



Shoreditch Park and City Primary Care Network

Shoreditch Park Surgery, Southgate/Whiston Road Surgery, De Beauvoir Surgery,
The Hoxton Surgery, The Lawson Practice, The Neaman Practice (City)







July 2021 Engagement Project Report

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Shoreditch Park and City Primary Care Network
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Neaman Practice • Southgate Road/Whiston Road
Surgeries • Hoxton Surgery • Lawson Practice
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 **ShoreditchPCN**

www.healthwatchcityoflondon.org.uk
 **CoLHealthwatch**  **healthwatchcol**
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Introduction

Shoreditch Park and City Primary Care Network (PCN) is the collective name for our local GP practices who have come together to focus on local patient care. This includes Shoreditch Park Surgery, De Beauvoir Surgery, Neaman Practice, Southgate Road and Whiston Road Surgeries, Hoxton Surgery, and Lawson Practice.

At Shoreditch Park and City PCN, we strive to put our patients at the forefront of everything we do. This means working with patients to inform our priorities and the services that we offer. This is only the beginning of our journey working closely with our patients, however we endeavour to continue ensuring that their voices are continuously heard and acted on.

In collaboration with Healthwatch City of London (HWCOL) and Healthwatch Hackney (HWH), the PCN ran an online survey and ten focus groups to understand what is and is not working well, where the community would like us to focus and improve, and what services the community would like to see develop in the future. The project is funded through the PCN Resilience Programme.

Aims of the project

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



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Report summary

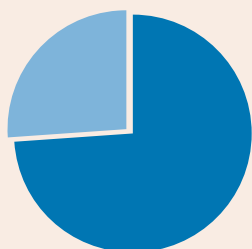
Residents were sent details of the online survey through leaflets delivered to households and text messages from GP surgeries. The survey was also accessible through the HWCOL and HWH website. We obtained a total of 1018 responses to questions on health services, accessibility, Covid-19, and health challenges and priorities. Ten focus groups were held, with a total attendance of 38 patients, including members of the Turkish-speaking, carer, and homeless communities.

Key survey findings

- 74% of respondents were satisfied with the health services they received in the last year.
 - Mental health services, physiotherapy, and health/wellbeing advisors are the services respondents most wanted to be made available in their respective GP surgeries.
 - The top five health priorities of community members, ranked in order of priority, are: childhood obesity, adult obesity, drug misuse, alcohol misuse, and smoking cessation.
 - 88.7% of respondents said they would be prepared to have a Covid-19 vaccination.
- of problems with the online booking system implemented during the Covid-19 pandemic.
 - Poor accessibility of health services to the elderly community and those with certain disabilities during the pandemic resulted from the online GP appointment booking process.
 - Individuals reported consulting pharmacists for medical advice with relative ease compared to their GP.
 - There were two main contributors to public apprehension in using health services: fear of contracting Covid-19 and fear of burdening the system with comparatively minor issues.
 - Almost all participants agreed that the Covid-19 pandemic and its consequences have taken a great mental toll on the community.
 - For non-English-speaking residents, the most identified problems referenced communicative barriers in various aspects of daily living.

Key focus group findings

- Most focus group attendees had positive experiences with the quality of service at Shoreditch Park and City PCN practices, but appointments are harder to access because



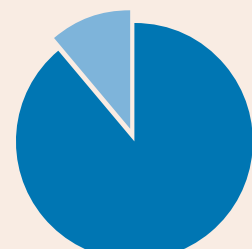
74% of respondents were satisfied with the health services they received in the last year

Top five health priorities

- childhood obesity
- adult obesity
- drug misuse
- alcohol misuse
- smoking cessation

Most wanted at GP surgeries

- Mental health services
- physiotherapy
- health/wellbeing advisors



88.7% of respondents were prepared to have a Covid-19 vaccination

Methods

Survey

Our online survey using Survey Monkey consisted of 28 questions formatted with a mixture of yes or no, multiple choice, and free-text questions, offering respondents the opportunity to expand on certain answers. We also asked questions about gender, sexual orientation, age, ethnicity, religion, refugee status, and disability in order to check that we were reaching a representative sample of the population. A leaflet promoting the survey was distributed to all households in the City and Shoreditch Park neighbourhood, and via text messages sent to residents from the GP practices. It was designed to be completed in approximately 20 minutes. We were concerned that some residents were digitally excluded and therefore provided a telephone support line for residents to complete the survey or ask questions. A total of 1018 individuals completed the survey.

Focus groups

Nine focus groups were held with a total attendance of 37 patients. We had six general focus groups, one with the Turkish community, one with carers, and one with the homeless community. A £20 shopping voucher was offered in return for their participation. The patients were able to choose from a selection of dates and times for the focus groups. Two members of Healthwatch staff were present during the sessions.



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Representativeness of demographics

The Shoreditch Park and City Neighbourhood has 55,264 GP registered residents (NHS Digital, 2016) and a population of 55,988 (ONS mid-year, 2016). Our survey had 1018 responses, which represents 1.8% of the GP registered population.

In April 2017, the age profile of the Shoreditch Park and City Neighbourhood showed that most residents are between the ages of 25–59. Most of our respondents are between 31–71 years of age, representing a slightly older demographic.

Figure 1 Comparison of City and Hackney and survey demographics: Ethnicity

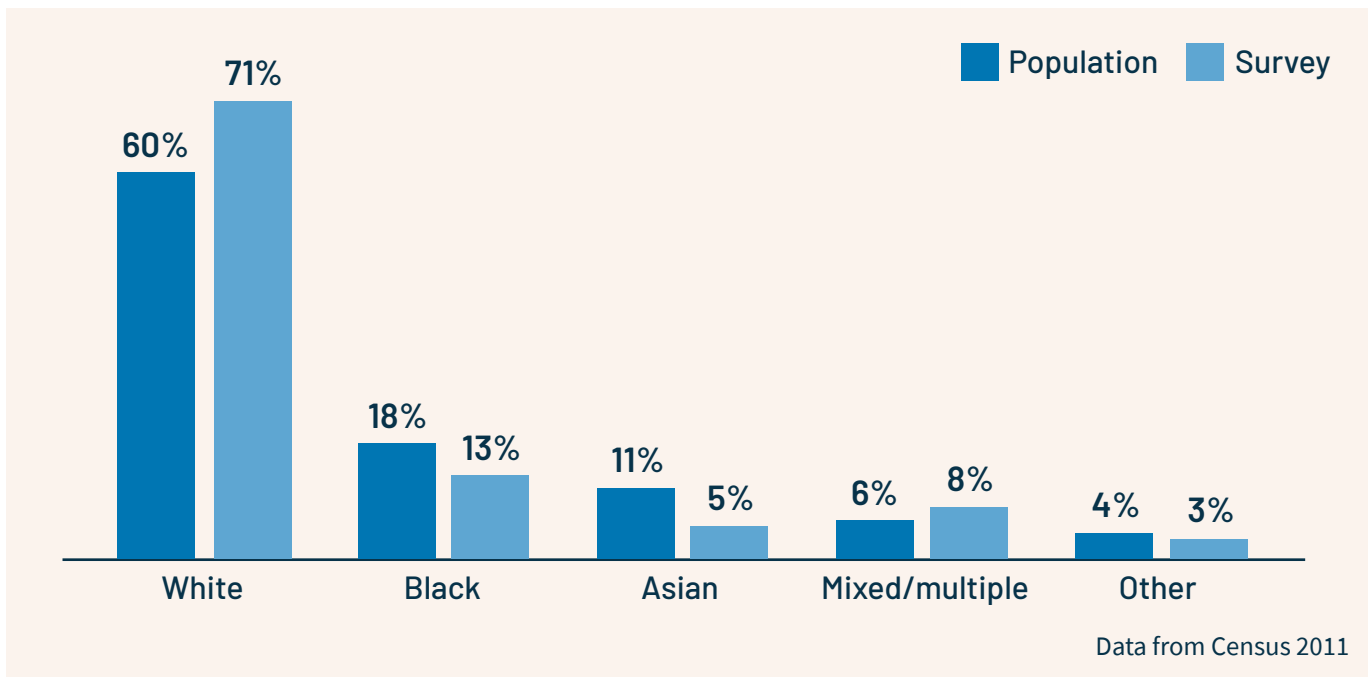


Figure 2 Comparison of City and Hackney and survey demographics: Area of residence

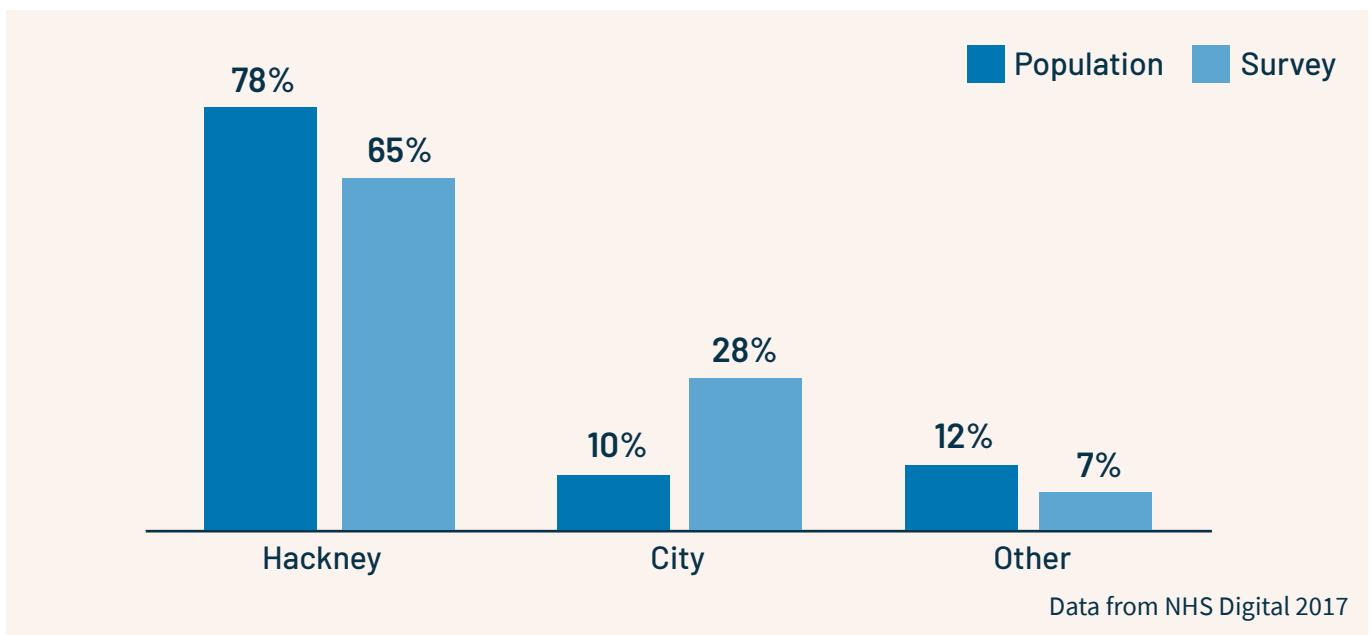
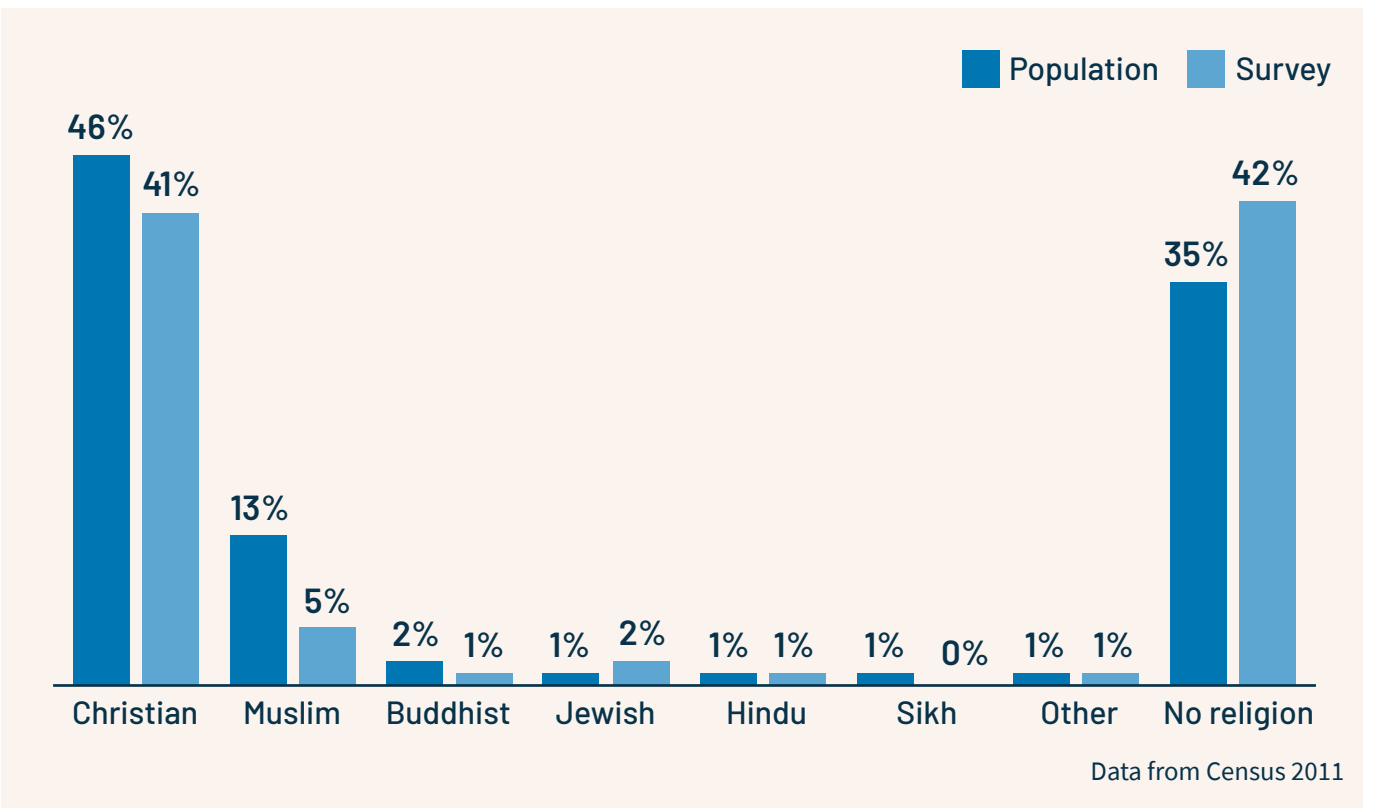




Figure 3 Comparison of City and Hackney and survey demographics: Religion



Survey data and results

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

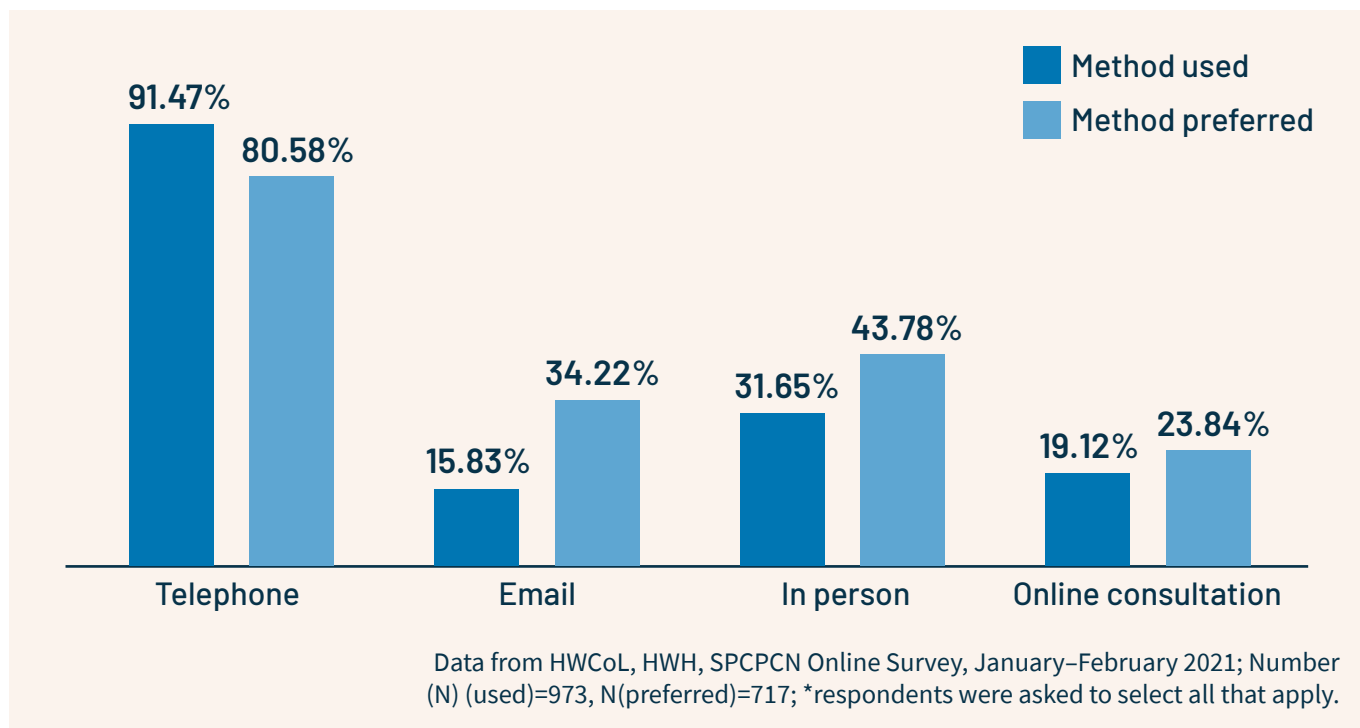


Figure 5 When you need advice of help with a health problem, how easy is it for you to speak to a health professional?

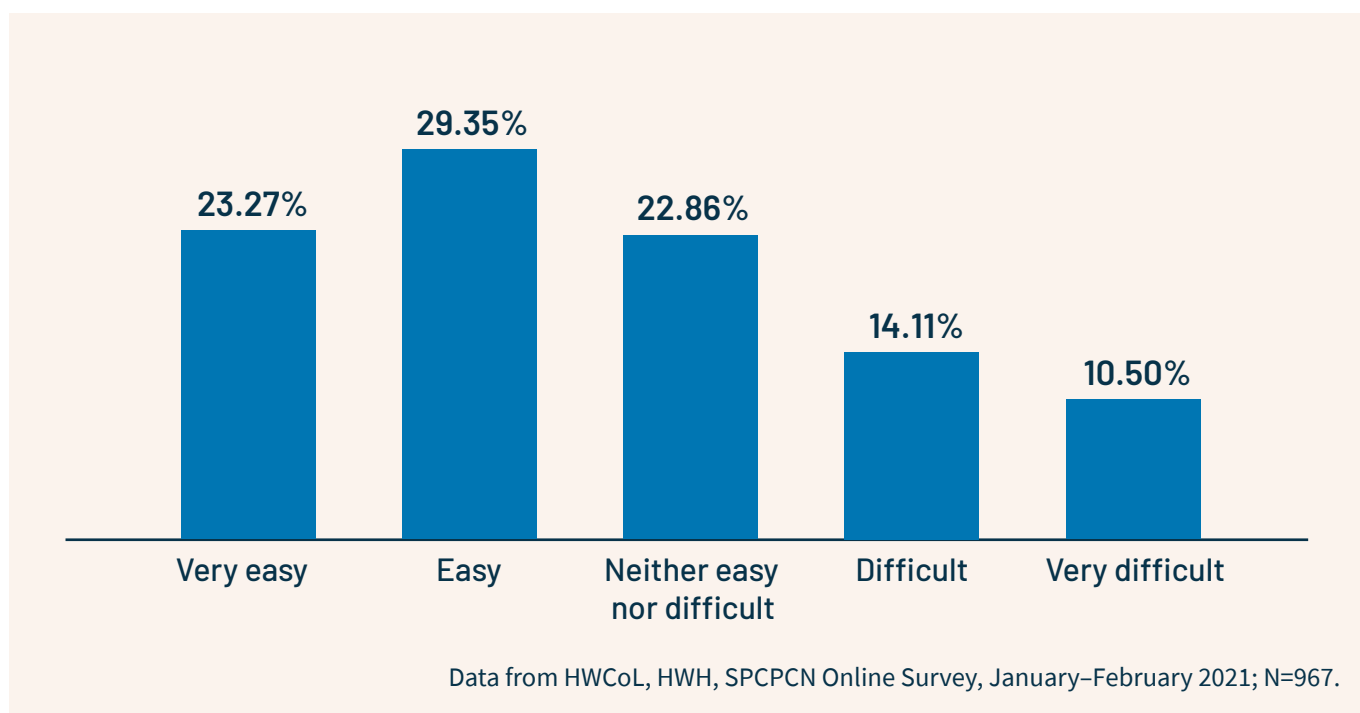
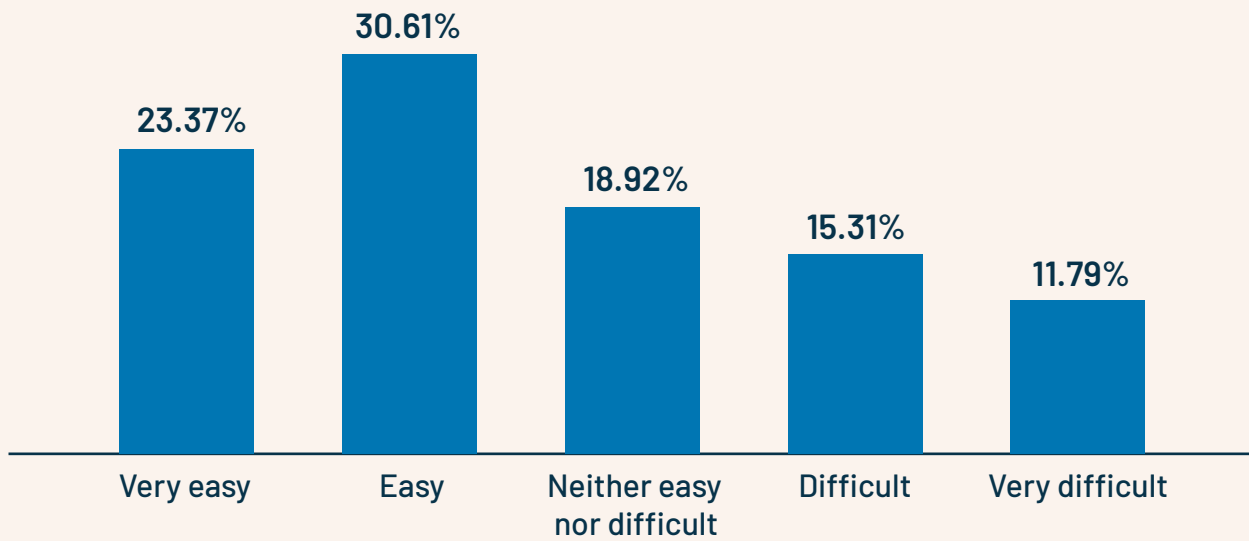


Figure 6 How easy is it for you to make an appointment at your GP practice?



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

Comments

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

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

“Have to call on the day and be lucky enough there is an appointment for a doctor to call you”

“Can only get same-day appointments. If you don't phone at 8am you won't get one”

“Requires a telephone call and I do not make these for mental illness reasons”

“Phone appointments have been easy to make”

“Recently with telephone consultations it has been much, much easier, and I have really appreciated that. Before this it was quite difficult to get seen. I'm thrilled with the service provided during the pandemic”

“I feel like everything is under resourced and therefore rushed, despite staffs' best efforts. I have to prioritise concerns and never cover everything, so truly holistic and pre-emptive care isn't possible”

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

To a great extent

“I felt like my wings have been clipped off as I had to stop my activities”

“I live alone, in a flat with no private outside space and the lockdown restrictions have had a negative mental impact, particularly the inability to go outside to sit and relax. Lack of exercise opportunities from gyms being shut has also not helped.”

“I lost my job; it has had a big impact on my mental health”

“My mum has not seen anyone for months and as she lives alone this has affected her very much”

Somewhat

“Loneliness, loss of weight due to lack of motivation to eat, lack of exercise, chronic mental illness with acute episodes that are disabling and disturb family and friends”

“I feel unable to check health issues that are affecting me and my family”

“Occasional anxiety, avoiding non-urgent health queries”

“I suffer from an anxiety disorder so in some ways my behaviours have been normalised but mental health support which is poor anyway is even worse”

Very little

“Exercising at home”

“Less fit as the gym is closed”

“Mental wellbeing affected at a low level but not where I need health professional support”

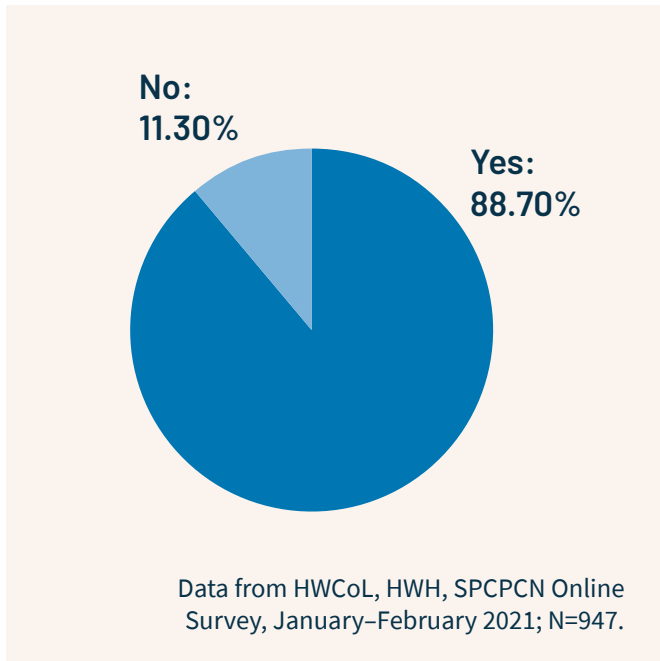
Not at all

“I am getting very bored, but otherwise fine”

“I live with my elderly parents who are self-isolating. Consequently, I am doing all the shopping. That and other circumstances mean that I’m cycling considerably more than I was before the pandemic and I cycled a fair amount then. In that sense the pandemic has actually had a positive affect on my health. Any negative effects are psychological but no more serious than missing my friends a great deal.”

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

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



Comments

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

“Unless you explain me what is inside the vaccine”

“My immune system support is very high”

“I’m not trusting of this new technology. No medical professional has suitably answered my questions on this. In fact, most seem to have not researched this and I include a close relative who is a consultant”

“Death rate stats & fear stream “news” pushing this agenda”

“Plan to get pregnant in next 3 months”

“I don’t have any symptoms at the moment”

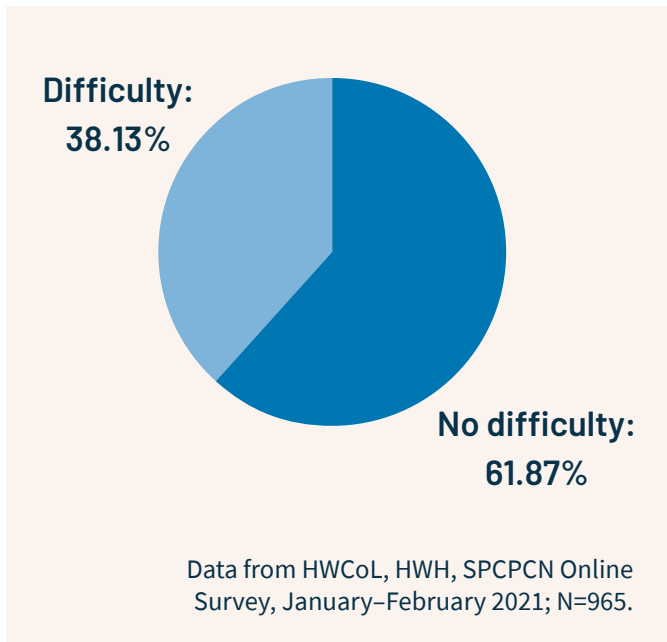
“First and foremost, I am against vaccines in general. In the case that I would consider one, this particular vaccine is not something I would want – too many risks and potential complications. Not enough information about how it works and how it works against new forming strains, and overall lack of information about what is actually in it. The immense pressure to take it from all avenues is slightly concerning considering there isn’t enough information circulating about its benefits and potential side effects.”

“I don’t want to suffer side effects of a relatively under researched vaccine”



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



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Comments

“I’ve had appointments cancelled. GP’s not returning my calls. Physio appointments not followed up”

“I’m not a phone person. I prefer eye to eye contact.”

“I couldn’t get through the phone line to fix an appointment. When I got through, I was asked to call within certain hours, during which was impossible to get through”

“Hospital appointments mostly cancelled. The GP’s do referrals and it’s rejected. No video appointment with GP. Can call at 8.15am to book. And if you have online access can get a generic appointment can’t choose the DR you want to see to keep history.”

“Doctor wanted to refer me for a scan, but no routine scans were being accepted on the system”

“Less personal contact”

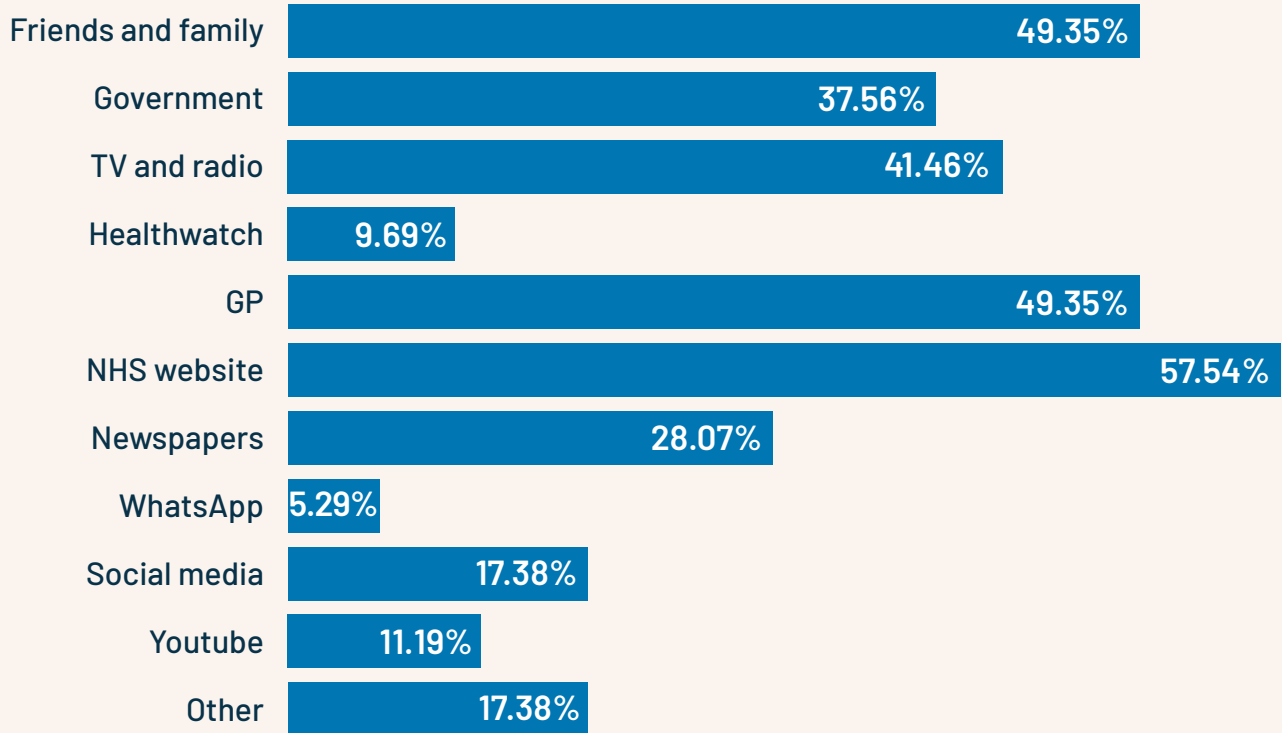
“Operations and appointments cancelled”

“My daughter was referred to a consultant. It took 3 months of tests before actually being able to meet her in person”

“I sent a request for mental health services in August which was first lost and after being contacted to replace details I have not heard since. My existing physiotherapy plan was cancelled after one session during the beginning of the pandemic which obviously constitutes an access issue. Additionally, I have felt that I do not want to add burden to strained services and correspondence from my practice has reaffirmed this.”

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

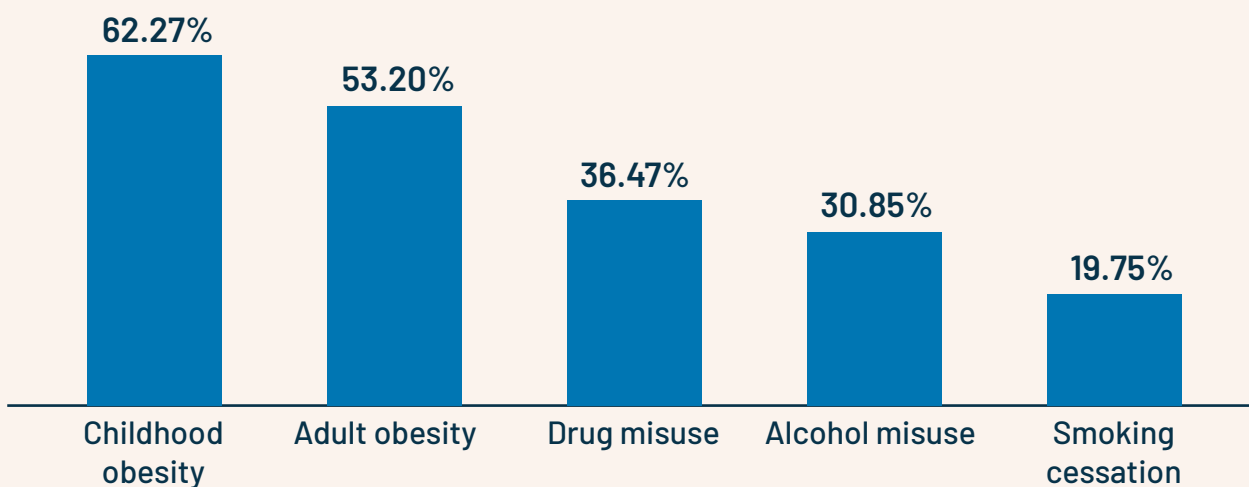
Figure 9 Where do you get your information about staying healthy? *



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

The NHS website is the most used source of health information at 58.1% of respondents (Figure 2), followed by the GP (49.7%), friends and family (49.1%), and TV and radio (41.2%). The least utilised sources are WhatsApp (5.3%), Healthwatch (9.8%), and YouTube (11.1%).

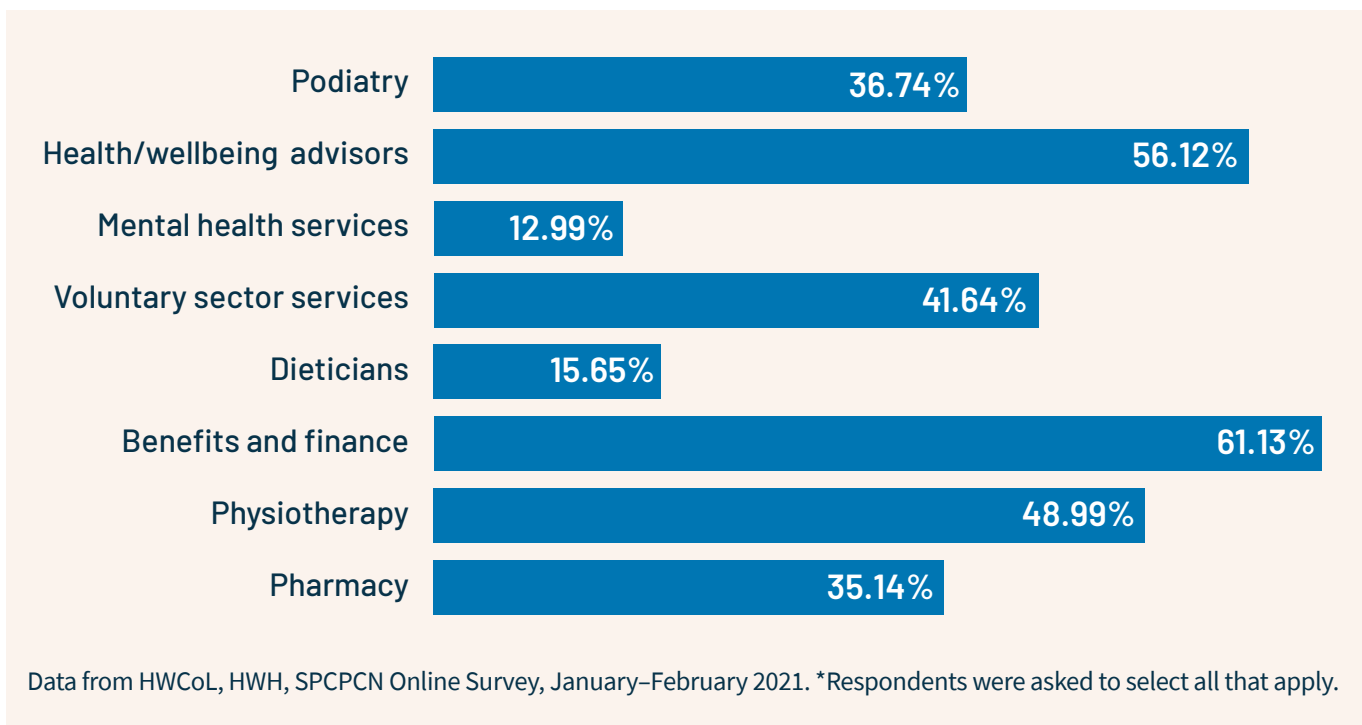
Figure 10 Which of the following health areas would you like us to prioritise? *



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

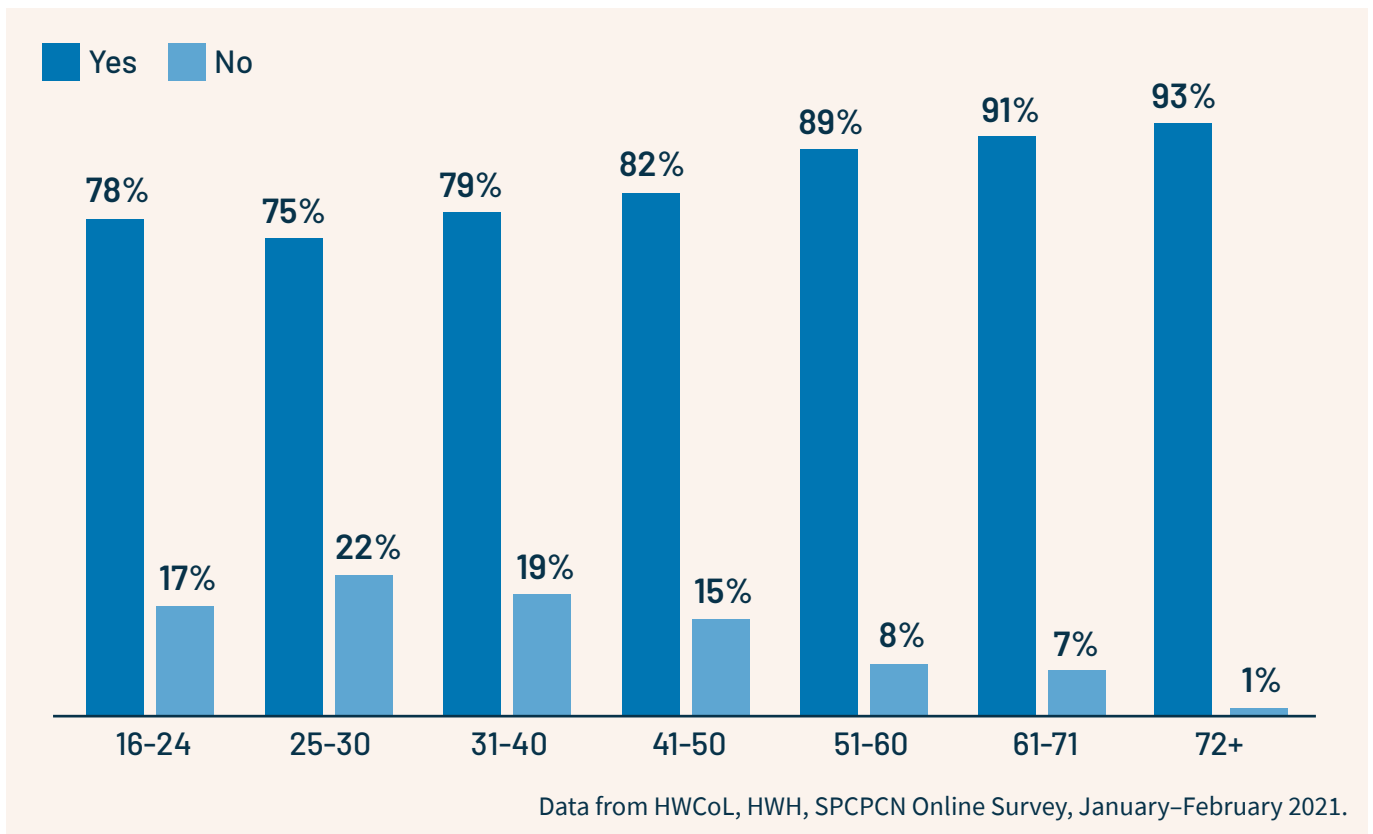


Figure 11 What services would you like to see in your GP surgery? *



Mental health services (61.1%), physiotherapy (56.2%), and health/wellbeing advisors (49.0%) are the services respondents most desired to see in their respective GP surgeries (Figure 13). Nevertheless, demand exists for dieticians (41.3%), pharmacies (36.8%) and podiatrists (34.7%).

Figure 12 Willingness to get Covid-19 vaccine by age



As a general trend, vaccine uptake is positively correlated to age. The 25-30 age group was the least likely to receive the vaccine at 74.6% (Figure 3), while the 72+ age group was most willing at 93.0%. It is important to note that an unspecified, yet small number of respondents who chose “No” did so because they had already been vaccinated.

Figure 13 Willingness to get Covid-19 vaccine by gender

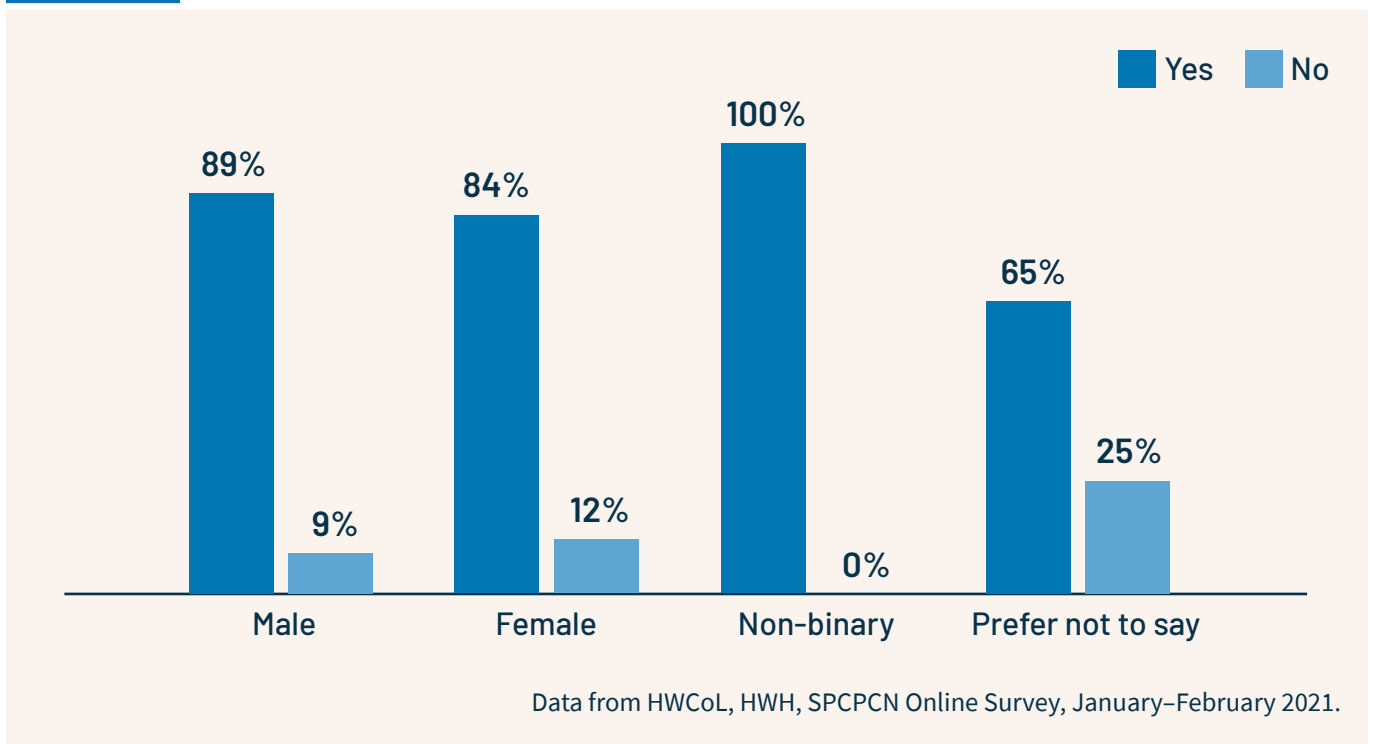
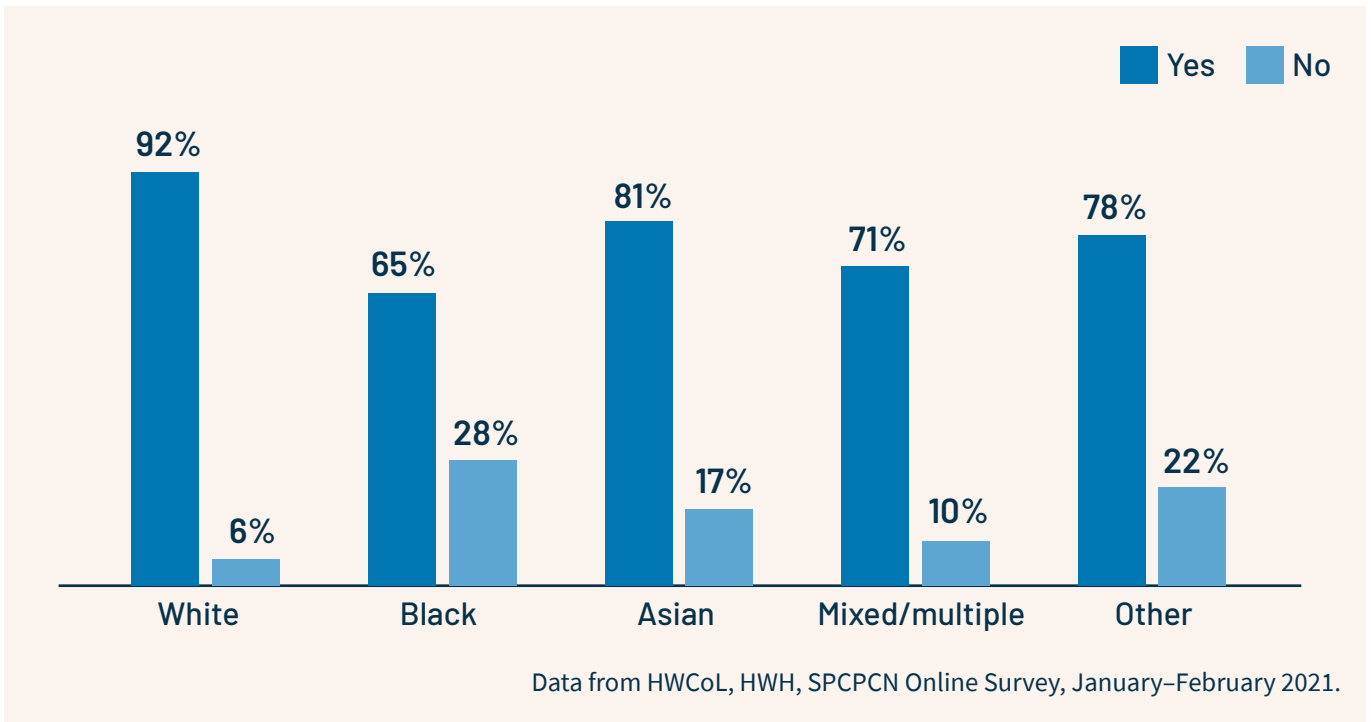
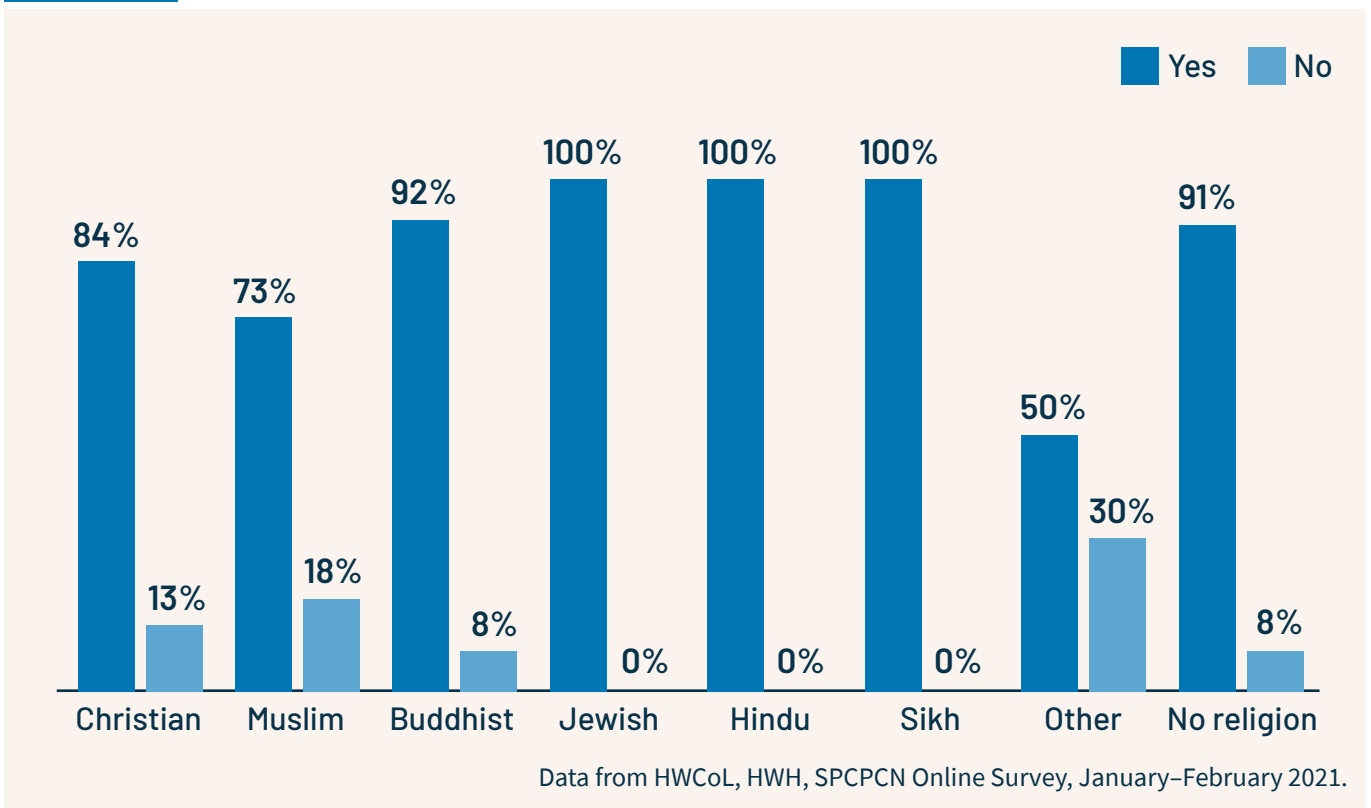


Figure 14 Willingness to get Covid-19 vaccine by ethnicity



In the ethnicity data, some sample sizes are small. Among the groups with larger sample sizes, black respondents had the lowest willingness to have the vaccine at 65%, while white respondents demonstrated the highest at 92%.

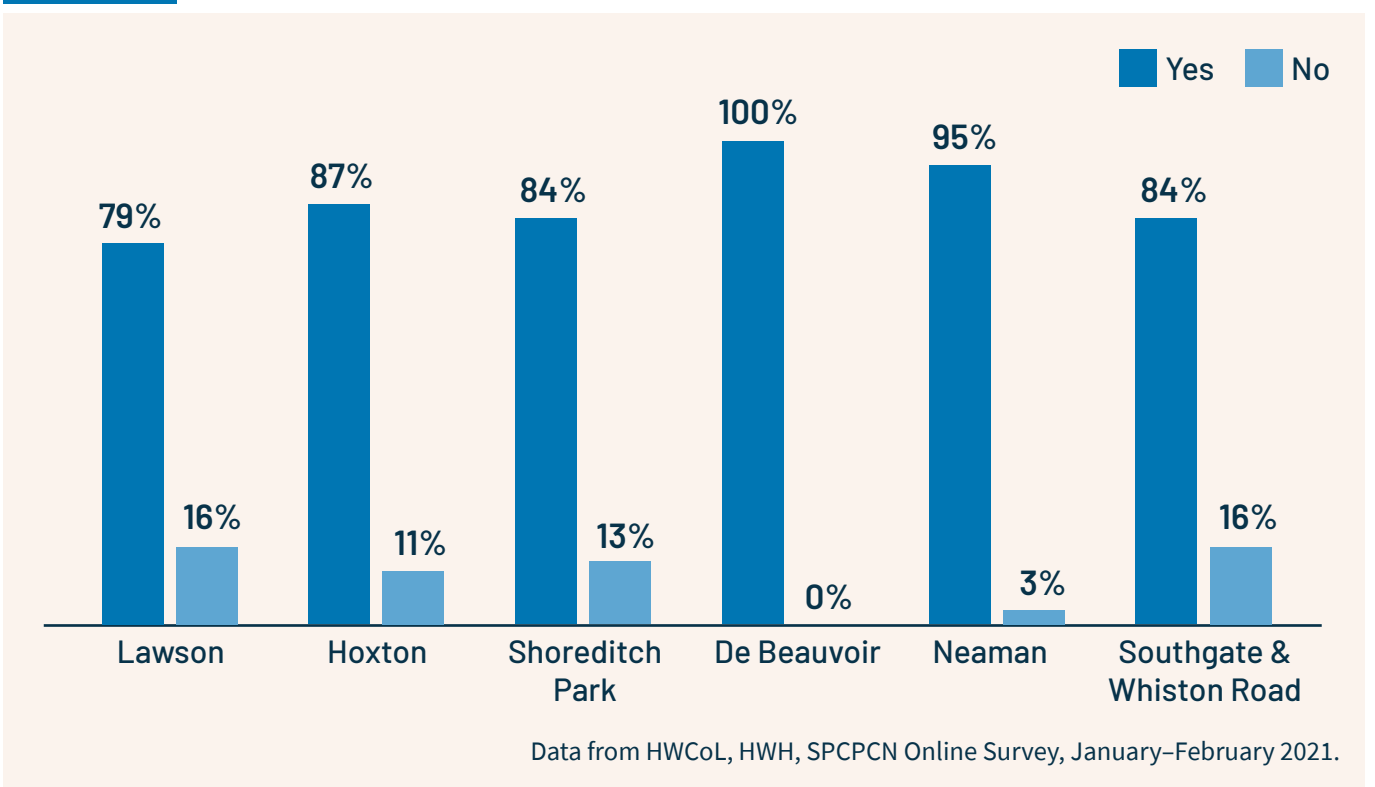
Figure 15 Willingness to get Covid-19 vaccine by religion



Jewish and Buddhist respondents, as well as respondents with no religion, recorded the highest willingness to be vaccinated 100.0%, 91.7%, and 90.9%, respectively (taking into account sample size; Figure 7). Muslim (73.3%) and Christian (84.1%) communities reported lower uptake rates.



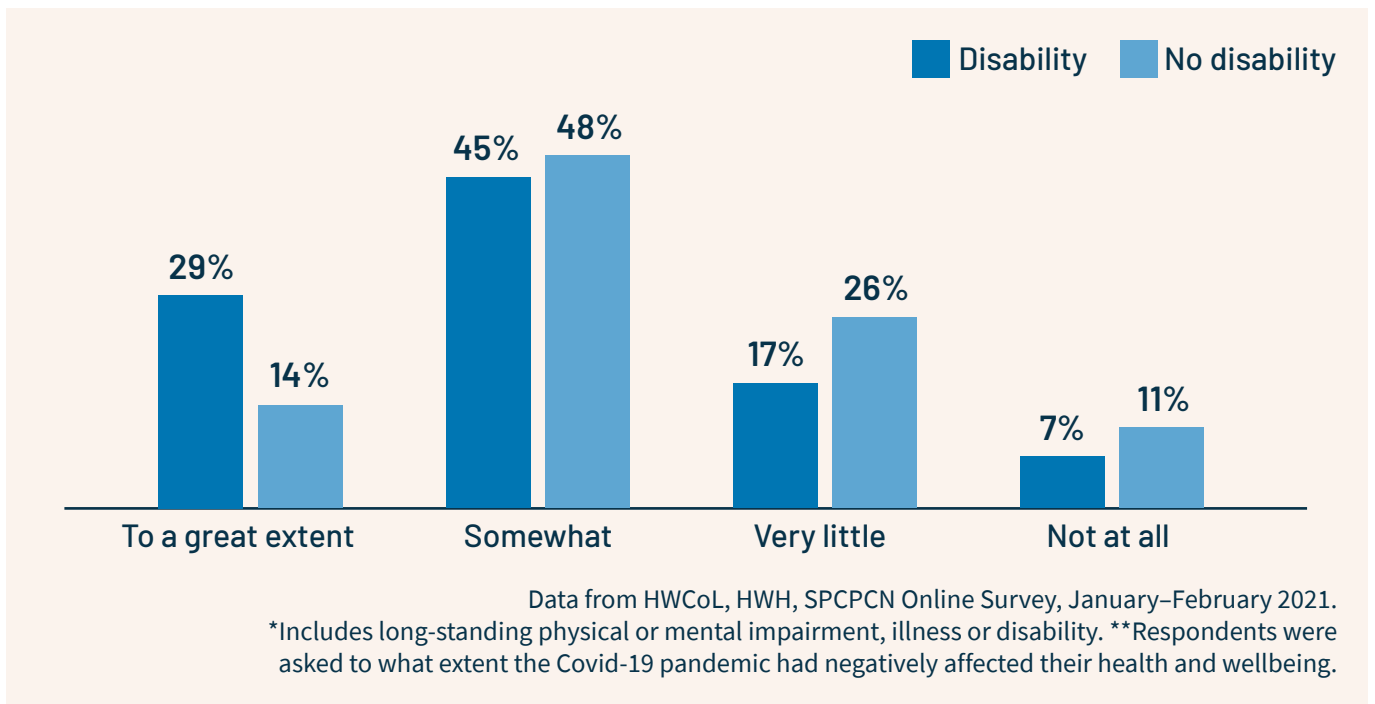
Figure 16 Willingness to get Covid-19 vaccine by GP surgery



Respondents registered with the Lawson Practice were the least willing to receive a Covid-19 vaccination at 79.4% (Figure 9). Although it does have a smaller sample size, De Beauvoir surgery displayed the highest vaccination willingness at 100.0%.

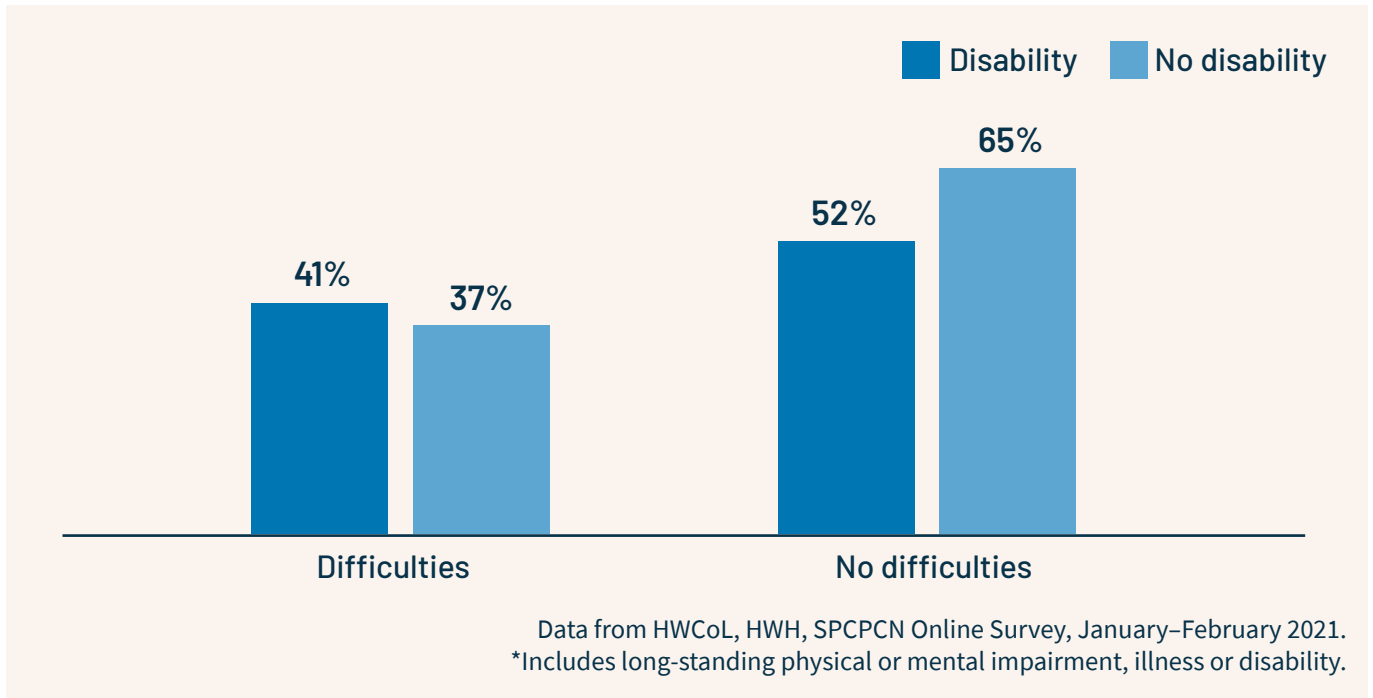


Figure 17 Health status*: To what extent has the Covid-19 pandemic negatively affected your health and wellbeing? **



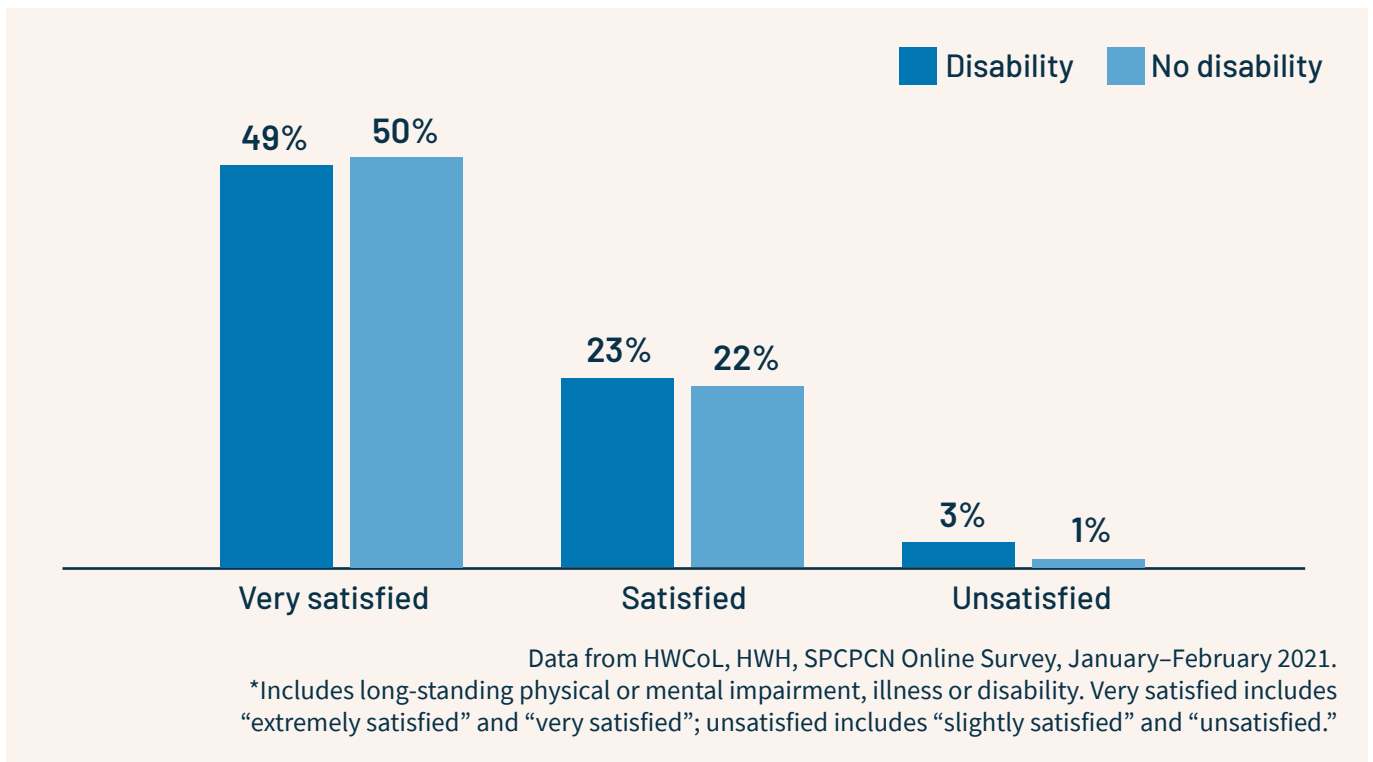
A greater proportion of respondents with disabilities* stated that the pandemic has had a significant effect on their health and wellbeing than those living without disabilities* (Figure 10). More respondents without disabilities* chose “very little” (26.1% compared to 16.1%) or “not at all” (10.8 compared to 6.6%).

Figure 18 Health status*: When you need advice or help with a health problem, how easy is it for you to speak to a health professional?



There is a 12.8% difference between disabled* respondents who cited having no difficulties (51.7%) in comparison to respondents without a disability* (64.5%) (Figure 11). However, the difference between categories is small with regards to having experienced accessibility difficulties (3.6%).

Figure 19 Health status*: How satisfied are you with the health services you have accessed in the last 12 months?



The variation in responses between those with and without a disability as it relates to satisfaction with health services during the pandemic is small (Figure 12), ranging from 0.8–1.5%.

Focus group data and results

1. Vulnerabilities of the elderly and minority communities

Concern was raised over the accessibility of health services for elderly and minority communities during the pandemic. Attendees highlighted that the elderly do not have easy access to the practices, mainly because of the emphasis on online booking of appointments. They felt that surgeries have not done an adequate job in making sure that their most vulnerable patients could book appointments and contact them easily. Participants were worried about the other aspects of health during the pandemic for example social isolation, access to food, routine health check appointments and regular medication exacerbated by the inability of carers to provide the usual support to their cared for by accessing support services.

Attention was drawn to vulnerabilities within minority communities and those who are housebound. One participant expressed general concern for minority communities, detailing how they are underrepresented in the discussions regarding community health. They wanted to know how the Shoreditch Park and City PCN, as well as Healthwatch, were addressing this issue, and described the importance of identifying barriers minority groups encounter when managing their health. Another attendee talked about the pandemic exacerbated existing difficulties for housebound individuals. The attendee was not confident that after care and home care services have been able to cope sufficiently during the pandemic and is worried about the impact on health. Concern was also raised over the long-term support of high-risk individuals who have shielded from Covid-19 or close contacts to high-risk individuals.

In the focus group involving members of the Turkish-speaking community, most of the identified problems referenced communicative barriers in various aspects of daily living. Attendees reported delays in booking appointments because of a shortage of interpreters in the system or being given appointments during times when interpreters were off duty. A participant talked about how, when accompanying their child to an appointment at the hospital, interpretation services were not offered because the child spoke English. This is inappropriate as the parent has a right to understand their child's diagnosis and treatment requirements. In situations where the parent cannot understand the doctor's examination of their child, it may prevent the parent from providing adequate care or fulfilling the treatment obligations that a child is unable to complete.

“ I am his parent and I need to get any information about him in clear language, so I know how to look after him ”

A shared sentiment in the Turkish-speaking group was that they have to fight for their treatment and to get further tests at the GP. Moreover, some participants had added stress regarding the health of relatives back home in Turkey and not being able to visit as usual contributed to pre-existing feelings of sadness during lockdown. The task of adequately supporting children completing school at home also contributed to stress.

2. Expanding role of chemists in delivering health services

Pharmacies were identified as a potential source of service expansion. Focus group attendees described how many had been consulting pharmacists for medical advice with relative ease compared to the GP. Participants reported that they “felt supported” and repeatedly referred to chemists as “helpful.” There were multiple suggestions to promote chemists as sources of medical information to help relieve some of the heavy burden on GPs.

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

3. Delaying and cancelling of health appointments

There were two main contributors to public apprehension in using health services: fear of contracting Covid-19 and fear of burdening the system with comparatively minor issues. Participants reported delaying to reach out for medical help and, at a later stage, cancelling appointments because they wanted to limit their contacts. One attendee said this had a negative impact on their health. Other attendees were worried about bothering GPs with issues that could perceivably be dealt with elsewhere and felt that others more desperately needed the assistance from healthcare professionals.

Another participant had their surgery cancelled and was still waiting to receive the new surgery date. While anticipating this rescheduling, their health condition has worsened to the extent of affecting their quality of life.



Spudgun67 CC: BY-SA 4.0

4. GP consultations are of good quality but harder to access during the Covid-19 pandemic

Overall, most focus group attendees had positive experiences with the quality of service at GP surgeries within the Shoreditch Park and City PCN. GPs were described as “supportive,” “helpful,” creating “a safe place to talk,” and “great.” Many cited that their respective GPs had been particularly helpful with looking after their emotional wellbeing and mental health during the pandemic. One participant was unsatisfied with having a telephone consultation, stating that no alternative means was offered, in spite of the doctor’s knowledge of their condition (the reason for seeking medical attention was unspecified).

A major concern for almost all attendees was the process of booking appointments with the GP. They relayed how securing an appointment was an issue, because of the difficulty getting through on the phonenumber. As a result, attendees stated they would rather seek advice from friends, family, neighbours, or the internet and only contact the GP as a last resort.

5. Mental health burdens during the Covid-19 pandemic

Almost all participants agreed that the Covid-19 pandemic and its consequences have taken a great mental toll on the community. Attendees cited fear of the virus, loss of loved ones, isolation, economic implications, and parenting children who have struggled to adapt as factors affecting their mental health. An attendee shared their experience losing three loved ones and not yet having “a moment to grieve.” They have struggled to understand the deaths and knows many others will be suffering from a similar “delayed” grief.

Attendees talked about how lockdown, and specifically the isolation from others, has had negative effects on their children. One participant observed changes in their young child’s behaviour and said they did not feel supported by the school when they talked to them. The parents felt alone in dealing with their child’s behaviour and did not know how to provide practical assistance. They also wanted help explaining the changes that were taking place related to the pandemic to their child in an easily understandable way.

Nevertheless, focus group participants expressed pride in the way their community has come together to support one another during the pandemic.

6. Health and service use of the homeless

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

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

Discussion

Sources of health information

It is encouraging to see that the NHS website and the GP are the two most used sources of health information, indicating that many community members have been able to identify and rely upon reputable sources (Figure 2). However, large portions of respondents continue to use friends and family, TV and radio, and newspapers as sources for health information. These resources are not inherently unreliable, but greater variation in reliability does exist. Further research into the specific sources of media individuals use, and how it has informed their opinion on health topics, would aid in developing a suitable strategy to tackle misinformation.

Vulnerabilities of the elderly and minority communities

It is imperative not only to consider the unique challenges vulnerable communities such as the elderly, minority groups, and the homeless face, but also to identify more specific demographics who are less visible and at high risk of health service exclusion – for example, children, housebound individuals, and unpaid carers. Often, they are overlooked and excluded from popular discourse surrounding vulnerable groups. An initiative that might help address this is the pilot Neighbourhoods Community Influencers project, delivered by Healthwatch Hackney working in partnership with Volunteer Centre Hackney's Our Place Hoxton project. Ten residents volunteered to gather insights from their friends, neighbours and family members about their local community and the things impacting their health and wellbeing. Although it has been challenging

carrying out engagement activities during the pandemic, there were some interesting findings from this work. For example, social isolation and concerns about the lack of physical activity were the top impacts of COVID-19 raised by people in Hoxton. The Shoreditch Park and City PCN must continue to be proactive in establishing relationships with members of these communities and create opportunities for their voices to be heard. Opportunities include through participation in the Shoreditch Park and City Neighbourhood Forum. Effective systems can then be put in place to ensure that the voices of all community members are heard.

Additionally, it may be beneficial to explore whether the difficulties Turkish focus group attendees expressed regarding interpretation services is commonplace amongst other linguistic groups.

Covid-19 vaccine uptake

88.7% of survey respondents stated that they would be willing to receive a Covid-19 vaccine. Demographic groups that reported vaccine uptake rates below this average (considering sample size) include: 16–50 year-olds; women; black African and black Caribbean ethnic groups; and Muslim and Christian respondents. GP surgeries should focus on implementing targeted approaches to tackling vaccine wariness within these communities. Respondents at the Lawson practice reported the lowest vaccine uptake rate in the Shoreditch Park and City PCN at 79.4%. Further exploration into reasons why this GP surgery has relatively low rates could yield demographic or geographic explanations that may be insightful.



Health priorities of community members

The top five health priorities of community members, in order, are as follows (Figure 10): childhood obesity (62.3%), adult obesity (53.2%), drug misuse (36.5%), alcohol misuse (30.9%), and smoking cessation (19.8%).

In the Shoreditch Park and City Neighbourhood, 40-50% of children in Year 6 (aged 10/11) are overweight or obese (NCMP 2013/14 – 2016/17). Additionally, over 40% of adults in the Shoreditch Park and City Neighbourhood are overweight or obese (CEG 2017). The proportion of patients in the Shoreditch Park and City Neighbourhood who have been assessed as substance misusers, or who were receiving drug addiction therapy is above the local average at approximately 1.2% (CEG 2017). About 1.4% of patients in the Shoreditch Park and City Neighbourhood have been assessed as high-risk drinkers, which is above the local average of about 0.7% (CEG 2017). Further, 24% of those over 20 years old in the Shoreditch Park and City Neighbourhood currently smoke, which is above the local average (CEG 2017).

Desired services in GP surgeries

Community members would most like to see mental health services, physiotherapy and health/wellbeing advisors and coaches in the GP surgeries (Figure 13). This could be indicative of an increase in demand for these services, a shortcoming in the current service delivery, or a lack of promotion of existing services. Identifying why these services are most desired would help in adopting the correct problem-solving approach and potentially save resources in the process. Notably, demand also exists for dieticians, pharmacies, and podiatrists, but to a lesser extent (Figure 13).

Recommendations

- The Shoreditch and Park PCN practices should **review** the systems used to book appointments to ensure that it is accessible for all patients, including for vulnerable individuals who may have difficulty using the current GP appointment booking systems, such as those with hearing loss, the visually impaired, or the elderly.
- **Provide** practice staff with additional training to manage the GP appointment booking systems with ease, efficiency, and clarity of communication.
- **Offer** methods of contacting the GP Surgeries other than via telephone, supporting patients' desire for more online access and face to face appointments.
- **Work** in coordination with Public Health on programmes to address child and adult obesity.
- **Evaluate** interpretation services in the GP surgeries, focusing on the accessibility of interpreters and their effect on the quality of healthcare delivery.
- **Work** with pharmacies as part of the Neighbourhood Teams in delivering health services and information.
- **Increase** interest in the Covid-19 vaccine by (1) sharing relevant medical information and statistics, (2) being open and perceptive to questions asked by skeptical patients, and (3) communicate with underrepresented communities to understand their disproportionate hesitations.
- **Provide** information on resources and services for parents whose children are experiencing negative mental health effects because of the Covid-19 pandemic.
- **Work** with the Community Navigator services to increase the amount of exercise and wellbeing advice available to residents.
- **Respond** to residents' desire for mental health services, physiotherapy clinics, and health/wellbeing advisers in the GP surgeries, as per respondent request.
- **Consider** how to better reach out to less visible and high-risk residents regarding their healthcare and wellbeing, such as children, housebound individuals, those with neurogenerative or mental disorders, unpaid carers, and the homeless.
- **Expand** the outreach of mental health services in the community, making more residents aware of services and enhancing accessibility to high-risk populations.
- Help **establish** more drop-in centres during the winter for the homeless as relief from harsh conditions, especially during times of lockdown.
- **Connect** with the homeless population to increase the use of and educate about using addiction-related services.

Appendix 1: Survey design and methodology

Quantitative method

Using an online survey, our quantitative study was designed to obtain general information regarding healthcare and wellness during the pandemic in the City of London and Hackney boroughs, and Shoreditch Park and City PCN. Survey Monkey was chosen as the online survey platform because of its user-friendly functions and free accessibility to the public. The survey was made available through our website, newsletters, and bulletins to maximise the number of responses and was made to be completed within approximately 20 minutes. If a participant had a question regarding the survey, a telephone number provided alongside the survey link could connect participants to a Healthwatch member of staff for advice. We had a total of 1018 individuals complete the survey.

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

To execute the quantitative analysis, raw data from the survey was transferred into an Excel document; cross-tabulation table analyses were conducted between the topical question statistics and demographic statistics to identify trends within certain demographic groups. Pie charts

and graphs were created to display the discrete categories of univariate statistics visually and simplistically, while frequency tables were used where the number of categories was too large to feasibly fit in a graphic.

Qualitative method

Focus group participants were sampled from our online survey respondents through an expression of interest. A £20 shopping voucher was used to incentivise participation. Once the data of willing individuals had been collected, focus groups were organised. Participants were able to choose from a selection of dates and times for their convenience. A total of 22 individuals participated, with group sizing ranging from 2 to 10 members of the community; 2 members of Healthwatch staff were present during the sessions. Four general focus groups were conducted, three of which had participants from a mix of local GP surgeries, while the fourth comprised of only Neaman Practice patients. The fifth focus group involved only members of the local Turkish-speaking community and centred heavily around discussions of interpretation services. All 10 participants in the Turkish-speaking group were females, while the other four groups had participants from a variety of genders, ages, and occupations.

The focus groups were held over Zoom and ran for an hour. A semi-structured approach was adopted – broad discussion points were determined in advance based on topics raised in the survey, but the direction of the conversation was ultimately driven by participants. Specific focus was given to understanding the individuals' experiences with GP services in the Shoreditch Park and City PCN, with particular regards to appointment accessibility, telemedicine, and quality of care.



At the start of the meeting, the facilitators confirmed that all participant information and contribution would remain anonymous and confidential. Attendees did not know the contact details for other people present, excluding the work details of Healthwatch staff. The Healthwatch staff asked community members to share how Covid-19 had impacted their lives to establish collective identity and a comfortable atmosphere amongst the group. Discussion points pertaining to experiences with lockdown, healthcare services, and personal health management were then introduced. Participants were allowed to provide general comments, concerns, or feedback at the end of each session, and were asked about their interest in signing up for the Healthwatch Newsletter.

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

Appendix 2: Cohort characteristics

Quantitative sample demographics (N=986)

	Frequency	Percentage (%)
Local Authority Area	966	100.0
City of London	270	28.0
Hackney	631	65.3
Other	65	6.7
GP Practice	966	100.0
De Beauvoir Surgery	13	1.4
The Hoxton Surgery	81	8.4
The Lawson Practice	278	28.8
The Neaman Practice	293	30.3
Shoreditch Park Surgery	203	21.0
Southgate Road & Whiston Road	98	10.1
Age	871	100.0
16–17	1	0.1
18–24	17	2.0
25–30	62	7.1
31–40	142	16.3
41–50	123	14.1
51–60	178	20.4
61–65	117	13.4
66–71	100	11.5
72–77	65	7.5
78–81	13	1.5
80+	33	3.8
Prefer not to say	20	2.3

	Frequency	Percentage (%)
Gender	868	100.0
Male	348	40.1
Female	497	57.3
Non-binary	3	0.3
Prefer to self-describe	1	0.1
Prefer not to say	19	2.2
Same gender assigned at birth	763	88.3
Different gender assigned at birth	80	9.3
Prefer not to say	21	2.4
Sexual orientation	857	100.0
Asexual	22	2.6
Bisexual	17	2.0
Gay	69	8.1
Heterosexual/straight	653	76.2
Lesbian	11	1.3
Prefer to self-describe	13	1.5
Prefer not to say	72	8.4

	Frequency	Percentage (%)
Ethnicity	870	100.0
Arab	4	0.5
Bangladeshi	10	1.2
Chinese	18	2.1
Indian	5	0.6
Pakistani	3	0.3
Any other Asian/Asian British background	12	1.4
African	83	9.5
Caribbean	23	2.6
Any other Black/Black British background	4	0.5
Black African and White	7	0.8
Black Caribbean and White	4	0.5
Asian and White	6	0.7
Any other Mixed/Multiple ethnic background	13	1.5
White British/English/Welsh/Scottish/Northern Irish	424	48.7
White Irish	27	3.1
Any other White background	163	18.7
Any other ethnic group	23	2.6
Prefer not to say	41	4.7

	Frequency	Percentage (%)
Religion	862	100.0
No religion	362	42.0
Christian (all denominations)	354	41.1
Buddhist	12	1.4
Hindu	5	0.6
Jewish	21	2.4
Muslim	42	4.9
Sikh	2	0.2
Any other religion	9	1.0
Prefer not to say	55	6.4
Refugee or asylum seeker (yes/no)	869	100.0
Yes	6	0.7
No	863	99.3
Longstanding disability, illness, mental/physical impairment (yes/no)	874	100.0
Yes	347	39.7
No	527	60.3

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



Shoreditch Park and City Primary Care Network

healthwatch
Hackney

healthwatch
City of London