



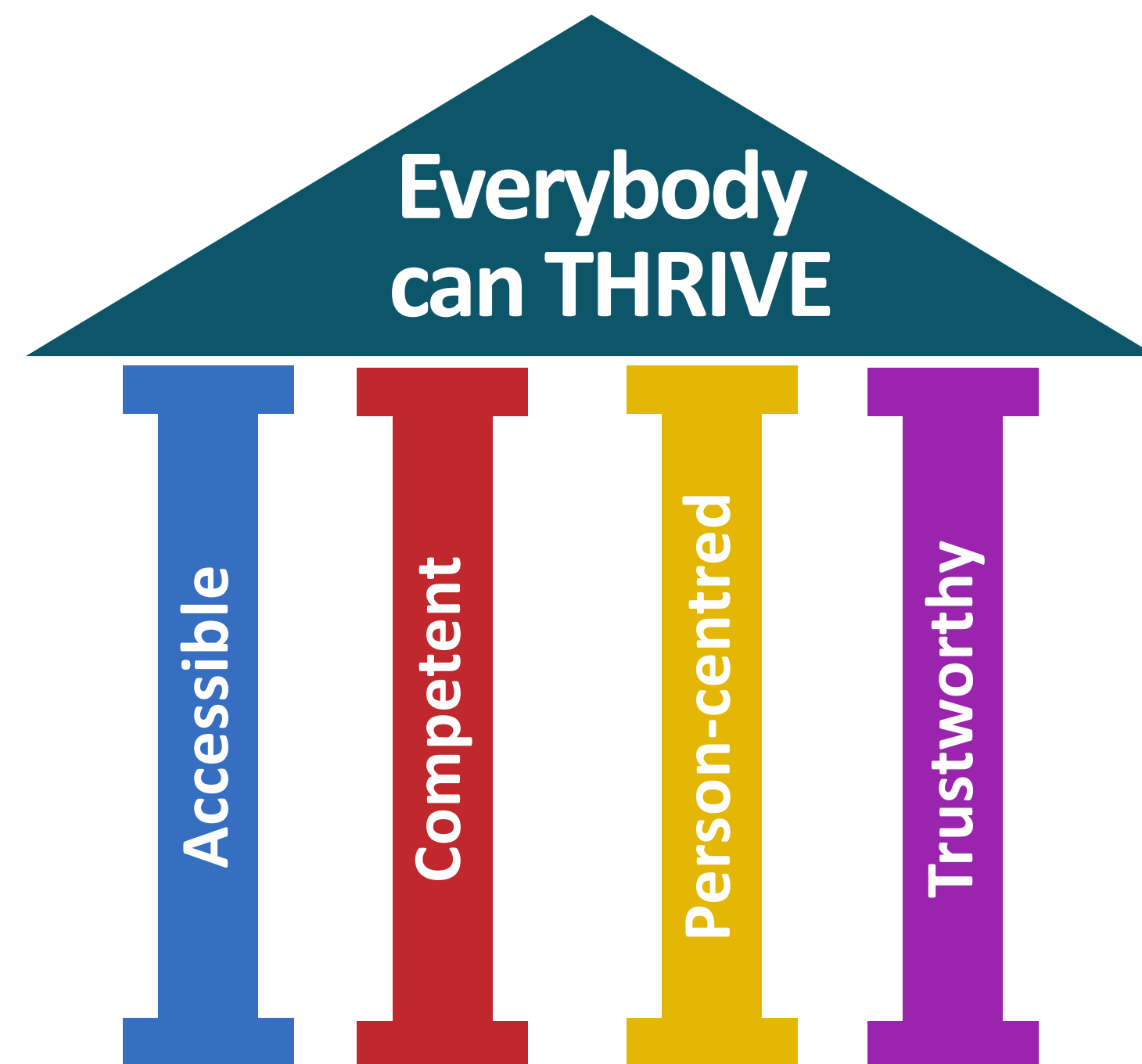
North East London
Health & Care
Partnership

healthwatch



Insights for the 10 Year Plan for Health

September
2024



The good care framework

What does good care look like?

A diagram of the Good Care Framework. At the top is a dark teal triangle containing the text 'Everybody can THRIVE'. Below the triangle are four vertical pillars of different colors: blue, red, yellow, and purple. Each pillar has a label written vertically inside it: 'Accessible', 'Competent', 'Person-centred', and 'Trustworthy'.

Everybody
can THRIVE

Accessible

Competent

Person-centred

Trustworthy

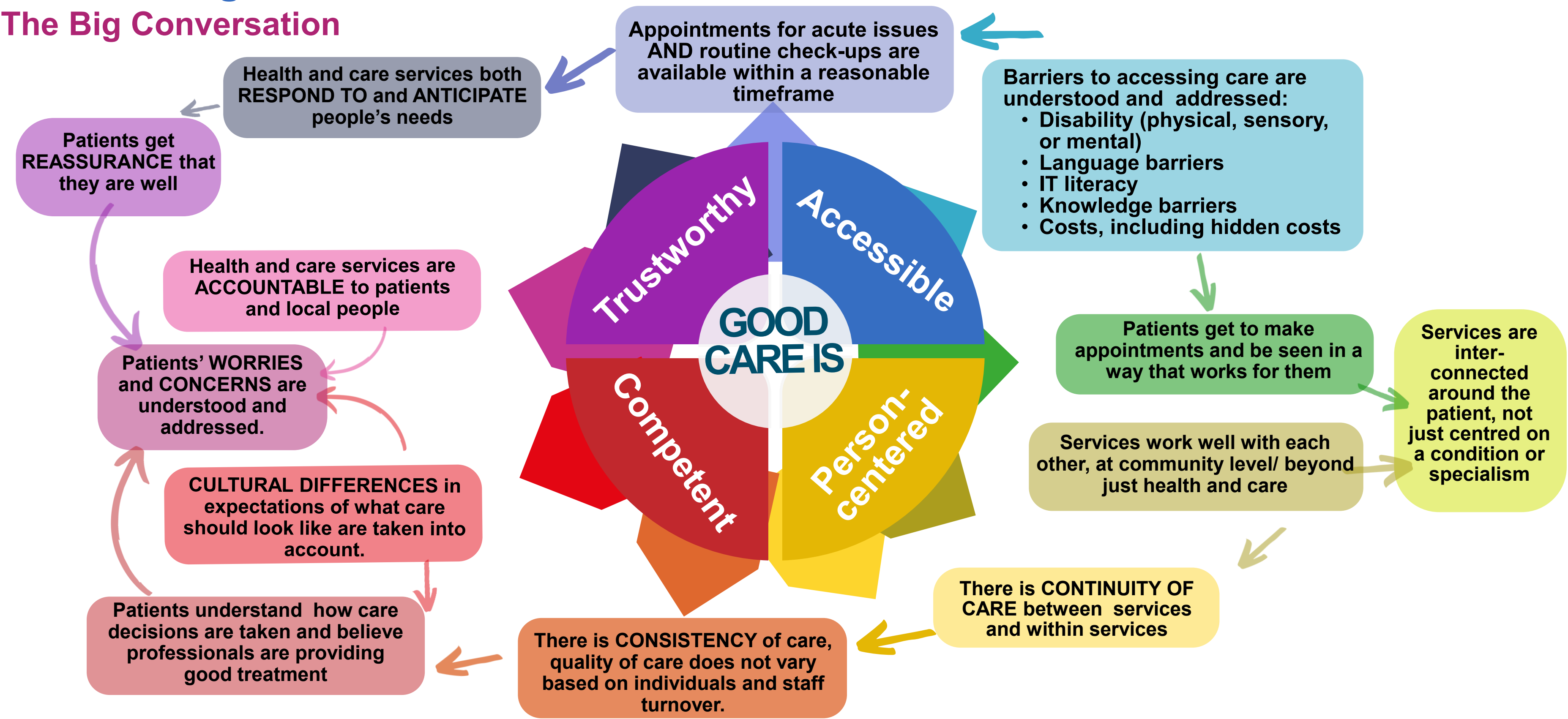
The good care framework was developed from what local people told us in our Big Conversation.

We asked local people open-ended questions about what good health and care means to them. At community events and in focus groups we helped local people to draw out what their own vision of good care would look like.

We took what they told us and started to use qualitative data coding to identify themes, these themes eventually developed into the good care framework and our four pillars of good care, or four aspects of what makes the difference between good care and inadequate care. We also looked at the wider issues that impact good care at a society level-the wider determinants.

What does good care look like?

The Big Conversation



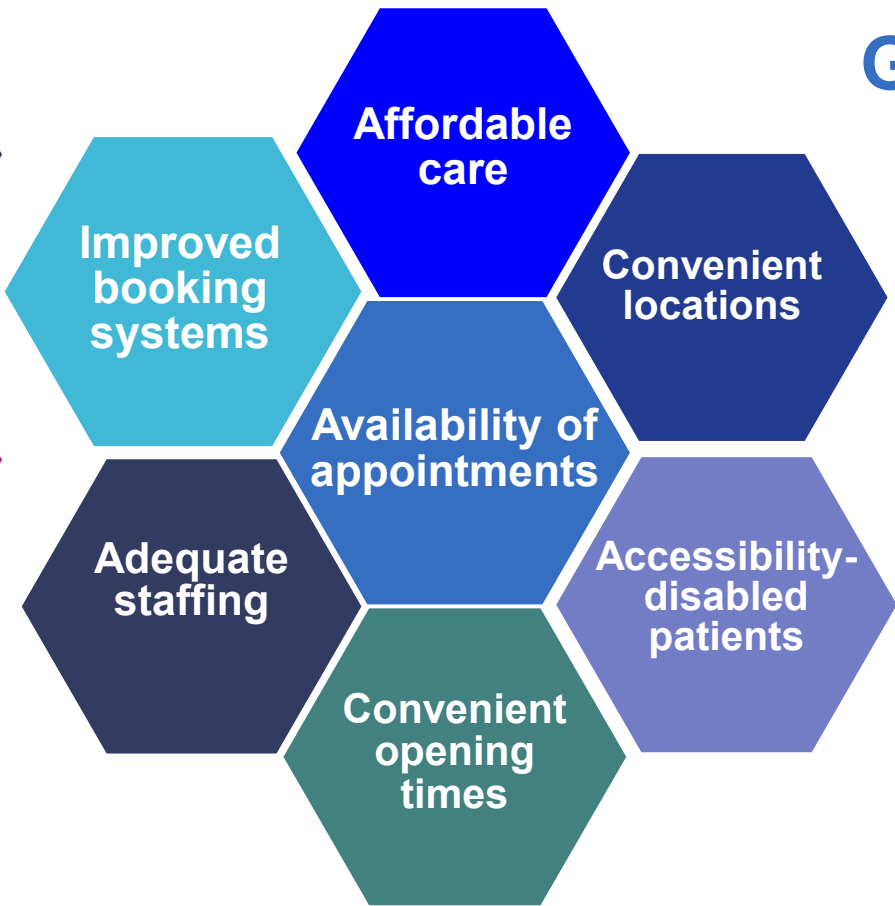
What does good care look like?



Good care is: trustworthy



Good care is: accessible



Good care is: person-centred



Good care is: competent




Hospital to community

- Experience of access to services, including long waiting times, impacts the level of trust people have in the service, which in turn impacts perception of the quality of care. If people feel they can't access primary care when they need it, and that the quality isn't as good, they will continue to overuse hospitals.
- A simple, straightforward and transparent process for accessing care across the hospital and community is needed.
- People want to feel that their care is well managed by a consistent team and that they can access the information that's important to them easily without having to understand the complex systems of multiple service providers. Requires improved administrative processes within and between services.
- Anticipative care- feeling that you are being checked up on, looked after before issues escalate. Support to understand how to use systems when needed.
- More seamless interface between GP and hospital with reliable shared patient records
- Timely availability of accurate diagnostic investigations.


Good care is: **accessible**

Accessible


What would indicate accessible care?




Patients can reliably access both routine and urgent care within a reasonable time frame, commensurate with their clinical urgency.



There are multiple equally reliable ways of booking appointments, taking into account both the needs of those who are most comfortable using online services and of those who are digitally excluded.




Services are available locally or within reasonably commuting distance; the needs of patients who don't drive are taken into account.




Services are available at different times, to meet the needs of patients who work full-time, as well as those who work irregular shifts/ non-standard hours and those with caring responsibilities.

What would NOT happen



Patients going to A&E for issues that could have been dealt with by a GP or primary care walk-in centre.



Over-stretched telephone lines, associated with attempts to implement a one size fits all booking system.

Lack of access to GP appointments impacts other services

National GP Patient Survey- North East London practices

BEFORE TRYING TO MAKE A GP APPOINTMENT:

- ➔ 12% called 111
- ➔ 22% used 111 online
- ➔ 22% spoke to a pharmacist
- ➔ 29% tried to treat themselves at home

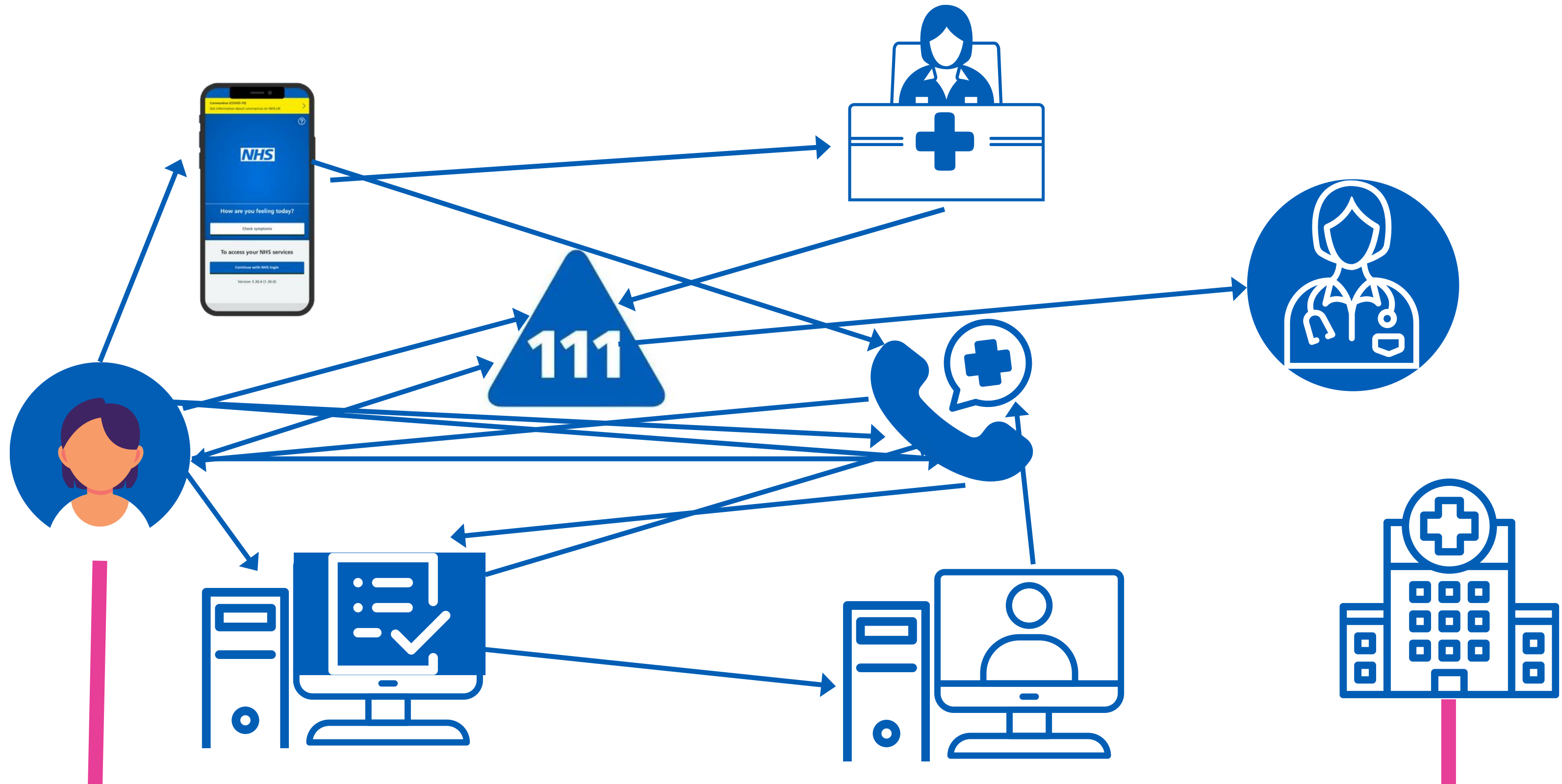
Practices where more patients tried calling 111 or speaking to a pharmacist BEFORE trying to get an appointment were less likely to receive overall positive feedback in the survey.

AFTER TRYING TO MAKE A GP APPOINTMENT AND NOT RECEIVING ONE

- ➔ 16% called 111
- ➔ 16% went to A&E
- ➔ 6% used 111 online
- ➔ 13% contacted the practice again
- ➔ 31% did nothing

Only 7% say the practice helped in a different way.

This resonates with feedback we have heard directly from patients
Accessible care means NOT being passed around between services



Local people came up with solutions for making primary care more accessible

**Routine check-ups-
akin to a health
MOT- for various
groups such as
young children or
people with long-
term conditions**

Better access to GPs and healthcare facilities, walk in hubs that people can access which run 24/7 so less pressure on A&E and less serious illnesses can be seen/sorted quicker. This will of course require more staff who need to be paid fair wages

**Urgent primary care
available on a non-
appointment basis,
for example in urgent
care centres, walk-in
centres or even an
online live chat
facility.**

I was called for a routine mammogram and this was carried out fine but I feel the opportunity could have been used for basic checking of weight and blood pressure etc., same when I visited my doctor for smear test I had the test no problem but why weren't basic health checks carried out.

**Closer links between GP
surgeries and community
services; community health
advocates, co-located advice
services, care navigators or
social prescribers could
potentially respond to this need.**

They should explain everything that I need to know, and offer support if I don't know how to do certain things - such as filling out forms. A lot of people are illiterate and can't do that - the system should help you proactively As it is, people have to pay private services or ask friends and family for help with that.

Out of hours service is good but even they don't always have appointments. Appointments do need to be available in the evening to and we need to get referrals.

Good care is: **competent**

Competent

What would indicate competent care?

Clinical staff have up-to-date, in-depth knowledge of the conditions they are treating.

Clinical staff have a good working knowledge of patients' conditions, even outside their area of specialty, to the extent they impact patients' access to care, care needs and general wellbeing.

All GP surgery staff have a good working knowledge of health inequalities, social inequalities and cultural issues that may influence patients' access to care.

As a woman, I think there is an awful lot more that can be done to support women with pain and mental health issues. More information about menopause and fertility issues - don't just fob us off without exploring what can help us!

Specific areas of training identified as needed/ important

- Mental health and mental health-related disability.
- Neurodiversity, particularly autism.
- Sensory disabilities.
- Women's health, particularly around menopause, endometriosis and severe period pain.
- The "younger older people" cohort- age 50 to 64.
- LGBT health and culture.

Go on a course about LGBT people and take it to heart. Don't make assumptions about what queer people look like.

Understand autism and make adjustments. Staff currently don't!

Better deaf awareness eg lowering face mask, facing me when speaking Better understanding of the physical effort of attending appointments Better understanding that a patient may have multiple different needs eg someone under psychiatric care may also have hearing loss etc - being sensitive to multiple needs at once

Good care is: **competent**

Competent

What would indicate competent care?

Patients being diagnosed accurately and within a reasonable timeframe.

Availability of necessary investigations for ensuring accuracy of the diagnosis process.

Patients receiving treatment informed by the NICE guidelines, and by the latest evidence-based developments in medical science.

You need expert information to be understood. You need to know what you're talking about. It's knowing where you are in the system, how long it will take and what's appropriate to do while you wait. Provide services according to NICE guidance. It seems they can't do that at the moment because of money, staff or lack of knowledge.

Healthcare professionals need to have an understanding that negative test results don't mean that symptoms are not life changing.

What would NOT happen

Excessively long waiting times for diagnosis/ investigations.

Admin issues affecting the diagnosis process, such as lost test results.

Misdiagnosis as a result of superficial consultations or lack of knowledge.

Lack of support with symptoms during an ongoing/ potentially long diagnosis process.


Clinical decisions being taken based on factors such as budget constraints or professional's own cultural biases, rather than clinical need and scientific evidence.

"Some health professionals' culture and religion comes first, rather than what the young people are telling you, if you are asking for contraception they look at you like you should not ask for it, as its obviously against their religion to have sex before marriage.


Good care is: **person-centered**

Person-centred


What would indicate person-centred care?




Patients get to see the same medical professional consistently (for example the same doctor or nurse), as much as it is practical.



When patients see different medical professionals within the same practice or there is a staff turnover, notes and patient records are passed down and read. Quality of care remains constant regardless of who is delivering the care.



Referrals to other services are issued as needed and processed promptly; GPs and other services share medical records and information seamlessly.




GP surgeries are actively working with the wider community to promote holistic patient health - social prescribers, the voluntary sector etc.


What would NOT happen



Patients receiving contradictory information from medical professionals.



Patients feeling like the level of care they receive is dependent on whom they get to see on any given day.



Patients having to repeat information that should be in their medical records or notes already.



Patients feeling like they are passed around between services with no actual help.


“

Often health care providers give contradictory information which is frustratingly vague and confusing


Good care is: **person-centered**

Person-centred


What would indicate person-centred care?



Patients feeling that they are treated as a partner in their own care; and that medical professionals are interested in their own desired health outcomes.



Medical professionals giving patients clear options for treatment or care, presented objectively with pros and cons; empowering them to make informed decisions.



Medical professionals taking a holistic approach to patients' health rather than examining conditions and symptoms in isolation.



Patients getting a choice about where and how they access GP services (using online services, having remote consultations or doing everything in person)

What would NOT happen



Patients feeling like they don't have sufficient information to make informed decisions about their care.



Patients only being allowed to discuss one symptom or condition per appointment.

“ —
Involve me in everything about me and make communication easier and transparent .

Good care is: trustworthy

Trustworthy

What would indicate trustworthy care

Patients feeling listened to and reassured that their problems are taken seriously by care professionals; being given adequate time .

GP services proactively engaging with patients and asking about what is important to them.

Patients having someone they can turn to for competent advice, reassurance and prevention.

Patients communicating with professionals about their care, in a honest, straightforward manner; understanding why they are offered a certain course of action.

A simple, straightforward and transparent process for accessing care.

Services demonstrating accountability and acting upon feedback received from patients.

What would NOT happen

Patients feeling like they are fobbed off or their concerns are dismissed.

Patients feeling that they are treated like a burden; feeling discouraged from seeking care or asking questions.

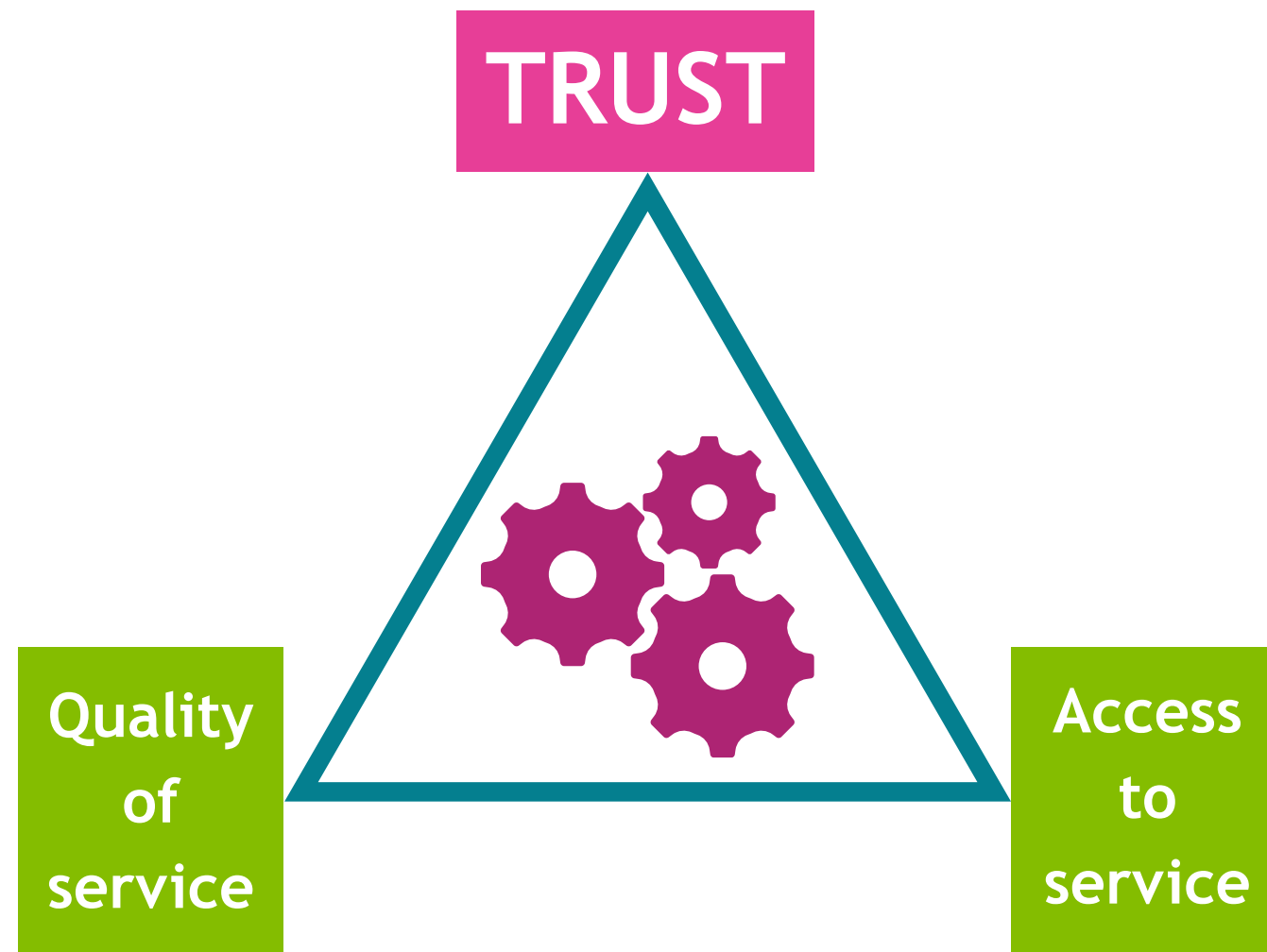
Consultations feeling more like a tick-box exercise than like a consultation.

“
I want someone who will look at me and listen to what I need. Not stare at a computer screen. They used to have time to do that.

Good care is: trustworthy

Focus on trust, communication and avoiding gatekeeping

Trustworthy



Doctors are good but the ones I have problems getting through are the receptionists at my GP. They lie, and are a law on their own.

Good care means not just being sent texts or asked to fill in lengthy forms for triage before you are even considered for an appointment.

Experience of access to services impacts the level of trust people feel they can have; which, in turn, impacts perception of the quality of care.

At worst, when trust is eroded, patients may feel like services don't want to provide the best care they can, but just the minimum they can get away with, and the processes through which care is accessed start to feel like gatekeeping.

Most notably:

- Admin staff in GP surgeries triaging patients on the phone.
- Long and complex e-consult forms.

Good care is: trustworthy

The big challenges

Trustworthy

Patients, especially parents of small children, people living with long-term illness and the elderly, may not feel certain about how to tell whether they are well, or whether they are experiencing worrying changes in their health.

Anticipative and trustworthy care can provide them with reassurance and confidence. This could entail:

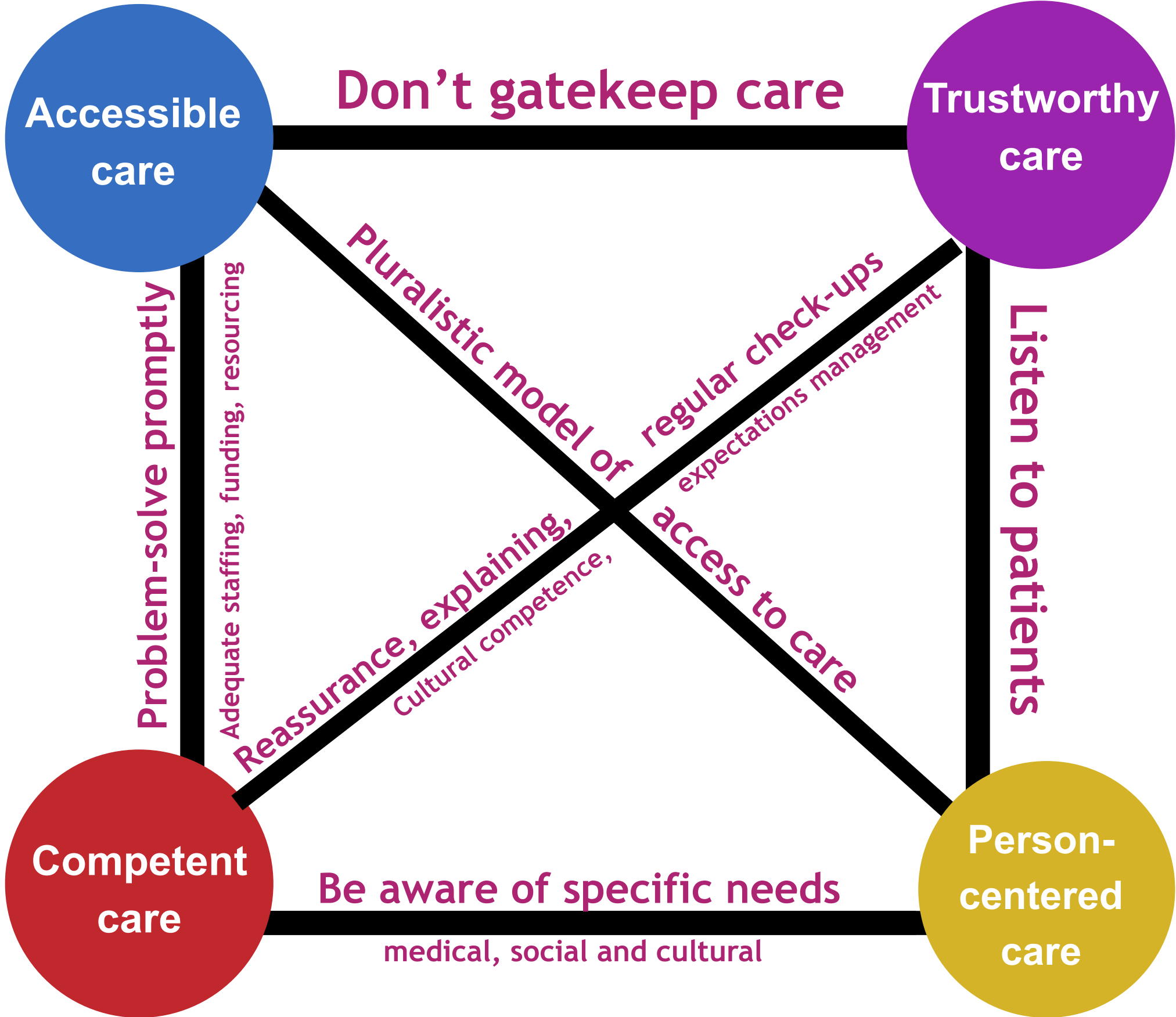
- ➔ Providing reassurance (what's normal, what's not) and educating on self-care.
- ➔ Prioritising prevention over reactive care; proactively offering check-ups, routine investigations or other forms of care and support.

Changing patient behaviour around how they access care may play a crucial role in reducing demand for care; but in order to change patient behaviour, we must first understand their motivations and gain their trust.

When patients are told that they may need to wait longer than expected for an appointment, or advised to take over the counter painkillers to manage their symptoms- are they going to TRUST that it is safe for them to wait?



What does good care look like?



Analogue to digital

- A large group of people want to use digital services and find they lead to a better experience. However there are groups who find it difficult or expensive.
- Systems need to build in flexibility for people to be able to choose the option that suits them at the time.
- There are a multitude of digital tools being adopted by different service providers which is adding to the confusion for patients.
- People using health services the most are the ones most likely to have digital difficulties e.g. people with multiple long-term conditions.
- Carers find it difficult to manage multiple people through digital means
- Cost is a key aspect for some groups - homeless, refugees.
- Not clear the balance is right re face to face and online appointments or that patients understand the process.

Good care is: person-centered

GP extended hours survey

Person-centred

Some people prefer to use GP surgeries in a very traditional way:

- booking GP appointments by telephone, being seen in person, always going to the same GP surgery.

They represent the majority of our respondents, but only by a small margin.

They are likely to be older, disabled or more severely ill, digitally excluded.

Others are willing to be more flexible about how they access primary care:

- booking GP appointments online, using online tools, having remote consult, going to a hub or an Urgent Treatment Centre.

They are likely to be aged under 50; if they are long-term ill or disabled, they are likely to be more independent or their conditions may be less severe.

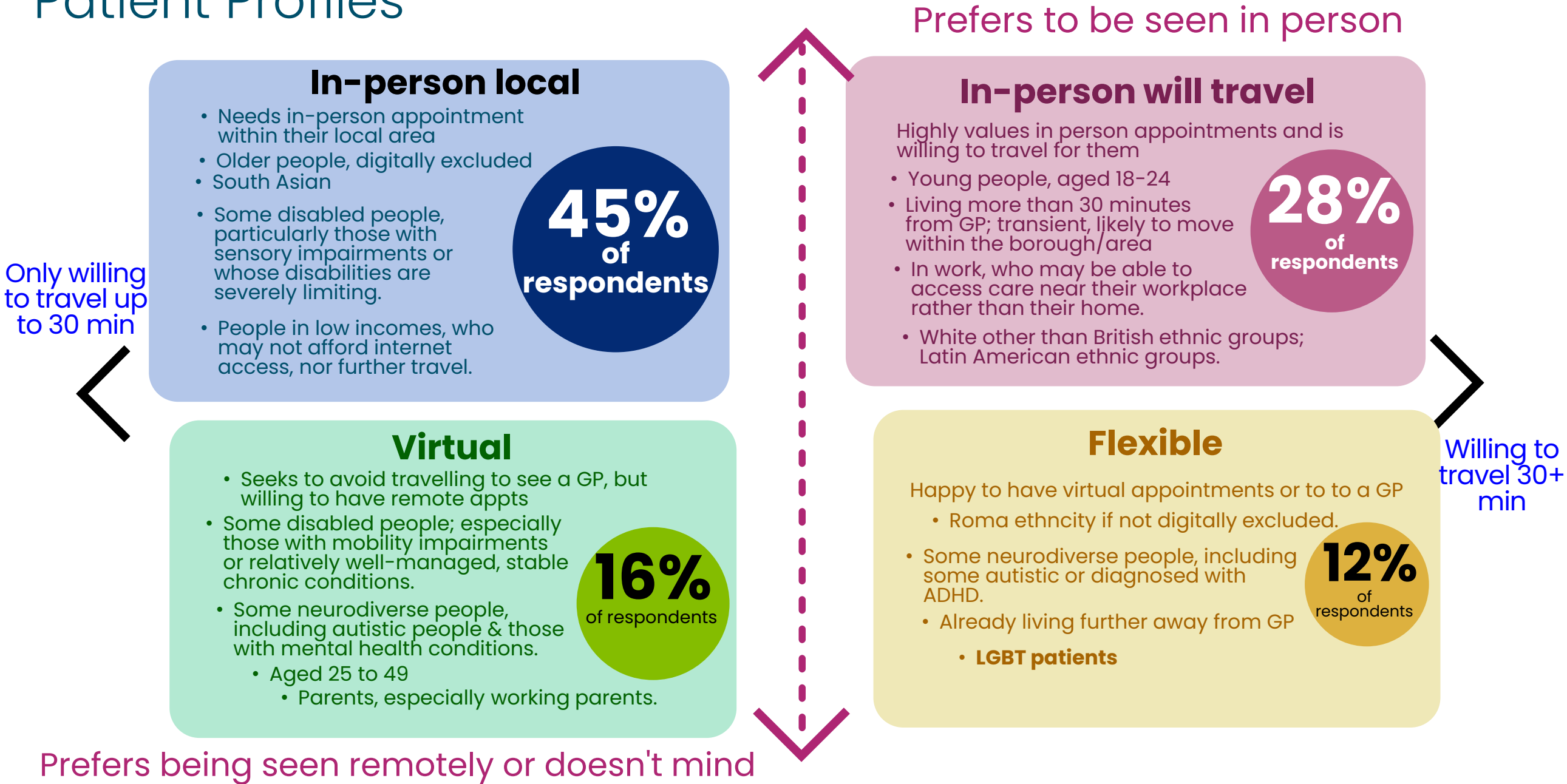
The ways in which they are willing to be flexible may vary between groups and individuals (for example, some may be willing to travel to a hub but not to have video consults, or the other way around.

Good care is: person-centered

GP extended hours survey

We have analysed data on where and how patients want to access GP appointments.

Patient Profiles



Patient profiles

Based on GP extended hours survey and previous Local Voice engagement

Person-centred

Least flexible

Specifically needs in-person appointment within their local area

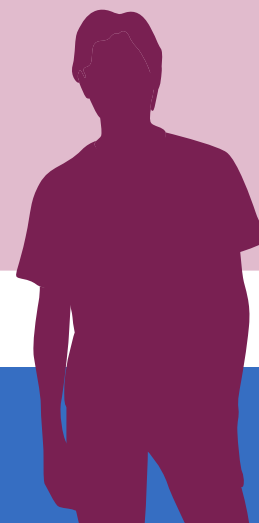
- ➔ In poor health or limited a lot by disability; as well as full-time carers.
- ➔ Older people
- ➔ Sensory impairments (sight or hearing)
- ➔ On low incomes, would struggle to afford public transport and/or internet access
- ➔ Asian ethnicities, especially Bangladeshi or Pakistani



In-person patient

Highly values in person appointments and is willing to travel for them

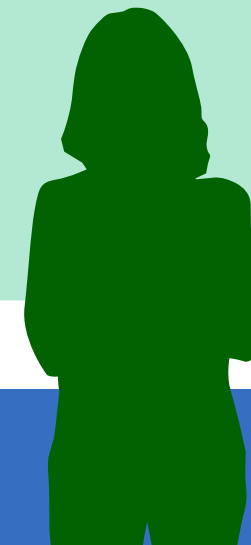
- ➔ Living more than 30 minutes away from their GP; transient populations.
- ➔ Young people (under 24), students.
- ➔ Usually in good health, experiencing new or acute symptoms.
- ➔ White non-British or Latin American ethnicities.



Virtual patient

Seeks to avoid travelling to see a GP, but willing to have remote appts

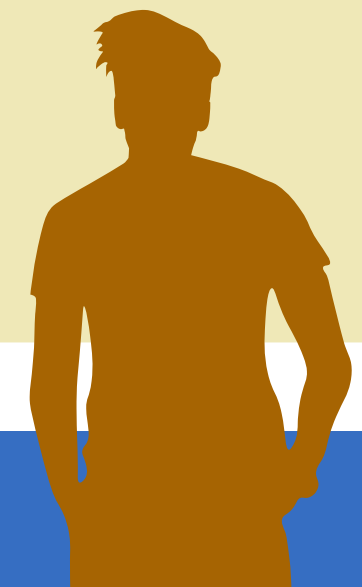
- ➔ Neurodivergent (autistic, ADHD) or experiencing mental health issues
- ➔ Living with a stable and relatively well-managed long term condition or disability.
- ➔ Aged 25 to 49, millennial generation
- ➔ Parents of young children, especially working parents



Most flexible

Happy to have virtual appointments or to travel to a GP appointment

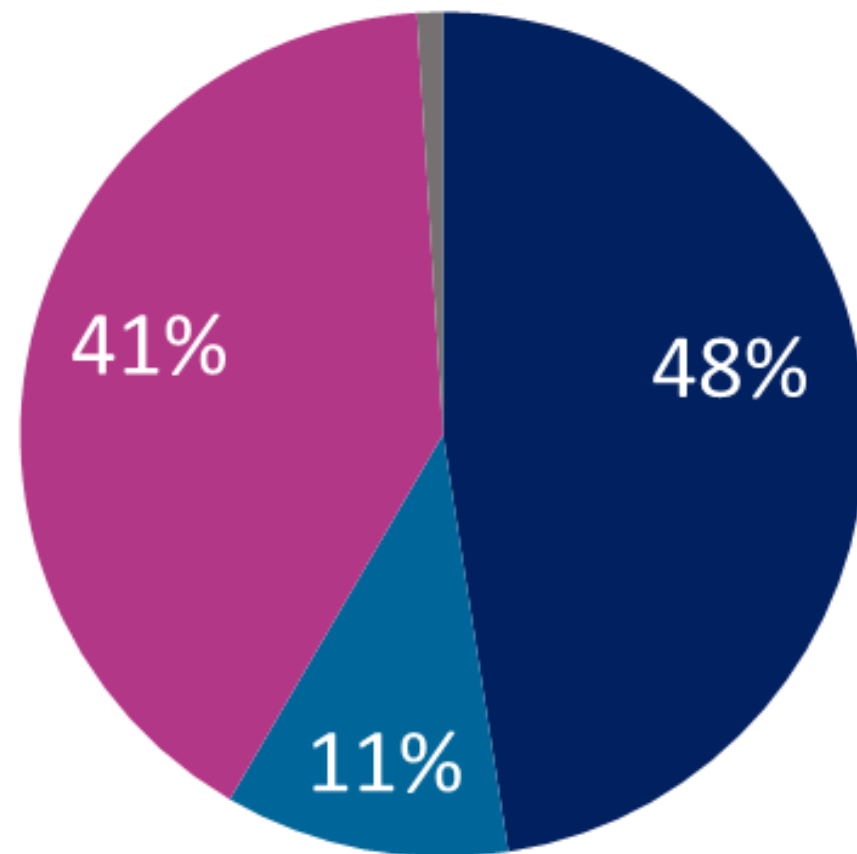
- ➔ LGBT
- ➔ Neurodivergent (autistic, ADHD)
- ➔ Non-religious
- ➔ Living more than 30 minutes away from GP



How do people prefer to book appointments?

Person-centred

GP extended hours survey



- Calling the practice
- Using a booking line
- Booking online
- Other

More likely to prefer online

- Chinese (61%)
- Lesbian, gay, bisexual or pansexual (60%)
- Aged 25 to 36 (58%)
- Diagnosed with ADHD (59%)
- Atheist or no religion (57%)
- White ethnicities other than White British (53%)
- Living with a mental health issue (46%)
- Jewish (46%)
- Latin American (46%)

Less likely to prefer online

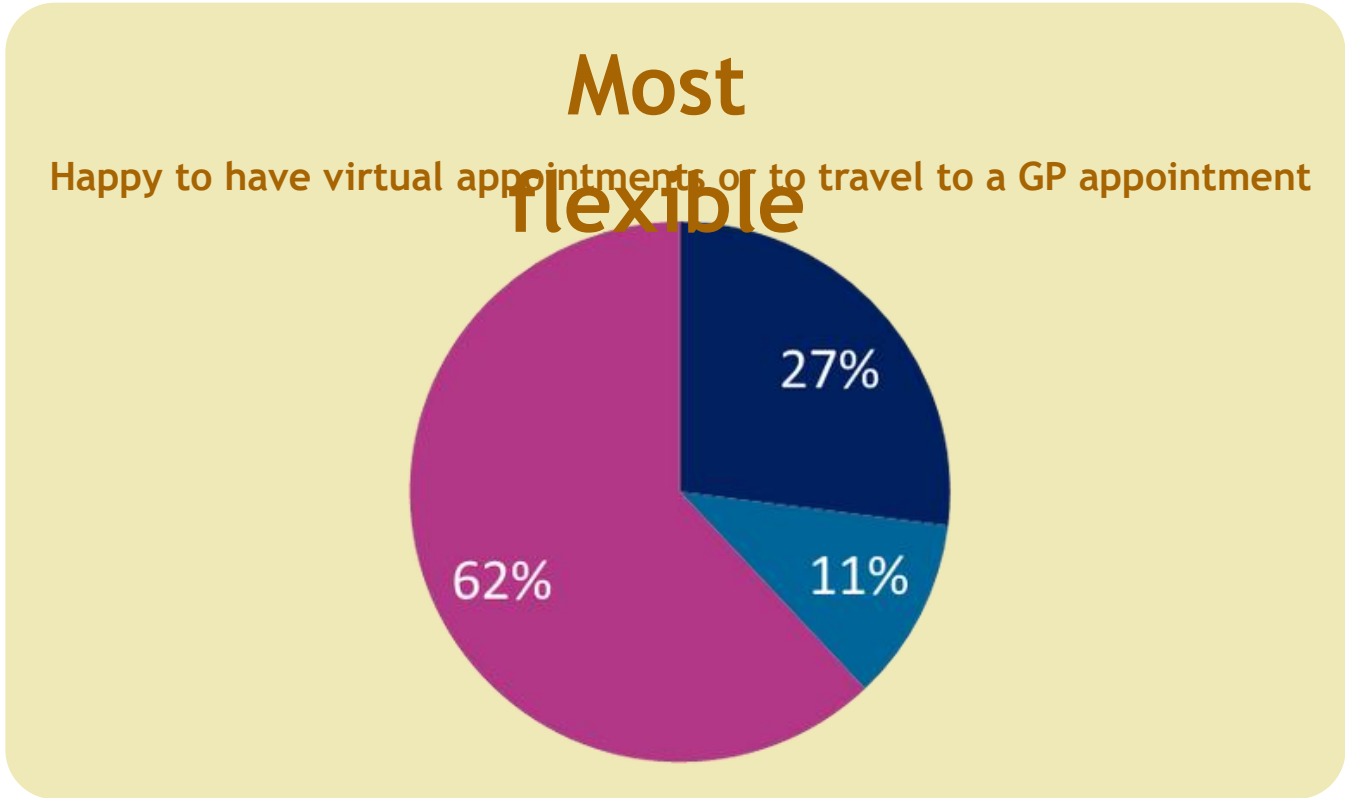
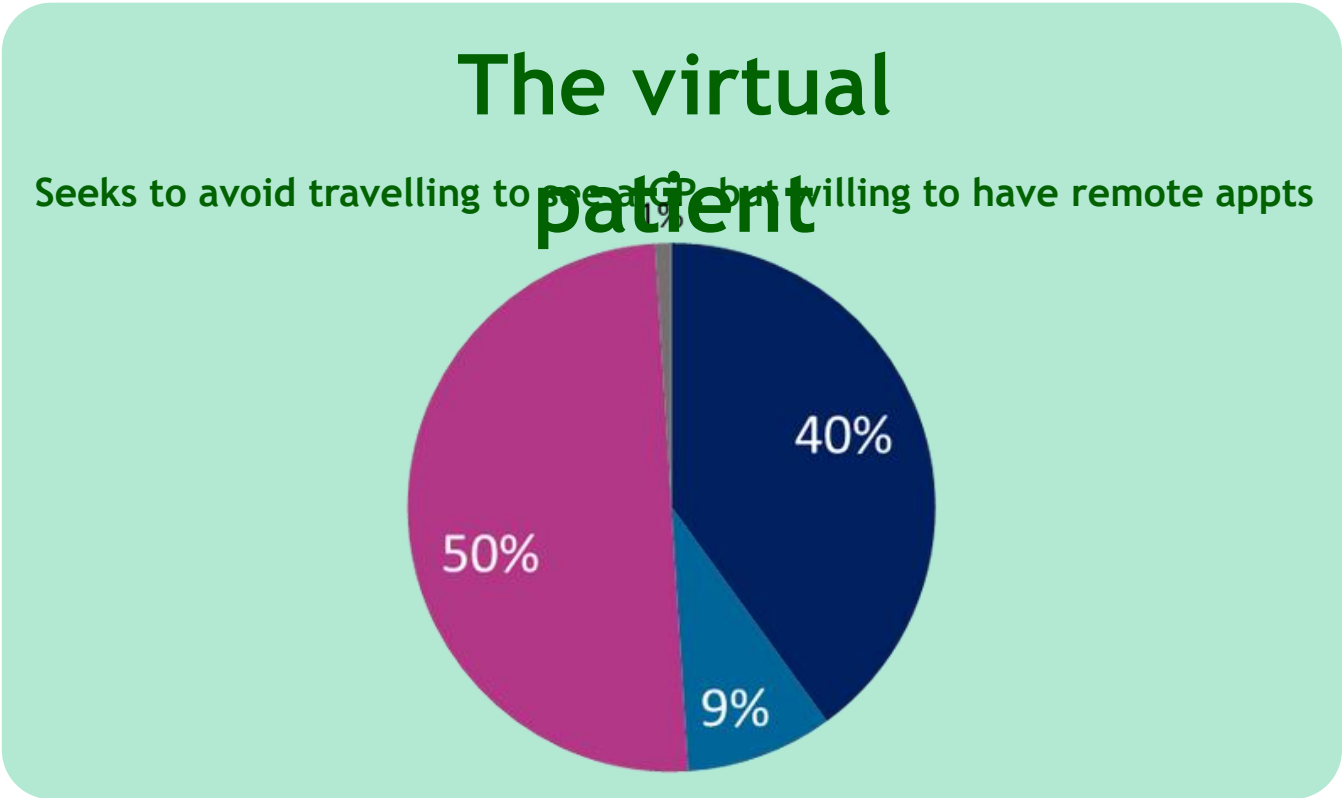
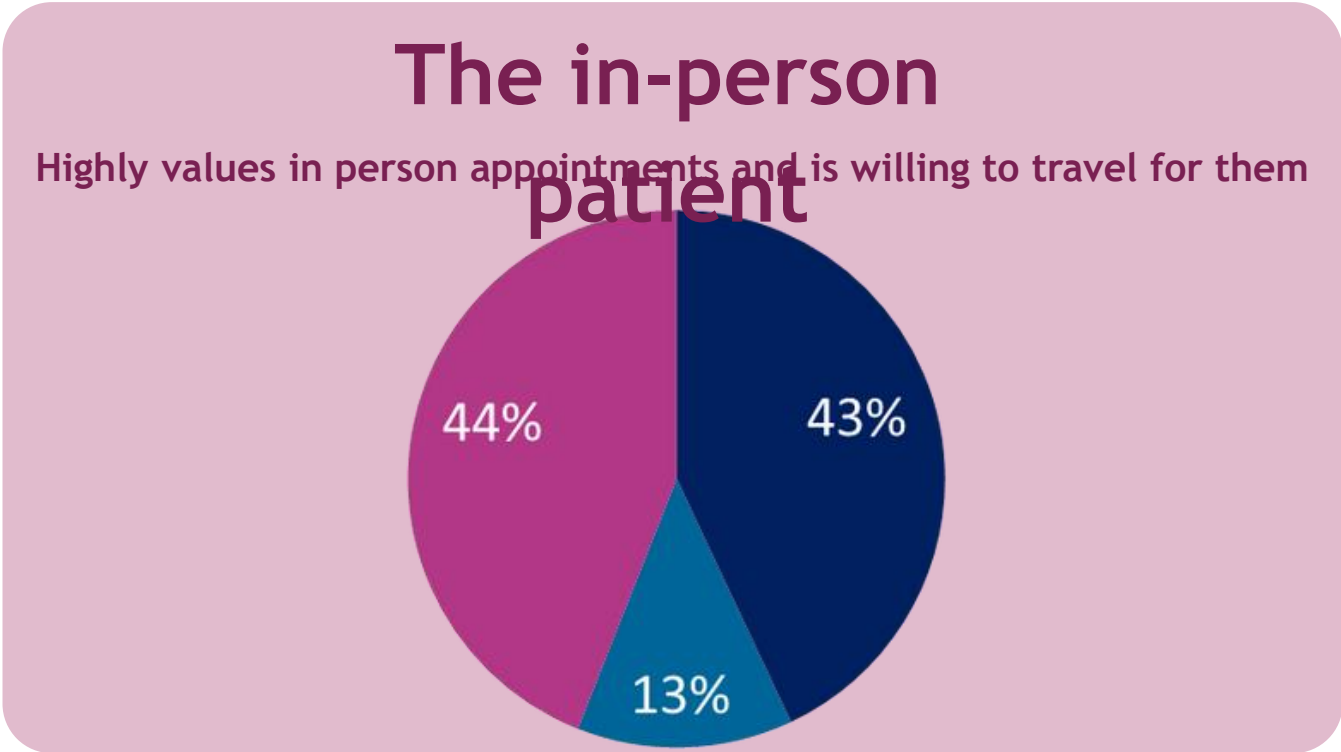
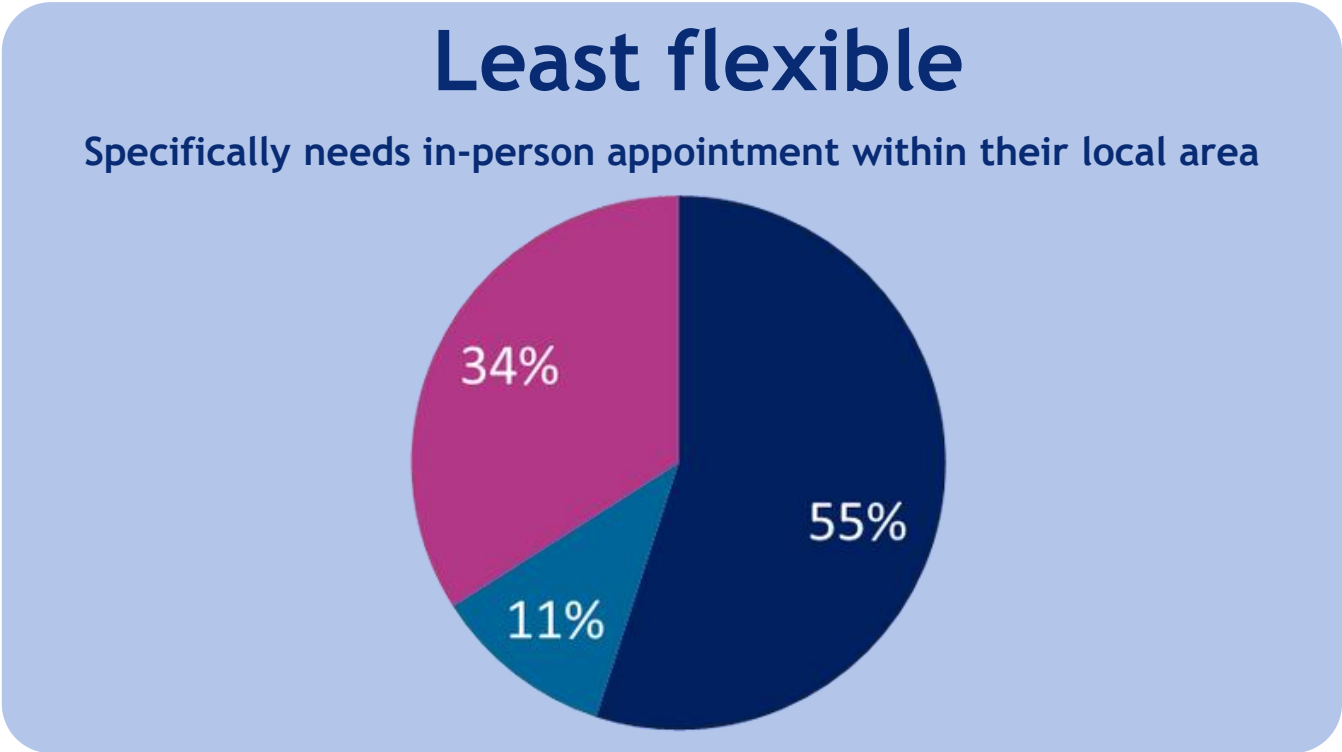
- Roma or traveller (13%)
- Disabled (35%), particularly if limited a lot (30%) or sight impaired (30%)
- Black ethnicities (32%), particularly African (28%)
- Bangladeshi (34%)
- Aged 50+ (34%)
- Caring responsibilities more than 20 hours/ week (34%)

How do people prefer to book appointments?

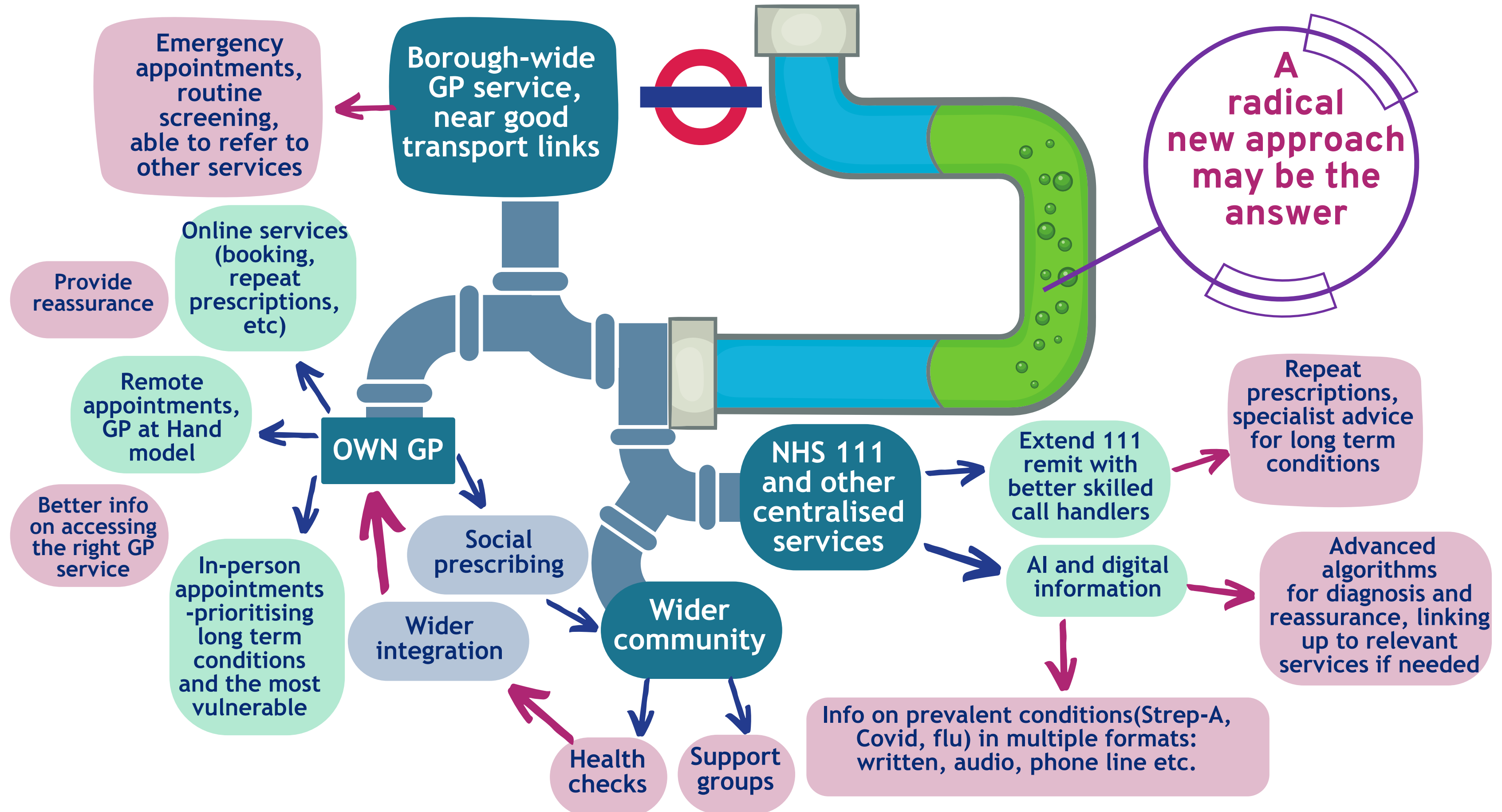
GP extended hours survey

Person-centred

- Calling the practice
- Using a booking line
- Booking online



Unblocking the pipeline



What we know about digital inclusion in North East London

During the Covid-19 pandemic, many healthcare, social care and community services started to offer an online provision; either complementing or replacing their face to face services; post-pandemic, there are lessons to be learned about maintaining and sustaining this change without leaving anyone behind.

The opportunities

- ➔ Online provision can **streamline services**, make them more efficient and more likely to share resources (for example, in a GP hub)
- ➔ Online services may be **more accessible to some** disabled people (e.g. mobility impaired, housebound, extremely immunosuppressed etc.)

The risks

- ➔ Some local residents don't have **the knowledge** to access online services.
- ➔ Some local residents don't have access **to devices** they need to access online services.
- ➔ Some local residents don't **trust** online services.

Focus on opportunities

Reduced commuting time may reduce the overall amount of time patients need to spend on accessing the care they need.

"NHS communications during the Covid-19 pandemic have all been satisfactory and saved me long journeys."

"You can make bookings online and order prescriptions online which makes life so much easier."

Use of online technologies allows for the possibility of visual diagnosis, unlike phone consultations.

"Had to have a telephone consultation during Covid and the lady Doctor was lovely; had to video call to see the area that needed treatment and was prescribed something. Now I hopefully have a plan going forward."

Digitisation reduces and simplifies the bureaucracy around processes such as viewing medical records or reducing repeat prescriptions; making them easier for patients.

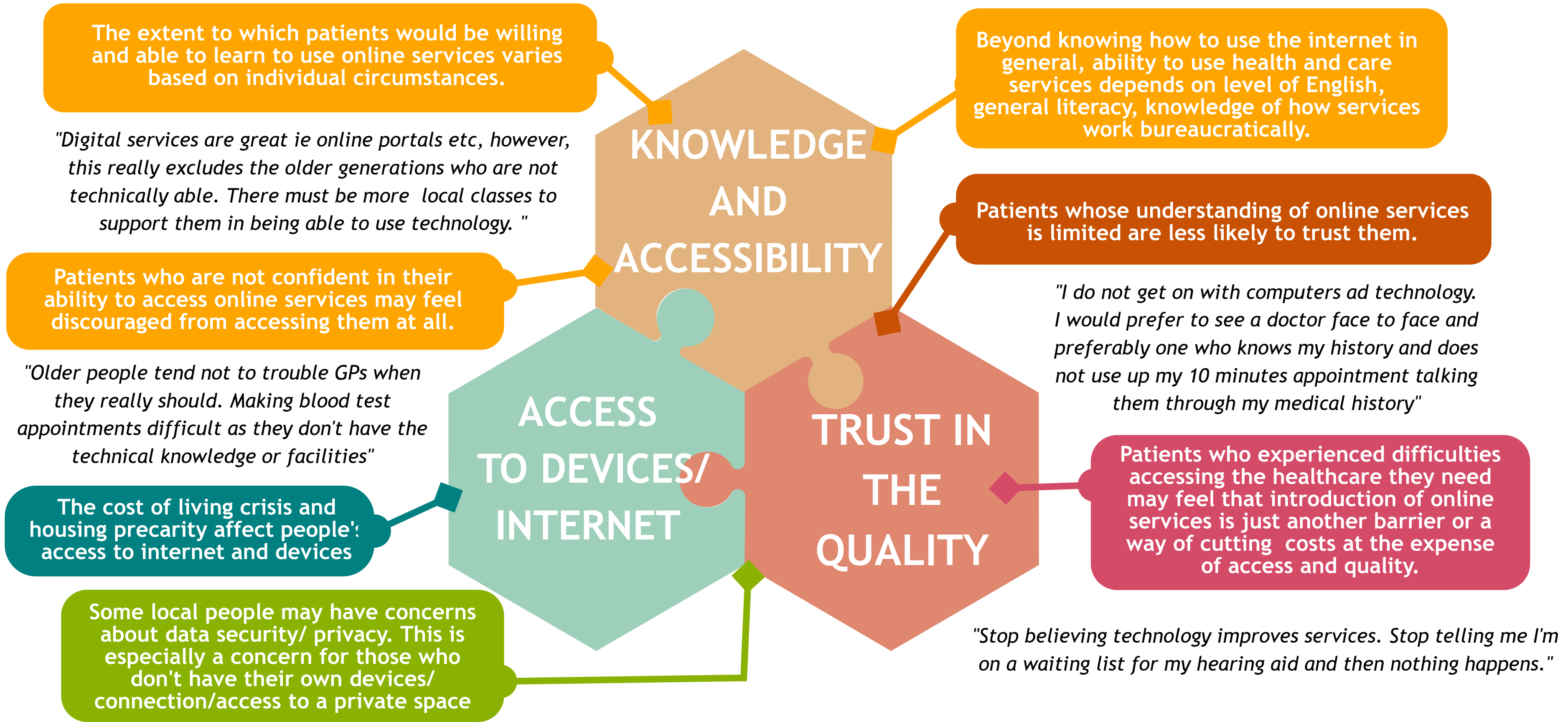
Use of online booking and e-consult can reduce dependency and pressure on phone lines, making the booking process more accessible and user-friendly, providing that it works as intended.

"It's an absolute nightmare phoning any surgery at 8 am. I hate it. So I found out about e-consults and the surgery has been prompt and replies within 48 hours sometimes next day. Thank you to my GP for keeping on top of your workload and replying to e-consultations on time and effectively."

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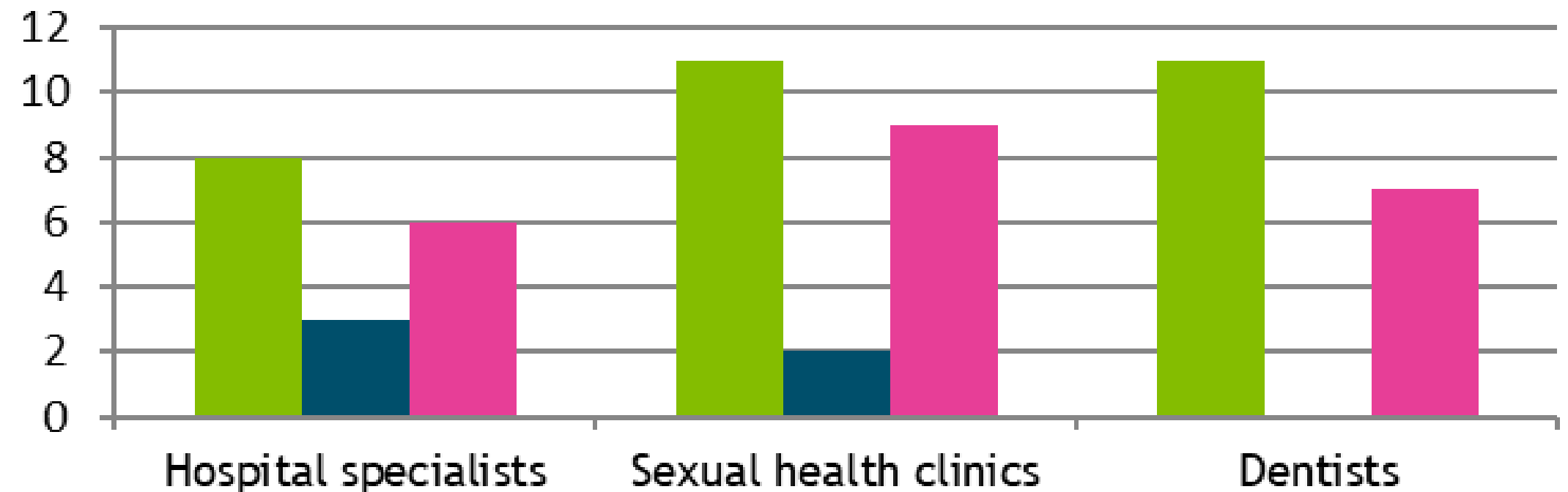
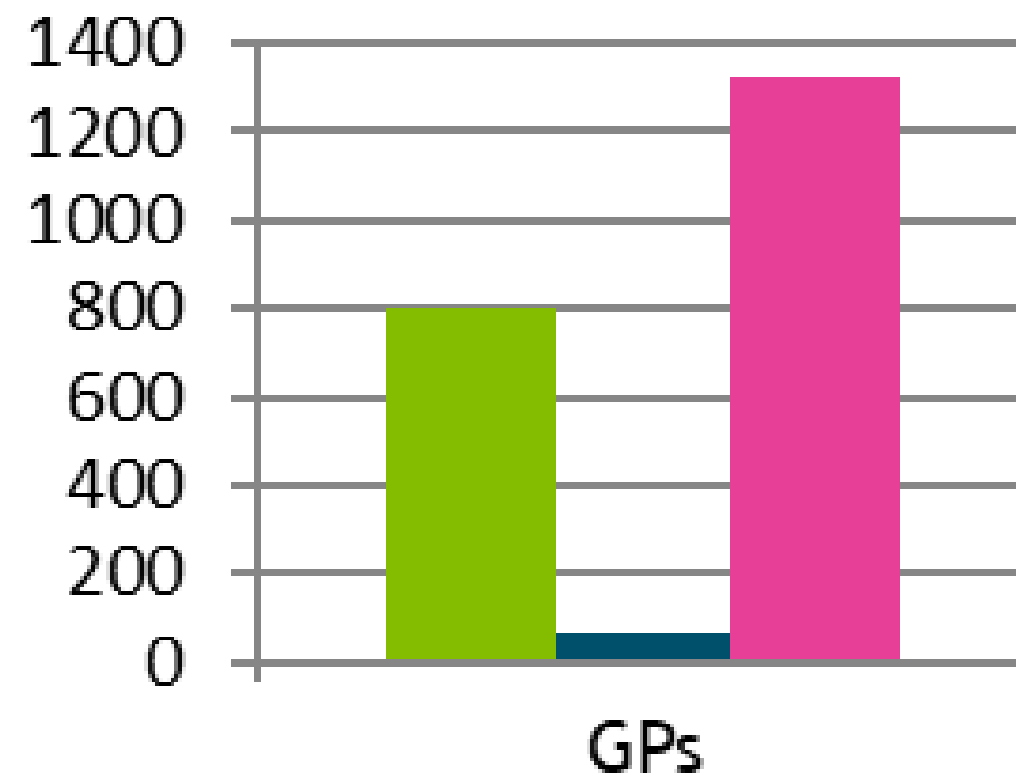


Focus on risks



Experience of online systems

Most comments we received were about GPs



■ positive ■ neutral ■ negative



Where it is available and functional, patients find it easy and convenient to book online primary care or specialist services (such as routine dental appointments, medication reviews or blood tests).



Online booking is not always available; even when it nominally should be in place, there are no slots available- this issue is particularly affecting GPs.

There are also reports of GP econsult forms going unanswered; when this happens patients often use urgent care services such as 111 or A&E.

What we know about digital inclusion



Online NHS services are particularly helpful to:

- Parents of young children, particularly working parents;
- People aged 25 to 39 (Millennial generation);
- Patients with well-managed, relatively stable long-term conditions, who require routine appointments and repeat prescriptions.
- Patients with mobility issues who may struggle to travel.

They may be less suitable for:

- Older people aged 65+;
- People with lower levels of English fluency, IT literacy, familiarity with the NHS or general literacy.
- People struggling financially, who may not afford devices.
- People with sensory impairments or learning disabilities.
- Patients experiencing new and unexplained symptoms or requiring extensive investigations; particularly if their illness is severe.


North East London residents of non-White ethnicities, particularly Black and Bengali, may be more likely than their peers to experience digital exclusion.

Focus on online GP services

These quotes are fictional, but are based on the aggregated experience of patients we have heard from.

WHEN THINGS WORK WELL

WHEN THINGS DON'T WORK WELL




I am entirely comfortable using online GP services and would like to do as many things online as possible.

I am able to book routine GP and nurse appointments online rather than having to wait on the phone queue; when I need to be seen urgently I use e-consult and get a reply promptly, either by telephone or video call. I can also use automated forms to order repeat prescriptions, view my test results and medical records.

My mobility is impaired; it's easier for me to not travel to the surgery, and during the Covid-19 pandemic I feel safer. I believe we should keep doing this after the pandemic ends.

Booking online appointments is no longer available. When I try to use the e-consult form, I answer 30 questions, only to be unable to send it: instead, I am told to call the surgery. The phone queue is very long and frustrating. If I manage to send the e-consult form, I wait multiple days for the doctor to get back to me by telephone. I don't have the option of an online consultation instead, so I can't show anything visual to my doctor without physically coming in.

The website is often down and there are technical issues.



I don't know that much about online GP services. I have some reservations, but with the right advice I could use at least some.

Reception staff helped me set up my online account, and showed me how to use online services, so I am more confident. The applications are simple, straightforward and user-friendly. As a result, I started using online access regularly and I am happy with it.

I have a sensory disability, but the website is optimised for accessibility software and I have support from surgery staff, so I am able to use it.

I don't understand how to register for online access and no one tells me anything. I tried doing it once, but it required some paperwork that I was never able to communicate with reception about- they don't have time for me.

The appointments are very confusing and there are no tutorials explaining what to do. I have a sensory disability, and there is no support for people like me to access them.



I never use the Internet at all. I need to be able to access all the GP services I need without going online.

Because a lot of other people use online services, the telephone lines are less busy than in other surgeries. I can book appointments, request repeat prescriptions or receive my test results over the telephone or in person.

I can't book an appointment over the phone- they keep telling me to use the e-consult form. Because I don't have internet and can't do that, I started calling 111 or going to A&E when what I really need is a GP appointment.

Even when I clearly need to be seen in person and physically examined, I'm still only given online appointments.

What local people are saying about online GP services

Feedback from people satisfied with online GP access

I used an e-consult form. Very efficient - completed the e-consult form and had a call back within two hours. Had to provide a sample to the practice and had initial results within another two hours. Would be happy with this service in normal life as well!

(Tower Hamlets patient)

Made an online booking and received a call from the GP, who then set up an online consultation through a text message. Everything happened very quickly and I am very pleased with it.

(Hackney patient)

While it's overall harder than before to access my GP, I have noticed some improvements-booking blood tests online for example.

(Havering patient)

Feedback from people dissatisfied with online GP access

The e-consult facility is often a waste of time. I have completed endless e-consults and half the time I get nowhere because they ask me to ring the surgery instead. When I ring the surgery they ask me to complete an e-consult. Many times I have gone round and round in circles getting nowhere.

(Redbridge patient)

Had my annual diabetic review virtually, it is impossible to do feet checks that way.

(Tower Hamlets patient)

E-consult is very difficult to complete with a visual impairment. Telephone lines are extremely busy.

(Tower Hamlets patient)

I have had to contact the surgery six times in last two months for my 8 year old son .. they can't offer a face to face appointment which I find so strange! I have been told this is how the surgery will continue to be.

(Tower Hamlets patient)

Preliminary findings from a recent survey with 71 City residents on digital access found:

- Number of apps/digital platforms that are now used is confusing. In the City residents have at least 10 different apps to access their health information.
- The different apps/platforms not talking to each other, therefore having to access several to get information needed.
- Access to information for the cared for by their carers and specific info not given for appts. E.G. one carer looks after Mum and Dad, she gets the appts through on the same app but it doesn't specify whether its for Mum, Dad or herself!
- Similarly, proxy access is not always simple to obtain and when granted, it is not always possible to see the same information that the patient would be able to, which is needed in cases of carers etc.
- Level of info is different according to who is providing it, E.G. some clinics/depts use Patient KNow Best but some give test results, some don't etc.
- Lack of language and disability access options.
- Multifactor authentication/complex verification processes is increasingly becoming a problem.
- Worries about data storage and privacy.

On a positive note!

- Ordering medication/repeat prescriptions has improved
- Quicker to book a GP appointment then waiting in the 8am rush queue
- Appointment reminders are helpful
- *survey and focus groups conducted in summer 2024*

Sickness to prevention

- Access and trust are key prerequisites for building participation around the prevention agenda. Need to show that the NHS will be there first and can be trusted before you can ask people to do things differently.
- Proactively offering check-ups, routine investigations, screenings, vaccinations or other forms of care and supporting in a coordinated manner builds trust.
- Link to person centered access to trusted information sources - understand their motivations and gain their trust.
- GP surgeries actively work with the wider community to promote holistic patient health - social prescribers, the voluntary sector etc
- Inequalities continue to increase for those experiencing them now. Community connections and stability of things like employment and housing help people to manage their health better if they are experiencing inequalities.

What we have learned

Tower Hamlets Cost of Living Report

Cost of living increases affected **local people's ability to make healthy lifestyle choices**. The main culprit for it is the **rising price of food**, and particularly of healthy food choices. **Compared to 2019-20, concern about the wide availability of fast food has been surpassed by concern for outright food poverty.**

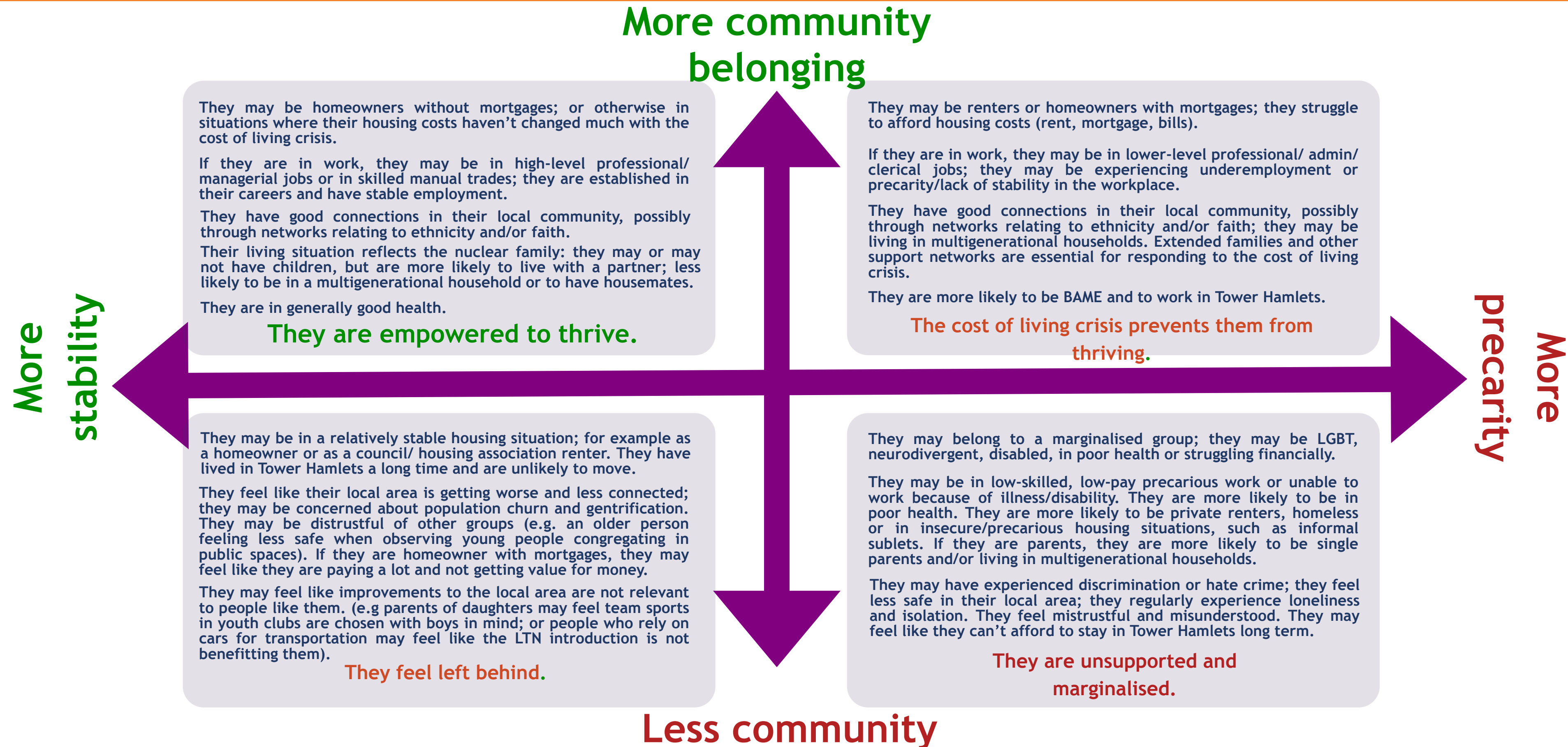
Local people's experience of health and care services is mixed, and the cost of living crisis has deepened **inequalities around access to care and experience of care**. Inequalities happen along the lines of **social class** and **general state of health**; and less so factors such as ethnicity or age. Patients struggling financially and those with long-term health issues (especially those who were neurodivergent or living with a long-term condition) had more negative experiences of health and care services. This shows potential for a **vicious circle of poor health and poverty**, which can drive health inequalities even further.

The cost of living crisis is furthering inequalities. Most hit by it are:

- Families with children; especially with school-aged children; single parents; multigenerational households.
- People experiencing poor health or long-term illness.
- People in junior-level, lower-skill or precarious jobs.
- Renters, especially private renters.

More than half of respondents constantly **worried about being able to afford their rent**, mortgage or utility bills; renters (especially private renters, parents and people on zero-hours/ precarious work contracts) were the most worried.

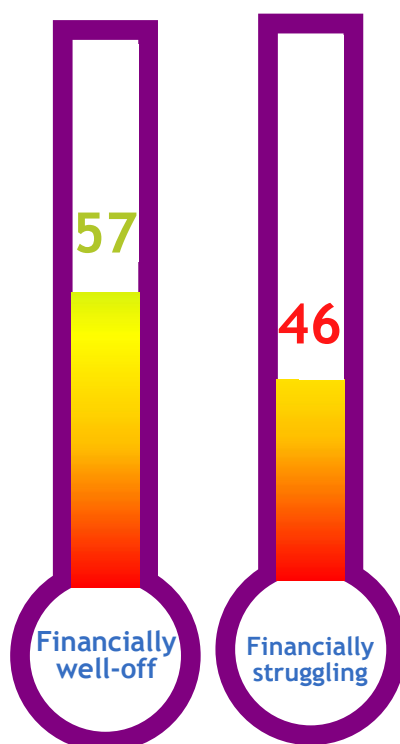
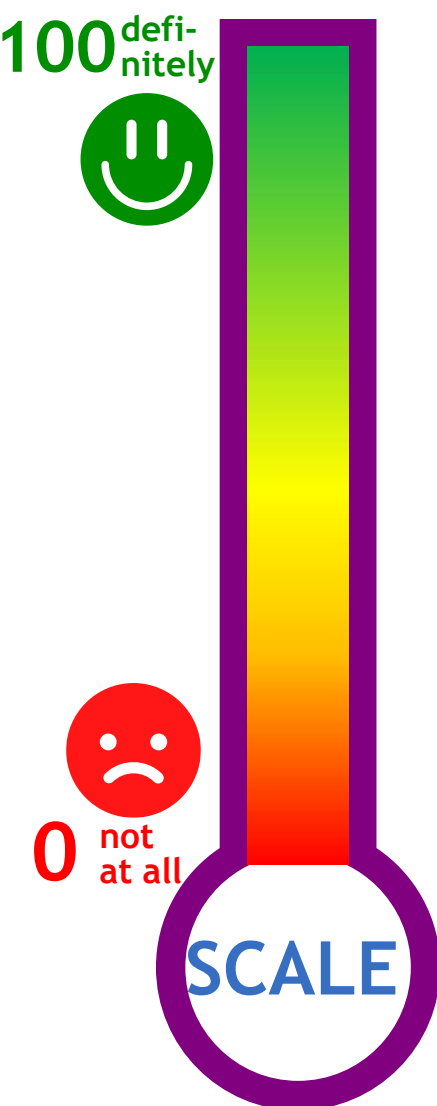
Who is thriving in Tower Hamlets and who is not?



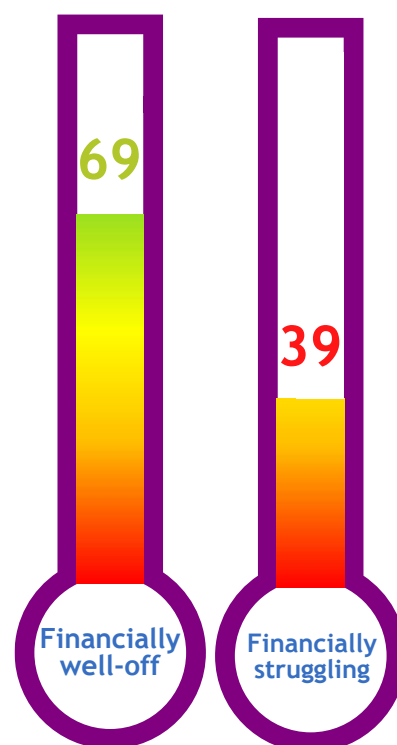
Different people experience Tower Hamlets differently

Focus on: people struggling financially

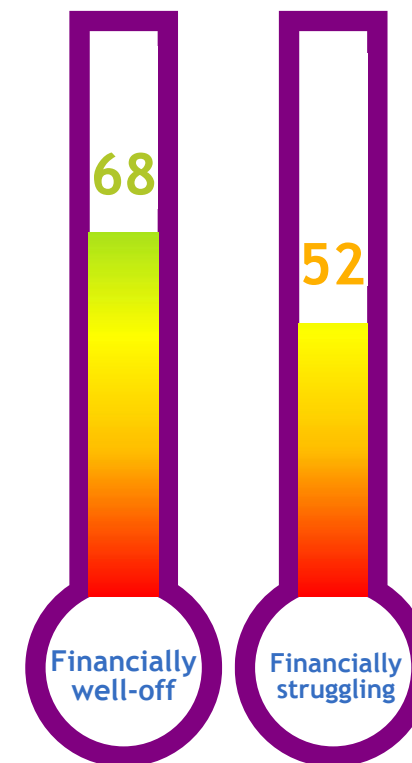
➤ Compared with their financially well-off peers, people struggling financially had consistently poorer outcomes when **accessing health and care services**.



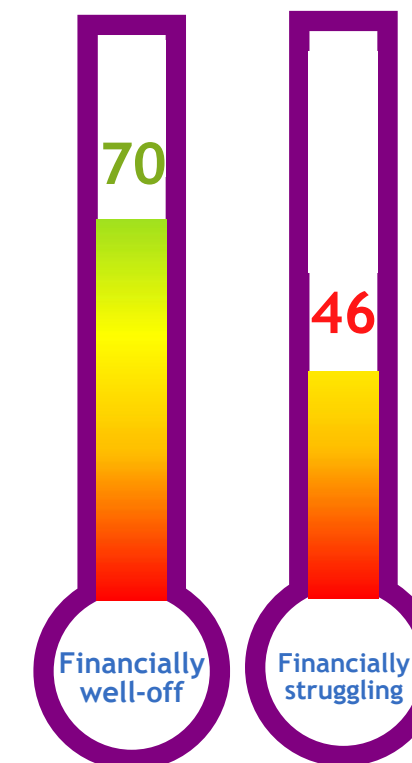
Regardless of who I am, I am able to access care services for my physical and mental health.



I am able to access safe and high quality services when I need them.



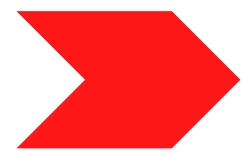
I feel comfortable talking to medical professionals treating me about all aspects of my health and identity



I have a positive experience of services I access, overall

Different people experience Tower Hamlets differently

Focus on: people experiencing poor health, disability or neurodivergence.



People who were in poor health or living with a long-term condition were finding it harder to **make healthy lifestyle choices**; this is partly due to their conditions in themselves and partly to the cost of living crisis and cuts to services.

”

I need someone to come and take me to sessions but that keeps getting canceled or it's such an inconvenience.

(Respondent living with a long-term condition)

”

Every little service is now private and that needs to change-in particular the leisure centres.

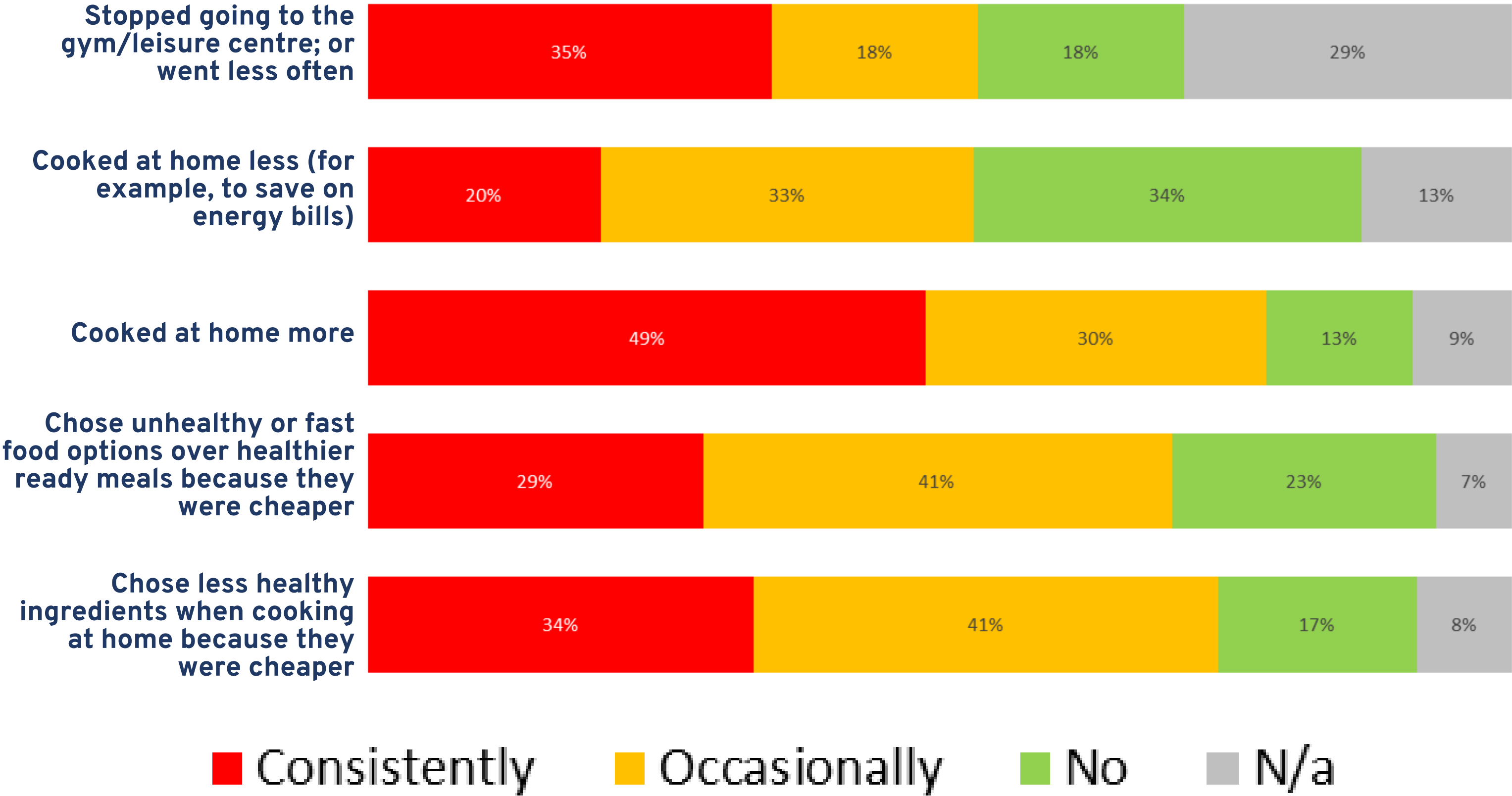
(Respondent living with a physical disability)

”

Organic or healthy ingredients are too expensive. Fast food is the easier and cheaper option.

(Respondent living with physical and mental health long-term conditions)

Impact of the cost of living crisis on healthy lifestyles



What we know about vaccines and vaccine hesitancy in Tower Hamlets and Waltham Forest



GP surgeries- what makes a difference

Higher Covid vaccination rates in Tower Hamlets and Waltham Forest GP practices were correlated with:

- ▶ Patients feeling **treated with care and concern**.
- ▶ Patients believing the appointments they get at their GP practices **meet their needs**.
- ▶ Patients feeling **listened to by** healthcare professionals.
- ▶ Patients feeling **involved in decisions** about their own care and treatment.
- ▶ Patients believing they are **given enough time** during medical appointments.
- ▶ Patients **trusting medical professionals** in the practice.
- ▶ Patients feeling that their **mental health needs are recognised**.
- ▶ Patients finding **reception staff helpful**.

All of these correlations were stronger in relation to the 2023 seasonal Covid vaccine booster than with initial Covid vaccines pre-2023; which indicates an **increasing importance** of these factors.

GP surgeries in more deprived areas also had lower rates of Covid vaccines than those in more affluent areas.



How to engage on vaccines

in an accessible, person-centred way that shows competence and builds trust

The Bangladeshi community

- Higher levels of trust in GPs, the NHS and scientists; less trust in online information.
- Levels of literacy and digital inclusion may vary, with a generational element- GPs especially important for those with lower levels, especially those perceived by patients as good and supportive.

The Pakistani community

- Lower trust in GPs, more likely to seek information online or through friends/ family.
- People perceived as prestigious can be effective influencers (for example: someone running a successful local business)
- Government/WHO websites and BBC News are trusted sources of info.

The African/Caribbean community

- High levels of trust in the NHS brand, but not necessarily individual local GPs.
- Likely to seek out information online.
- Some may prefer information NOT to be in writing. NHS-produced online videos or reels could be effective for engagement.

Children and young people

- Reliant on parents or school for information; some may feel that decisions about vaccines are up to the school/parent, not them.
- For early childhood vaccinations, health visitors can play an important role in communicating with parents.