

Appendix I

Summary of the engagement activities and insights collected

Greenwich Covid-19 recovery and reset plan

Shape how health and care services recover in response to Greenwich Covid-19 recovery and reset draft plan (Sept 2020)

A. Greenwich Residents Public Online Survey Report

1. Introduction

This report has been informed by insight gathered through an online engagement survey where we asked local residents to respond to help shape how health and care services recover in response to the Greenwich Covid-19 recovery and reset draft plan.

It also contains an overview of the insights that we have collected from other engagement activities carried out by Healthier Greenwich Alliance partners.

2. Summary of the key survey feedback:

- Overall residents agreed that the eight priorities set out within the plan reflect and respond to Greenwich community and population needs. The eight priorities are: 1. Addressing Health Inequalities, 2. Improving Mental Health & Wellbeing, 3. Healthy Weight and Active Lives, 4. Start Well, 5. Prevention & Live Well, 6. Age Well, 7. Developing our Health & Care System, 8. Working with our communities to keep each other safe
- Joining up services and working together in a more integrated way was highly valued and survey respondents are very happy that services will continue working in this way
- Respondents stated that the 'Prevention and Live Well' priority should include wider health determinants such as housing, healthy eating and those experiencing discrimination. They also suggested that prevention and education programmes should be developed in schools, for parents, young people and within deprived communities.
- Reducing health inequalities and supporting more 'at risk' groups was identified as a priority by respondents
- Respondents stated that the neighbourhood care and support model is appropriate and will help meet community needs
- Developing a formal and cohesive model between the Community Hubs and services offered by the voluntary and community sector is essential for the success of neighbourhood care and support model
- Community development is important - empower and enable communities to develop their capacity to support their own

- Many survey respondents told us that they had a positive experience of accessing health and care services by telephone or online and they believe that this way to deliver services should continue as well as keeping all options available to access and receive services.
- Sharing of medical records between different health and care services is important for successful remote delivery of services
- The survey identified some groups at risk of not having access to health and care services if they are delivered remotely such as elderly people living alone, people with hearing loss, victims of domestic abuse, refugees, patients with chronic illnesses, etc

3. How the survey was promoted

The survey was promoted widely through different partner channels and audiences:

- Shared with over 200 Greenwich voluntary and community groups
- Published on SEL CCG website
- Published on Lewisham and Greenwich NHS Trust website
- Published on Healthwatch Greenwich website
- Social media channels (Facebook and Twitter): SELCCG (Greenwich), RBG, LGT, Oxleas and HW Greenwich)
- Video featuring Cllrs Danny Thorpe and Miranda Williams promoted by RBG and partners
- Sent to 10,000 local people in RBG residents' bulletin
- Shared with all General Practices within Greenwich, and GP Patient Participation Group chairs, and Primary Care Working Group
- Published for three consecutive weeks within METRO GAVS bulletin (over 700 subscribers)
- Emailed to public members at Oxleas NHS Foundation Trust and Lewisham and Greenwich NHS Trust
- Emailed to residents on the CCG engagement list

4. Greenwich Covid-19 recovery and reset plan – online survey findings

4.1. Our Recovery Plan Priorities

Q1. Are the areas included under the recovery plan priorities the right ones? (see page 4 of the executive summary) Is there anything we've missed out or things that you think shouldn't be there?

There was overall support for the plan with a high number of survey respondents agreeing that the priorities set out within the plan reflect the needs of the communities in Greenwich. Half of respondents made recommendations for other priorities to be included (see below).

Respondents were particularly positive on the emphasis of joined-up thinking and development of the plan.

Q1 Recommendations of additional priorities to be included within the plan

- The **Prevention and Live Well** priority should include wider health determinants such as housing (respiratory problems from damp/mould), eating and discrimination
- Restarting services that have been stopped during the Covid-19 pandemic. *'Most of the age-related elective surgery are vital to keep older people active and independent'*.
- Developing prevention programmes:
 - Community empowerment programmes - hygiene and health
 - Local community education and engagement prevention programmes such as: tackle obesity, air pollution, poor diet, etc.
 - Education programmes in schools
 - Healthy eating programmes for children
 - Healthy living and wellbeing
 - Live Well coaches programme
- Services support to care homes
- Enhancing primary care services and improving the connection between the patient and their GP
- Support the workforce with training and the development of enhanced management capacity
- Services in the community such as: physical activities in partnership with leisure centres, gardening and other creative and leisure activities
- End of life care services
- Diagnostic services

The survey respondents considered that the Covid-19 pandemic had a greater impact on patients from specific groups disproportionately affected. The responses recommended that the plan should include a focus on impacted communities aiming to reduce health inequalities and improve health and care outcomes for the following groups:

- Older people
- Black, Asian and Minority Ethnic (BAME)
- People with disabilities and mental health service users
- Young people
- People with hearing loss
- People affected by loneliness and isolation
- People from deprived communities

Patients with Long Term Health conditions such as diabetes **Q1. Respondents' Concerns**

9% of the responses did not agree that the priorities included within the plan are responding to health and care population needs and presented their recommendations and concerns regarding specific issues:

- The aims are too big and unachievable

- The plan is too ambitious. It was recommended to have fewer aims and a better targeted plan which could be realistically delivered.
- The issue of ease of access to services under Covid-19 is not fully addressed within the plan

4.2. Neighbourhood care and support

Q2. Page 5 of the executive summary outlines how we plan to deliver services through local neighbourhoods. In your view what would be the best model? Please also let us know if/how you would like to be involved in developing this.

Q2. Neighbourhood care and support background

The Community Hub was established as part of the emergency response to Covid-19 and was part of a wider community response through the Voluntary and Community Sector. Building on the success of the Community Hub and the lessons learned, we aim to develop new ways of working that better connect us all, including people, communities, organisations, local businesses, charities and community groups to improve support within local neighbourhoods.

Q2. Neighbourhood care and support survey findings

The residents responding to the survey agreed that the proposed neighbourhood care and support model is appropriate and will meet the needs of the community.

'Local neighbourhoods would be the best model', survey respondent.

Some respondents provided further details and recommendations to help with the implementation and the delivery of this model.

Q2. Respondents' recommendations and ideas for delivering services through local neighbourhoods

- Creating a set of clear policies to enable the model to function
- Involve Neighbourhood Watch
- The community hubs should be centred around local General Practices but with resources to make sure care is joined up across agencies
- Develop a map of the area and services available
- Communicate with residents about the PCNs, Community Hubs and services provided
- The development of the care model should have clinical input
- Working more closely with the local community and grass roots voluntary groups
- Have a more formal and cohesive model between the Community Hub and those services being offered by the voluntary and community sector
- Create facilities such as crèches to make accessible live well options to mothers of younger children
- Offer services through local agencies as they are more trusted
- Ensure that local people are involved and representative for each area

- Make the hubs accessible for disabled people
- Pre-parenting classes to help develop parenting skills
- A local neighbourhoods' involvement is important as long as a wider overview is maintained
- Ensure that local neighbourhoods are properly structured and funded with clear guidelines on areas of responsibility
- Involve experts in the implementation as well as listen to communities and patients and find out what they need
- Good and regular communications, e.g. newsletters, emails, etc.
- Focus on mental health, well-being and healthy weight
- Community development - enable communities to develop their capacity to support their own
- The best model going forward is to have a core of trained staff at the Hub to help vulnerable people as one cannot always rely on the kindness of volunteers
- Create new hub services, e.g. shopping service, helping people get to appointments
- More support available for carers through Carers Centre
- Developing a Community Hub in areas such as Plumstead

Q2. Respondents' Concerns

- *'I find it difficult to access health services due to geography and disparity of services.'* More polyclinics or health hubs in key areas would be helpful
- *'My concern is the purpose of building the community hub, the cost and whether it will affect grant funding to smaller organisations. The Hub is currently unrepresentative and was recently criticised on a BAME forum meeting for failing to meet the needs of BAME's.'*

4.3. Access to services remotely

Q3 A lot of services have been delivered by telephone or online during the last few months. What's your experience and does this affect how you'd like to access some services in future?

Q3. Access to services remotely background

Prior to Covid-19 we knew that access to services was the key health and social care issue for our residents. There was some support for digital appointments as long as these improved communications and did not completely replace face to face interactions.

A lot of services have been delivered by telephone or online during the last few months. The feedback we've received so far (locally and across London) is that there are many benefits to this. For example, patients using mental health services have been able to involve relatives who live in other areas in their treatment. People have been positive about having an appointment with their GP in their own home without having to travel to the surgery. People are also generally positive about outpatient follow up appointments by video or telephone as they don't have to drive or find and pay for parking or travel by public transport. Many children and young people have expressed

positive feedback about digital appointments and services have been able to engage better with some young people.

Q3. Access to services remotely survey findings

Many respondents of the survey told us that they had a positive experience of accessing health and care services by telephone or online and they believe that this way to deliver services should continue. The majority of respondents agreed that the health and care services should keep all options available to access and receive services.

The responses highlighted some ideas to be taken into consideration for the future and some concerns related with different groups who experience greater health inequalities, e.g. people with hearing impairments, older people, etc. as well as those who have been at risk of not being able to access the services if they were delivered remotely.

The responses highlighted some of the benefits and positive aspects of accessing health and care services by telephone or online. Respondents told us:

- *'I liked it better because I felt more in control of the situation and did not feel as nervy'*
- *'Very good, it has been a life saver for me'*
- It was easy to get repeat prescriptions by telephone
- The remote service was very useful during the pandemic to avoid risk of infection
- The remote service is useful as a backup/preliminary method
- *'For some people, the stress of having to leave home or travel for an appointment is reduced and they may feel better able to discuss personal issues when in their homes'*
- *'Working in health care I have found that we have used our services differently with the support of technology'*
- *'I accessed CAMHS remotely and that has worked well'*
- *'It is a good idea where appropriate. Helpful if you are sick, vulnerable or disabled not to always go to the GP or hospital.'*

Q3. Recommendations to improve access to services remotely

The respondents identified recommendations to help to improve telephone or online services and make them accessible to Greenwich residents:

- Keep all options available
- More information available about remote services and how to access them
- Initial triage available and follow up as appropriate
- Sharing of medical records between different services
- Updating medical records for patients after each intervention
- If it is a serious issue, to be followed up with a face to face appointment
- Voluntary sector organisations could help patients to access technology such as phone, English classes, information
- Certain services like Physiotherapy should be on a dedicated video conferencing system like Skype or MS Teams etc.

- Better joined up services between GPs and hospitals, improved referral process
- Technology education programmes for some patients to be able to access services via digital technology
- Urgent care needs to be able to have access to hospital result system
- Both parties, patient, and the clinic act responsibly and ensure that the patient are fully able to use online consultation
- For some specialities such as physiotherapy the initial consultation must be in person otherwise the clinician cannot make a baseline assessment and check that the patient can perform exercises correctly
- Good measures to be in place to minimise the risk of missing serious conditions through not having a face to face appointment

The responses highlighted that appointments by video or telephone are not always the best option. Sometimes the clinician needs to be in the same room as the patient. Also, some people do not have access to digital devices or the internet.

The survey identified some groups at risk of not having access to health and care services if they are delivered remotely:

- Elderly people living alone
- People with hearing loss
- Women victims of domestic abuse
- Refugees
- People not speaking English
- People with ASD Spectrum – difficulties to communicate due to cognitive issues
- Patients with stroke
- Patients with chronic illnesses

Q3. Respondents' Concerns

- *'My phone can only use webex and Microsoft team because of low sim card memory'*
- *'Hearing loss telephone consultations do worry me - accents can make this even more difficult'*
- *'Nothing can replace face to face if at all possible. Telephone is unhelpful for people with specific health issues e.g. orthopaedic'*
- Long waiting time to get a telephone or online consultation
- *'Face to face facilitate direct contact with a real person, online or by phone is far too impersonal and distant'*
- *'I had difficulties because of poor connection and not understanding medical terms'*
- Remote access *'not acceptable when feeling really ill, when talking to consultants in the early stages of referral to them, and the initial discussion of very personal problems'*
- Concerns about remote diagnosis
- GP receptionist carrying out the initial triage as they are not trained medical professionals
- *'Patients are not clinical and do not always have the words to explain the injury or the knowledge to understand how much to bend or how much to push through the pain instead of adding more injuries'*

B. Patients experience of Covid-19 pandemic lockdown and accessing General Practice services - survey findings report

This survey provides insights into patients' experiences of General Practice (GP) during the period of Covid-19 pandemic lockdown and outlines residents' views on how General Practices could deliver their services.

The survey ran from July to September 2020 and was promoted through different channels with support from the primary care team: GP practices websites, Patients Participation Groups and direct emails to patients.

1. Summary of findings

This is a report of responses to the primary care patient experience survey. It focuses on:

- the impact of the Covid-19 Pandemic and lockdown on patients' lives
- patients' needs of accessing primary care services or other health and care services
- patients' views regarding different new ways of working by GP practices introduced in response to the Covid-19 pandemic
- priorities for improvement

The majority of respondents felt that the new ways of working by GP practices is positive. However, they identified some issues around communication with patients, waiting times for booking an appointment and difficulty to speak directly with a doctor.

The areas for improvement identified are: interactions between primary care and other parts of the health sector, the flow of information between primary care and hospitals and follow ups with patients.

In total, 148 responses were received from patients in 13 different GP practices across borough of Greenwich and 88% of responses were from patients registered with Abbey Wood Surgery.

The survey enabled insights from a diverse groups of residents including residents living with long term health conditions. Over 60% of the respondents identified themselves as affected or living with a long-term health condition. 22% of the respondents said that they have been shielding during lockdown due to their health situation or living with someone who was shielded.

2. Overall experience of Covid-19 pandemic lockdown and accessing services

2.1. Covid-19 and lockdown impact on Greenwich residents' lives

One of the aims of the survey was to identify the impact of Covid-19 pandemic in people lives and how their health and wellbeing have been affected.

The survey respondents reported that their physical health was impacted by different reasons caused by lockdown and Covid-19 such as: doing less exercise (difficulties getting out to gyms, parks and open spaces), gaining weight, less sleep, feeling anxious and lonely.

A small number of survey respondents declared that the lockdown had a positive impact in their lives such as changes to their behaviours which helped them to improve their health e.g. eating healthier, smoking cessation, drinking less alcohol and improved sleep.

63% of survey respondents said that lockdown and Covid-19 did not impact their mental health and wellbeing.

23% of those who declared that their mental health and wellbeing was affected responded that they used self-management tools and self-help to feel better, e.g. carrying on with their own routine, continuing working, avoiding social media and news, keeping busy, meditation, exercising, speaking with friends and family. 7% of people completing the survey said that they successfully sought professional help. 7% of all respondents stated they wanted professional help but they did not know where to find it.

2.2. Access to General Practice services

Over half of the survey respondents stated that they found it easy to access their surgery's services and just 21% considered it difficult or very difficult to access the services.

Of the respondents who did not access GP services, 56% stated that they did not need the services. The respondents who wanted to access the GP services but did not stated as their reasons: not knowing that the GP practices are open (6%), not knowing that remote services are available (10%) and concerns about the Covid-19 situation and delayed contacting the GP practices (28%).

2.3. Experience using and communicating with General Practice services

The overall experience of using GP services during lockdown was rated by survey respondents as positive or average based on their feedback to the following:

- booking to speak with someone within the practice
- the choice offered to them of who I was able to speak to
- consulting through a phone call
- consulting through video
- consulting through online communication e.g. eConsult
- the use of text messaging useful
- how they received their prescription

A small percentage of respondents had negative feedback about the above methods of accessing GP services.

2.4. Accessing other health and care services

The survey respondents said that during lockdown they used alternative services to GP practices. The most used alternative services were: pharmacies (56%) and 111 Call services (29%).

2.5. Accessing GP services in the future

The survey showed that respondents agreed that the following services were positively rated and should continue in the future: booking appointments, online booking for prescriptions, phone consultations, online consultation and home visits. A very small number of respondents said that these services should stop.

Respondents recommended that GP services should ensure that remote services are accessible to everyone as well as face to face appointments for those who need it (e.g. those with no access to

technology or not speaking English, for a physical diagnosis, for serious illness to prevent risk of complications) and accessible online forms for people with Dyslexia.

The survey respondents made recommendations to improve services that GP practices should offer in the future:

- annual health checks and health reviews
- extended hours to call the practice for your repeat prescription
- regular information with patients regarding service offer
- an allocated doctor for each person
- appointments through the patient access online application
- access to face to face appointments if not access to technology
- diagnostic services within the practice (blood test, scan)
- choice of GP
- reminders for patients with long term conditions about regular checks
- help with healthy living support programmes
- access GP services by post
- improved waiting time for booking and for speaking with a GP

2.6. GP practices working together with other services

The survey responses showed that there is an overall support for GP practices to work and communicate better together with other services to meet the needs of residents.

The respondents highlighted the importance to improve the referral process between different health and care services. It was recommended that GP services are better linked with mental health provisions and community services.

2.7. Other recommendations

Additional recommendations and concerns

- Long waiting time to see a GP
- Keep the option to see a GP face to face
- Receiving repeat prescription for more than 1 month
- Issues of communicating with patients regarding what services are available, what are the changes to the service, opening times, what to expect when trying to book online, face coverings are mandatory within GP practices
- Flu vaccines and blood tests to be available at the GP surgery
- Option to book appointment by phone
- Improved communication to patients
- First contact with GP is through reception staff and there is concern of sharing confidential information regarding health
- GPs should contact patients by mobile and landline
- Not being able to speak with a doctor of my choice
- Not able to access my doctor
- Access to mental health services needs to restart 'my husband got bipolar and his health going up and down'

- Poor use of online service through NHS Application
- Not helpful when I had Covid-19 symptoms
- ‘Consultation over the phone is dangerous, there is risk of mis-diagnosis’
- Reception staff need to improve customer service and listen to patients
- Add more hours or staff to be able to support everyone
- Improve referral process to other services
- ‘I did not know the practice was open’

Additional comments about the GP practices

- ‘I was happy with my recent experience with my practice.’
- ‘My GP was very supportive and proactive during lock down’
- ‘Continue the good work and services’
- ‘Would like to say I think they did an amazing job in such a short timescale with an emergency situation in full swing’
- ‘Very helpful’
- ‘Very pleased with service with ongoing health problems.’
- ‘Excellent as always has been. They have coped very well and communication is great’
- ‘They act fast’
- ‘Excellent service’
- ‘Very satisfied’
- ‘The reception staff are brilliant’

We thank all the respondents for the very helpful feedback. The findings from this report will be used to inform the implementation of the Healthier Greenwich Alliance recovery and reset plan and to inform future plans for primary care services in Greenwich. Healthier Greenwich Alliance is committed to continue involving residents and patients in the implementation of the recovery and reset plan. 40% of respondents agreed that they would like to be involved in future plans.

C. Other engagement activities

Greenwich Covid-19 recovery and reset plan - Engaging with residents

Views expressed at a wide range of other engagement activities carried out by partners have been collated and are also being used to inform the delivery plans. These include:

Healthwatch Greenwich

Healthwatch have provided us with some excellent insights to people's experiences during the pandemic in their [What local residents are telling us](#) reports (April – August). Feedback has included general positivity around accessing appointments by telephone or video, while some have raised concerns that not everyone has the digital skills required or the access to digital devices. There was also confusion around whether to attend outpatient appointments, concerns around accessing transport, pharmacies and prescriptions.

Healthwatch also provided us with a report on [Care Homes – what relatives of Greenwich care home residents are telling us](#). This included praise for staff working with their loved ones and detailed concerns around staying safe, hospital discharge, and restarting visiting or virtual visiting and care plan reviews.

All partners from Healthier Greenwich Alliance participated in a Healthwatch hosted Black Lives Matter / BAME open listening digital event in July which highlighted the urgency to reduce inequalities in the borough. [Event summary](#) and [Joint response from health and care partners](#).

Also in July, Healthwatch Greenwich hosted a discussion with [Patient Participation Groups to hear how PPGs they may want to network around PCN footprints](#).

Healthwatch England

Healthwatch England have produced a number of useful reports including [The impact of Covid-19 in London](#).

Oxleas NHS Foundation Trust

Oxleas have been running surveys of patients who have accessed their Greenwich mental health services remotely.

- 15.2% found remote access rather than face to face meetings 'better for me'
- 65.9% found ... it 'OK'
- 18.8% found it 'worse for me'

Other benefits have been expressed including being able to involve relatives who live abroad in appointments.

Lewisham and Greenwich NHS Trust (LGT)

LGT are also completing a targeted survey of patients who have had a virtual appointment by video or telephone.

METRO GAVS

METRO GAVS surveyed the voluntary, community and faith sector in the Royal Borough of Greenwich to capture a snapshot of how the sector was responding to the COVID-19 outbreak. Conclusions included that the voluntary, community and faith sector in the borough has adapted with the majority of organisations and groups being able to continue the delivery of at least some of their services whilst protecting their staff, volunteers and service users from acquiring COVID-19.

Public Health

Royal Borough of Greenwich Public Health team have collated some useful insights including from GP Wellbeing calls, Active for health calls and Healthwise calls. Residents who were isolated placed real value on these calls. An Active for Health survey found that 68% of service users were less active during lockdown and 55% said they were not interested in live or recorded online classes.

The Stop Smoking service reported positive feedback from residents that they were able to continue to access support by telephone and nicotine replacement treatment through the Community Hub. Smokers were often reporting concerns over their mental health and smoking more during lockdown.

Adult Social Care

Royal Borough of Greenwich Adult Social Care team have collated a number of useful insights of people's experience during the pandemic. This included feedback from deaf residents who expressed a preference to video meetings as opposed to a face to face meeting with a worker wearing a face mask as even transparent ones make lip reading difficult.

Children and Young People's services (CYP)

Royal Borough of Greenwich CYP team have collated useful feedback through formal participation groups such as Greenwich Young People's Council and Young Commissioners alongside discussions between individual practitioners and families. Themes have included:
Digital – many children and young people have been very positive around the use of digital technology and they have been able to better engage with some young people as a result. Feedback from families in positions where they have either limited data plans, shared devices or less private space at home has been that there is a need to find alternatives such as face to face or digital engagement when children are at school.

Mental health and wellbeing – while some children have fed back that they enjoyed being at home more when schools were closed, many experienced difficulties with limited social interaction with friends or increased family tensions.

Education – many children raised how they want to return to school with reassurances on how it will work. Feedback from those taking GCSEs and A-Levels or due to take them in 2021 that they are feeling a greater level of anxiety and disadvantage.

Special Educational Needs and Disability (SEND) - many parents/carers reported an increased level of concern for the health of their children during this period and worry in engaging with

activities that present an infection risk. Linked to this there has also been increased feedback about the additional stress of greater time spent together in the home and where this has led to increased tension.

D. Next Steps

A full communications and engagement plan will be developed with partners to support the implementation of the borough's recovery plans.

This will include:

- Reflecting on what we know from previous engagement work
- Understanding further what partners have learned from people's experiences of receiving care during the pandemic and the impact this has had on them
- Identifying gaps in knowledge and implementing plans to address this
- Considering how this intelligence will inform our recovery planning going forward
- Working collaboratively across partners in a coordinated way, using our collective engagement resources for the good of our residents

Given the disproportionate effect that Covid-19 has had on older people and those from BAME communities, on men, lower paid workers, people with long term conditions, people with learning disability and/or autism and people with mental health needs, etc. – we will be working with people from these communities and groups in particular.

This report and all other findings from engagement activities that we have carried out over the last few months will continue informing how recovery planning can address these issues, as well as supporting how people can help shape our plans.

Co-designing future health and wellbeing in Greenwich

We understand that this plan will only be successful if it reflects the experiences and priorities and ideas of all communities in Greenwich, working together to respond to the challenges ahead.

We will continue to work with Greenwich residents and communities to deliver these priorities. A big number of residents and community groups that have been involved and feedback on our draft plans agreed to be involved to co-design and co-deliver our priorities for better health and care outcomes for our residents and for building strong and empowered communities in Greenwich.

Healthier Greenwich Alliance and its members are keen for local residents to get involved in developing the details of the plan over the coming months. If you would like to get involved please get in touch with our Communications and Engagement team by emailing iuliana.dinu@nhs.net or calling 0203 0499042.