)

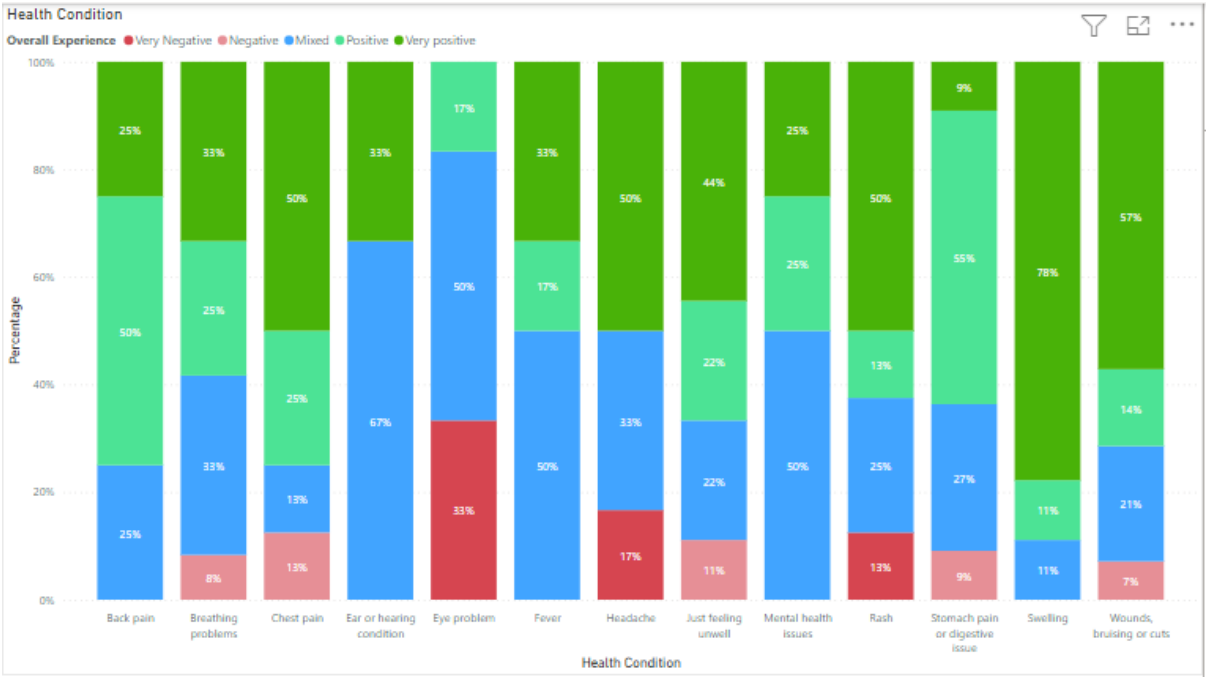




- There was a higher level of dissatisfaction here. Wounds and breathing were the highest levels. Swelling had highest level of satisfaction.

SPC Primary Health Care Network (N=85)





- There was a lower level of dissatisfaction here – mainly eye problems. Swelling and fever had highest level of satisfaction.

4 Statement and action plan

Paul Cooper, Programme Manager - Urgent and Emergency Care for Croydon, South West London Integrated Care Partnership:

"There are five recommendations arising from the Healthwatch report.

"It is very interesting to note that patients who contacted their GP or 111 had a lower number of touchpoints before they were treated. This information can be used to demonstrate that efforts to highlight those two primary access routes in communications and pr initiatives are well founded in evidence.

"Plans to provide a hub at the trust site over winter is supported by the first recommendation to integrate the GP hubs more fully into the urgent care pathway. Providing an onsite route to the hubs from ED means that patients whose option would have been travel to a hub site further away will no longer have any travel to access the service. Work is ongoing at a regional and national level to integrate pharmacy into the 111 pathways and there are ongoing communications initiatives to support the message that often a pharmacist can provide the care needed.

"The second recommendation is aligned to the development of NHS 111 and will be fed back to commissioners at a regional level. 111 is currently facing issues mirrored across much of the health and care sector such as recruitment and retention challenges, however, the recommendation demonstrates that 111 is supported by patients - which is encouraging.

"Further interrogation of the data and potentially further research to understand the cause of the disparity in experience of different groups (as defined by protected characteristics) and other factors may be required. Where there is clear evidence of a disparity providers will be supported to undertake their own research to understand why.

“The survey revealed that patients were not aware of the difference between a GP and a GP hub and there is work ongoing to ensure that the difference between services is in the name. This is an issue not only locally but throughout the NHS for example a variety of services are referred to as hubs. We need to get better at naming services something relatable to their patients.

“The survey was designed and facilitated in partnership with the Croydon Urgent and Emergency team who continue to work closely with Gordon at Healthwatch to interrogate and understand the findings.

“The analysis and subsequent report is the result of fantastic work carried out by Healthwatch Croydon.”

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right questions?** Yes, Healthwatch Croydon reviewed other work and discussed with key stakeholders to ask questions that would be relevant to planning and delivery of this service.
2. **Has consideration been given to how the findings will be used?** This will be shared with local stakeholders such as commissioners and public health to influence future planning and service delivery
3. **Is the research design appropriate for the question being asked?** Yes, under the circumstances an online survey was consider the appropriate method.
4. **Has any potential bias been addressed?** Online surveys are sometimes completed by some ages and genders and ethnic groups for than others, and this is true in this case, but these limitations have been detailed in the report.
5. **Have ethical considerations been assessed and addressed appropriately?** There were no significant ethical considerations with this survey.
6. **Has risk been assessed where relevant and does it include?**
    a. **Risk to well-being** No significant risk.
    b. **Reputational risk** Only in that we do not produce accurate results or do not deliver work in time to be effective.
    c. **Legal risk:** No significant risk.
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, staff time was used effectively. We also worked with NHS partners to shape this.
8. **Where relevant have all contractual and funding arrangements been adhered to?** This work was core work agreed by the Local Leadership Board, so no contract or funding was defined for this work.

Data Management

9. **Is the collection, analysis and management of data clearly articulated within the research design?** Yes.
10. **Has data retention and security been addressed appropriately?** Yes, all responses are were received on CitizenLab and downloaded appropriately.
11. **Have the DPA/GDPR and FOIA been considered, and requirements met?** Yes.

Thinking about Research Subjects

12. **Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act** Not relevant for this project
13. **Has appropriate care and consideration been given to the dignity, rights, and safety of participants?** All responses are received with anonymity.
14. **Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Yes, this was presented within the survey.

Collaborative Working

15. **Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement?** We worked closely with South West London NHS Clinical Commissioning Group who asked us to undertake this research to inform their decision-making. The project was shaped following discussions with them, and key protocols and policies were discussed and agreed.
16. **Have any potential issues or risks that could arise been mitigated?**

Risk	Level	Management
Not enough respondents.	Low	Continue promotion and time of the survey.
Information we receive not useful.	Low	Pre-test the survey and get feedback before launch. Review the survey to ensure we get the information we need
Timeliness of information.	Medium	Initially present early findings with a month of survey closing before submitting final draft later

17. **Has Healthwatch independence been maintained?** Yes, Healthwatch's independence has been always maintained and it was Healthwatch Croydon's decision to take this project on in response to a request from South West London Clinical Commissioning Group.

Quality Assurance

18. **Has a quality assurance process been incorporated into the design?** Yes.
19. **Has quality assurance occurred prior to publication?** Yes.
20. **Has peer review been undertaken?** Not relevant for this work.

Conflicts of Interest

21. **Have any conflicts of interest been accounted for?** There are no conflicts of interest.

Intellectual Property and Publication

22. **Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** This is owned by Healthwatch Croydon who are managed by Help and Care.

23. **Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website on 06.12.2022.

24. **Are the research findings clearly articulated and accurate?** To our best knowledge they are.

Evaluation and Impact

25. **Have recommendations been made for improving the service?** Yes.

26. **Has the service provider acted based upon the recommendations?** This report was fully accepted and is being used as part of the business case for Urgent and Emergency Care Transformation Plan for Croydon. A response to recommendations is shown above.

27. **Is there a plan in place to evaluate the changes made by the service provider?** Yes, Healthwatch Croydon is in continued conversations with the Urgent and Emergency Care Transformation team to evaluate developments.

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LONDON BOROUGH OF CROYDON

REPORT:		**HEALTH AND SOCIAL CARE SUB-COMMITTEE**
DATE OF DECISION		**24th January 2023**
REPORT TITLE:		**WORK PROGRAMME 2022-23**
CORPORATE DIRECTOR / DIRECTOR:		**Stephen Lawrence-Orumwense, Director of Legal Services**
LEAD OFFICER:		**Simon Trevaskis, Senior Democratic Services & Governance Officer** **Email: simon.trevaskis@croydon.gov.uk** **Telephone: Extn:27207**
LEAD MEMBER:		**Cllr Sean Fitzsimons, Chair of Health and Social Care**
AUTHORITY TO TAKE DECISION:		The Health & Social Care Sub-Committee is able to review and suggest updates to its work programme.
KEY DECISION?	**No**	REASON: Not applicable
CONTAINS EXEMPT INFORMATION?	**No**	**Grounds for the exemption: Not Applicable**
WARDS AFFECTED:		**ALL**

1 SUMMARY OF REPORT

1.1 This agenda item details the Sub-Committee's work programme for the 2022/23 municipal year.

1.2 The Sub-Committee has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.

1.3 The Sub-Committee is able to propose changes to its work programme, but in line with Constitution, the final decision on any changes to any of the Committee/Sub-Committee work programmes rests with the Chairs & Vice-Chairs Group, following consultation with officers.

2 RECOMMENDATIONS

2.1 The Health and Social Care Sub-Committee is recommended:

1 Note the most recent version of its Work Programme, as presented in the report.

2 Consider whether there are any other items that should be provisionally added to the work programme as a result of the discussions held during the meeting.

3 REASONS FOR RECOMMENDATIONS

3.1 Regularly reviewing its work programme provides an opportunity for the Sub-Committee to ensure it is focussed on high priority issues affecting the services provided to residents.

2. WORK PROGRAMME

2.1 The proposed work programme is attached at Appendix 1.

2.2 Members are asked to note that the lines of enquiry for some items have yet to be confirmed and that there are opportunities to add further items to the work programme.

Additional Scrutiny Topics

2.3 Members of the Sub-Committee are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the time limitations at Committee meetings, it is suggested that no proposed agenda contain more than two items of substantive business in order to allow effective scrutiny of items already listed.

Participation in Scrutiny

2.4 Members of the Sub-Committee are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of agenda items. This may include Cabinet Members, Council or other public agency officers or representatives of relevant communities.

Appendices

APPENDIX 1: Work Programme 2022/23 for the Health & Social Care Sub-Committee**.**

Appendix 1

Health & Social Care Sub-Committee

The below table sets out the working version of the Health & Social Care Sub-Committee work programme.

Meeting Date	Item	Scope	Directorate & Lead Officer
24/01/23	Director of Public Health – Annual Report	To receive an overview of the Director of Public Health's Annual Report.	ACE Rachel Flowers
	Budget Deep Dive	To review in-depth budget areas identified as high risk as part of the scrutiny of the 2023-24 budget setting process.	Adults Annette McPartland
04/04/23	Redesign of Sexual & Reproductive Health Services	To provide input into the commissioning process for the community based sexual and reproductive health services in Croydon.	ACE Rachel Flowers
	Review of Mental Health Services	To be planned with the input of SLaM and council officers responsible for commissioning mental health services. To cover areas including • Use of restraint • Older people Mental health • Mental health transitions	Adults/CHS/CAMHS & SLAM

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