

## Governing Body meeting

### Questions received from the public with responses from the CCG

MEETING DATE: 21 January 2021

This set of questions was received prior to the meeting taking place, with the response document then published on the CCG's website and also emailed to those who submitted the questions. It has been updated since its first publication and includes questions received during the meeting which were not answered in the meeting. Where a question was raised on behalf of a group the person's name is listed below; where the person did so as an individual then their name has not been published.

<b>Question 1</b>	What is being done across South East London to support the mental health of the public in this lockdown and beyond (the mental health impacts will no doubt be felt long after things 'return to normal').
South east London resident	There have been very worrying reports circulated recently about a large proportion of NHS staff feeling depressed, anxious and suicidal throughout the pandemic and I know a lot of members who feel the same.
<b>Response</b>	<p>We know that the pandemic and subsequent lockdowns have had a huge impact on the mental health of local people across south east London – both residents and staff. We ran a successful digital mental health and wellbeing campaign last summer – <a href="#">Free your Mind</a>. The campaign reached just under 1.5 million of our residents with over 5 million impressions. It was particularly successful on Facebook and Instagram where we achieved engagement rates at 4.5 times the sector average and 44% of this engagement was with members of BAME communities. The campaign won a national award and we are developing a second phase that will launch in the coming weeks and focus on increasing uptake of Improving Access to Psychological Therapy (IAPT) services and other self-help resources (including Qwell).</p> <p>This month we have launched <a href="#">Qwell</a>, a free, anonymous online counselling and emotional wellbeing service for adults from digital mental health pioneers <a href="#">Kooth</a>. The site is accredited by the <a href="#">British Association for Counselling and Psychotherapy</a> (BACP) and offers early preventative care and support. Anyone aged over 26 years of age and living in south east London,</p>

can receive free counselling sessions from qualified counsellors via an online chat-based platform. Chats can either be accessed through a drop-in service or pre-booked sessions from any connected device. The site is open 24 hours a day; one-to-one counselling sessions with a qualified counsellor are available from 12-noon until 10pm on weekdays, and from 6pm until 10pm on weekends. Those using Qwell are also be able to take advantage of a range of self-help tools from reading and contributing to articles, peer to peer support via online discussion boards as well as journals and goal trackers.

We are also a partner in [South London Listens](#), a campaign across south London to listen to local people to understand how Covid-19 has affected wellbeing and mental health. These insights will then be used to inform future phases of the campaign, which will culminate in the publication of an action plan in spring 2021. This is the first part of new mental health prevention initiative across south London to help tackle the mental health impacts of Covid-19. The campaign is a joint initiative between NHS mental health trusts, CCGs, local authorities, Healthwatch, Public Health England, Citizens UK, Black Thrive and other community partners.

At the CCG, staff have been regularly engaged and supported to help them during the Covid-19 pandemic. Whilst the majority of staff are working at home, the CCG has:

- Ensured staff have all undertaken display screen equipment assessment and have the equipment they need to support their physical health and work comfortably
- Engaged staff through pulse surveys to better understand the support staff might need
- Equipped line managers to hold health and wellbeing conversations with their staff – which is in line with the NHS People Plan
- Sent fortnightly newsletters called ‘keeping healthy, safe and well’ which signpost staff to information on physical health, mental wellbeing, financial health, digital health and safety and more.
- Shared regular videos from the CCG’s executive team leaders and governing body members reminding staff to look after their physical health and wellbeing whilst working from home
- Engaged staff through bi-monthly staff briefings and twice-yearly away days and dedicated time to discuss health and wellbeing

- Launched a series of staff networks and champion groups to learn more about the experiences of those working at home or on redeployment

The CCG is currently working with south east London Integrated Care System partners to establish a digital portal to reach and support health and care staff. The portal will:

- Act as a single point of access for national and local resources for prevention and self-management of health and wellbeing for health and care staff
- Provide access to psychological well-being engagement opportunities & advice via email or call back
- Include a live chat function for real time contact with staff which includes (where necessary) screening and/ or self-referral to IAPT.

## Question 2

Southwark  
resident

We are aware that the covid pandemic has had an adverse impact on non-covid performance; this in the context of deteriorating performance over a number of years as a consequence of 10 years of austerity.

### **1 cancellation of urgent cancer surgery:**

We understand from reports in the press ( Gaurdian newspaper) that patients with advanced cancer have had there surgery cancelled, at Barts and Kings College hospitals over the last few weeks. This is despite repeated assurances from Sir David Sloman ( NHS Regional Director for London) to the contrary ie, no interruption in cancer care.

It is important to remember that this involves cancer cases which are classified as 'priority two'surgery, which should be done within 28 days of a decision to operate. As many of us cancer survivors know, any delay risks the patients disease spreading and becoming inoperable.

**Question: what is the current position at Kings ( and Barts) , and do you envisage more cancellations in cancer surgery?**

### **2 Current performance across NHS SEL CCG:**

As you will be aware on the 14<sup>th</sup> January NHS England and NHS Digital published the latest data on key activity and performance measures for November and December. Urgent and Emergency Care Daily Situation Reports were also published for the first week of January, giving a more up to date picture of how the NHS is coping this winter ( see Nuffield Trust).

We had anticipated a report to Today's meeting regarding NHS performance across SEL CCG.

To highlight a few of the key points on NHS performance from the published data;

- In December 2020, one in five people (20%) attending A&E spent more than 4 hours from arrival to admission, transfer to discharge. Waiting times have worsened for the past seven consecutive months.

**Question: what is the performance across NHS SEL CCG and how is this being addressed?**

- 89,807 people spent more than 4 hours waiting on a trolley from a decision to admit to admission. 3,745 people waited over 12 hours in December 2020, the highest numbers since records began.

**Question: what is the performance across NHS SEL and how is this being addressed?**

- The total number of people waiting to start consultant led- elective treatment increased to over 4.5 million in November 2020. The number of people waiting over 52 weeks increased to 192,169 in November 2020; the highest level since April 2008.

**Question: At the November CCG Gov Board meeting you stated that “ at the end of September 2020, the waiting list size is 131,855”. what is the current performance across NHS SEL CCG and how is this being addressed?**

- In November 2020 almost one in four patients (24%) waited longer than two months to start their first treatment following an urgent GP referral for suspected cancer. The 62 day cancer target has not been met for over four and half years.

**Question: what is the current performance across NHS SEL CCG and how is this being addressed?.**

## Response

### **1. Cancellation of urgent cancer surgery**

*Barts Health NHS Trust does not form part of the south east London region and we are unable to provide an update on their behalf.*

All provider trusts in south east London (SEL), including King's College NHS Foundation Trust, have seen significant impact on surgery capacity during the recent surge in Covid-19 cases, as SEL has had to significantly increase the level of high acuity care capacity to meet Covid-19 demand. Surgical capacity across all providers in SEL, as well as that procured from the independent sector, is currently being coordinated across SEL, with patients prioritised based on clinical urgency, to ensure that all patients in SEL have equitable access to capacity, noting that cancer treatment falls within the highest clinical priority category.

During this immediate period of peak Covid demand, however, waits for cancer surgery may be longer than usual. We are working to maximise capacity and this will further increase as COVID-19 demand reduces.

Provider trusts remain in close contact with all patients who were scheduled to have surgery in the coming weeks to outline any changes. Given current pressures short notice changes may be required as we respond to the pandemic and the need to protect patients and staff.

### **2. Current performance across south east London**

Performance across SEL was 78.68% in December 2020. This level of performance was heavily impacted by a surge in Covid-19 related attendances and associated admissions. SEL trusts have had to focus on maintaining the safety of patients by ensuring their care was carried out in the relevant pathways e.g. Covid and Non-Covid. The acuity of patients presenting and needing admission to an acute bed also severely impacted the flow of patients through our sites.

Capacity had to be flexed to accommodate more Covid positive patients in the general and acute bed base. Trusts responded by 'flipping' surgical wards to medicine, reconfiguring wards to house Covid positive patients and redeploying staff from other areas to support, increasing Intensive Treatment Unit (ITU) capacity.

Throughout the response to the pandemic, keeping patients safe and looked after has been the priority for all SEL sites. This has meant that some patients have had to wait longer to be moved from the Emergency Department on to a ward. Patients are prioritised based on their clinical need and some patients will need to be stabilised in ED before they can be moved to an appropriate bed e.g. ITU once capacity is available. In December 418 patients waited longer than 12 hours to be transferred from ED. This has occurred against the context of an unprecedented position, and the focus of all involved has been on maintaining the safety of both patients and staff in what has been an incredibly challenging time.

For SEL CCG, the total waiting list size was 130,839 as at the end of November 2020 (the latest published data) - of this 5,380 were waiting more than 52 weeks.

As at the end of November the CCG was ahead of the March 2021 trajectory for overall waiting list size. Long waiting patients is a key area of focus and key actions to address the number of long waiting patients include:

- Robust waiting list management and clinical validation of long waiters
- Increasing outpatient capacity to address all non-admitted breaches (except dental) by March.
- Weekend working to increase on-site capacity.
- Maximise use of all available Independent Sector capacity
- Review of differentiated wait and capacity opportunities to enable the utilisation of capacity on a system basis.

Some of the actions above have subsequently been hampered by the current COVID pressures, including:

- A reduction in outpatient capacity, as staff and facilities are redeployed to support COVID and cancer capacity.
- A change in the use of Independent Sector Providers from treating long waiting patients to urgent (Priority 2) patients, including cancer treatment and diagnostics.

The latest available validated 62 day performance figure for south east London is November 2020 - in November 74% of patients were treated within 62 days of an urgent suspected cancer GP referral.

Achieving the 62 day standard (at least 85% treated within 62 days of an urgent suspected cancer GP referral), remains a core part of all current plans and strategies in cancer, recognising the long standing performance changes in this area. Pre the Wave 2 Covid-19 impact we had been making good progress in reducing treatment backlog back to pre-pandemic levels. The impact of the current wave on cancer performance will need to be assessed but we expect it to exacerbate existing challenges.

Priority areas of focus to improve waiting times are: increasing capacity for diagnostic investigations and treatment within the region, embedding national best practice diagnostic pathways to ensure patients receive a timely diagnosis or ruling out of cancer, ensuring efficient 'tracking' of patients to ensure decisions and next steps are expedited particularly where patients are transferring across sites for their next stage of treatment.

### Question 3

**Sue Ghany**  
**Unite Branch**  
**Secretary**  
**South East**  
**London**  
**Medical**  
**Branch**

In the statement regarding the contract for the direct access GP work the minutes of the SEL CCG AGM on September 17th 2020, enclosure 9, agenda item 13 section 5.1 states" The only change of note is the laboratory where the tests are processed which has been confirmed as having no impact to the patient or GP's of South East London"  
Do you agree with this statement and can we have a copy of the full Risk Assessment and other evidence that confirms it"  
In addition can you explain why this decision was taken against the wishes of the NHS trust which preferred an NHS option?  
Do you understand this will incur a £12.1 Million income loss for the hospital trust and destabilise NHS laboratory services as this work is 50% of the current laboratory workload?  
Do you support the decision despite local opposition? Did you consult and get agreement from the local Borough based boards ?

Please see the link below to our petition in conjunction with KONP <https://www.change.org/p/south-east-london-clinical-commissioning-group-and-other-bodies-no-privatisation-of-south-london-pathology-services?redirect=false>

### Response

From a patient perspective, there will be no change at all to the process of tests, and getting results, their interaction with their GP will remain the same.

For GPs, the process remains the same too, using the same systems for requesting and getting results. For Bexley, Greenwich, and Lewisham GPs the laboratory where the tests are processed will change, and that is planned for 1 October 2021.

The South East London Pathology programme is fully mobilised on implementation, which initially is focused on transition, with the new provider, a partnership between King's College Hospital NHS Foundation Trust (KCH), Guy's and St Thomas' NHS Foundation Trust (GSTT) and Synlab UK commencing on 1 April 2021. The partnership will be working to GSTT and KCH, who we contract for this service. Following successful transition work, the programme will move to the transformation phase, ensuring the full benefits of the new arrangements are delivered. The Pathology programme has a range of workstreams (Operations, IT, HR, Clinical, Primary Care & Community) and risks will be considered and mitigated at work stream level, and reported through agreed SEL Pathology governance. The Primary Care & Community workstream is overseen by the CCG, and Neil Kennett-Brown is the SRO, with a dedicated programme team and clinical leads from our boroughs. A full communications plan is in development, and we are expecting to provide a range of updates in the next month to key stakeholders, including the wider public.

The decision to include the six borough's GP Direct Access activity within the SEL Pathology Network and subsequent procurement was taken in 2018 by the six CCGs (since 1 April 20, SEL CCG). Lewisham and Greenwich NHS Trust (LGT) were part of the procurement process, however they decided in 2018 to be part of another pathology network (with Barts Health and Homerton) and they are implementing those arrangements currently. The September 2020 decision of the CCG to commit the GP Direct Access Pathology to the GSTT, KCH, Synlab partnership, was a Governing Body decision, and the acute contracts are managed through our shared south east London team, and not delegated to our borough teams, however all the Borough Directors and GP Clinical Leads are all on the Governing Body (The borough based boards did not have a formal role in this process). The successful bid had both financial and quality benefits and proposed the strongest service offering for primary care. This is outlined within our [September 20 Governing Body papers](#). The CCG are working closely with LGT on the SEL Pathology programme, so we can be assured on the transition plan, and supporting the trust on mitigating any organisational or commercial risks as part of the overall contractual and financial planning process.

#### Question 4

Member of  
the public in  
Bexley

I really appreciate that these are hard and unprecedented times but my concern is that people with pre- diabetes are not being diagnosed, patients not getting annual reviews and this includes foot checks where they should have their feet examined and be given their level of risk of diabetic foot disease.

There is a noticeable reduction in the number of people with diabetes being referred to Multi- Disciplinary Footcare Teams which is very concerning as lack of urgent referral of patients with limb threatening disease leads to unnecessary amputation.

Please can I have your reassurance that face to face reviews will resume as soon as possible.

#### Response

The CCG has been working with GPs and acute clinicians to ensure patients living with diabetes continue to receive a full service to manage risks and reduce complications. In terms of GP practices, a ‘risk stratification’ approach has been developed for GP patients with diabetes which allows GPs to identify which patients are most at risk and then to contact them by phone to ask a series of questions. Where there is a need, the patient is then invited to a consultation with the GP over the phone, via video or if necessary in the surgery.

In addition, the group has developed a text message to go out to all GP patients with a message to ‘take care of your feet’ and contact the GP or usual foot care provider if patients notice a new cut or blister. The risk stratification tool and copy of the text message was sent to all south east London GPs in early January to use. This approach means that where an annual review cannot take place, there is still a process to support patients with the highest risk.

Within the Multi Disciplinary Footcare Teams (MDFT) clinics in south east London, podiatrists are still providing a face to face service as usual. Home visits are also being arranged by community teams as well as with senior podiatrists from the hospital based MDFTs for urgent complex diabetes/vascular cases as required.

Access to the MDFT service is via a GP eRS referral or by other healthcare professionals via email. The MDFTs also accept self -referrals by existing patients.

If a patient does not want to attend the clinic, the podiatrists are using photography sent by the patient, family members or the liaising District Nurse and telephone consultations are arranged. If antibiotics are necessary these can be arranged via the GP or couriered from St Thomas' Hospital to the patient's home.

## Question 5

### Save Lewisham Hospital Campaign

#### **1. Use of Private Hospitals**

Please can you detail the volume and type of patients seen in the private sector in SE London for the NHS over the COVID period, and what is the nature of the ongoing contracts ie are they block contracts or based on the number of patients seen.

#### **2. School safety and role of CCG/ICS**

Will the CCG/ICS be involved in discussions with local councils (currently facing huge cuts to their funding allocations from the government) and other ICS partners regarding funding to make schools safer for pupils and teachers e.g. improved ventilation, IT equipment to facilitate blended learning and acquisition of space so class sizes can be reduced?

#### **3. ICS consultation**

Many campaigners in SEL responded to the NHSE/I Public consultation despite the shortness of the consultation period, unfortunately timed to take place over Christmas and the New Year.

Does the CCG share our concerns that it is premature of NHSE/I to be carrying out a consultation on ICSs when the lessons learnt from a full and public review of the impacts of COVID on the NHS will be the best indicators of what changes are required.

#### **4. Asylum seekers, refugees and migrants**

Good vaccination rates are essential for protecting the health and wellbeing of asylum seekers, refugees and migrants **and for protecting the health of the community at large.**

What provision and measures is SELCCG taking to specifically address the issue of access to vaccination for migrants, regardless of immigration status? For example, in what ways can the CCG ensure that:

- GP registration is made available to all

- there will be provision for vaccination outside primary care which does not require documentation of identity or GP registration
- there will be ways for undocumented and unregistered people to access vaccination centres without waiting for a call from the NHS
- there will be reassurance for some that their data will not be shared with the Home Office ie that there should be a firewall between NHS data systems relating to vaccination and the Home Office.

## Response

### **1. Use of private hospitals**

The contract with Independent Sector providers is held nationally and the arrangements made represent a once for London approach. We will seek a response to the question from our Regional lead. We can however confirm that Independent Sector capacity is being used to support the treatment of our highest priority urgent patients during this second wave.

### **2. School safety and role of CCG / ICS**

Councils continue to support all schools and settings in responding to the significant challenges that the pandemic presents, with information shared regularly with partners including the CCG. The Department for Education regularly issues guidance on the safe operation of schools and settings, which leaders respond to, in line with local risk assessment of what can safely be provided within that setting. Having spent extended periods providing remote learning to the majority of pupils, schools are experienced at providing high quality education to children at home and through a blended learning model. Access to laptops has been a challenge for schools and Councils have supported this with access to hundreds of devices through the national scheme, with schools now able to order additional devices directly. With approximately 25,000 schools across the country and in the region of 50,000 pupils in a large London borough, the acquisition or construction of additional space or implementation of additional mechanical ventilation is not a practicable solution. When the decision is taken for schools and other settings to extend opening to all children once more, leaders will introduce further protective measures, with advice and guidance provided by Public Health as required.

### **3. ICS consultation**

The ICS in south east London has submitted its response to the NHS England engagement upon national proposals in relation to the future of ICSs in England on 8 January 2020. Within that response we expressed our view that an extension

of the engagement period should be considered in light of the level of operational pressures being felt by partners over the Christmas period.

**4. Asylum seekers, refugees and migrants**

GPs are currently vaccinating unregistered patients as temporary patients. However, it is important for people to register with a GP so they are automatically added to the vaccine register and are called for vaccination when it is their turn according to the cohort they are in. Anyone can register with a GP and you do not need proof of address or immigration status to register and there is more information on the NHS website here <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>. Additionally, we will be opening mass vaccination sites when have enough doses of the vaccine – one per borough – which will be open 8 – 8, 7 days a week and people will also be invited to have their vaccine at these sites. Discussions are also taking place at a London level about vaccinating asylum seekers, refugees and migrants. Information will not be shared with the Home Office.

**Question 6**

Local resident

So many 70-year-olds in the Borough are receiving their vaccinations whilst 75's and 80-year-olds have not heard a thing. As far as I know, there is no telephone number to call to get any information. Phone our surgery and a metallic voice just repeats the message ~ "Do not phone us or the NHS we will phone you". Why is there no central authority saying when and where the vaccines will be done? Disabled folk are worried that they will be told to go to Epsom, O2 or some other faraway place. Lack of communication causes more stress and worry than needed.

**Response**

We understand that people may be worried about when they will be offered their vaccine. We are asking people not to contact the NHS and to wait to be contacted as the NHS is very busy at the moment, but we do want to reassure everyone that you will not be forgotten and you will be invited to have your vaccination when it is your turn.

The first priority cohorts which are set by the government are older people' care homes residents and staff, people over 80 and health care and social care workers. There are 22 Primary Care Networks (PCNs – groups of GP surgeries working together) and they are working through their lists of over 80s to invite them in for a vaccine. Some surgeries will have more over 80s than others so may take more time to work through their lists. From this week we are starting to invite in people

who are aged 70 – 79 in a phased approach. If people are invited to go to the Excel Centre (the London mass vaccination centre) through the national booking system and it is too difficult to travel there they can wait to be contacted by a local GP surgery.

Please see the CCG's website page for up to date information about the vaccine at <https://selondonccg.nhs.uk/what-we-do/covid-19/covid-19-vaccine/> and [this leaflet](#) explains why you have to wait for your vaccine.

## Question 7

Local resident

We have been told that once a batch of vaccine is opened it must all be used within a very tight timescale and thrown away if not used. It has also been indicated, by the press, that up to 30% of those scheduled for vaccines do not attend.

(I know that I would jump at the chance)  
With the above in mind...

1) Would you consider having a covid safe queuing system at operation at a set time of day outside the centres, when spare vaccine may be available? This could be offered to those living close by the vaccine centre who can walk there in time to get unused doses.

2) Alternatively, would it be possible to offer the vaccines to staff already onsite at local businesses who are working with the public, who are consequently at risk and yet may not be offered a vaccination booking until many months in the future.

It seems criminal to risk wasting vaccines when people are working to high risk areas with a lot of public contact are as yet uncovered.

## Response

We want to reassure you that we are not wasting or throwing away vaccines in south east London. Practices and hospitals are able to call in health and social care staff from priority cohort 2 who are on standby, as they reach the end of the expiry window or if there are people who did not attend their vaccination appointment. There have been very few people not attending and wastage has been negligible.

<p><b>Question 8</b></p> <p><b>Bromley resident</b></p>	<p>I am 76 and my surgery is Poverest St Mary Cray. When am I likely to have my jab and where?</p>
<p><b>Response</b></p>	<p>You are likely to be invited in for your vaccination at the Orpington Health and Wellbeing Centre once all the over 80s have been invited in to receive their vaccinations. We are starting to invite those aged 70 -79 in a phased way from this week so you should be invited in very soon.</p>
<p><b>Question 9</b></p> <p><b>Member of Bromley Patient Network</b></p>	<p>I am very pleased to have received two vaccinations at the Beacon. The leaflet that I was given at the time of injection said that I should show a doctor or nurse my vaccination card if I had any problems. I don't have any problems but I would like to have a vaccination card. I did ask at the time for some proof but was told I had to ask my doctor at Cornerways. I have just done this to be told they don't have any and therefore cannot help me. A neighbour went for her first vaccination at the Beacon last week and was given a card to put in her wallet so I think it must be an oversight that I and I presume many others having a second vaccination weren't given one. Both my appointments were made with one telephone call from my GP so I have no appointment record. Please let me know how I can obtain proof of having received both vaccinations. It may not be important right now as we can't go out much but obviously will be very important shortly.</p>
<p><b>Response</b></p>	<p>The cards are reminder cards for appointments rather than proof of vaccination. The cards delivered to the site with the vaccine and vaccination sites are not able to order more of them if they run out. Your patient record will be updated to record the vaccination, so there is a log of everyone who has had a vaccine.</p>
<p><b>Question 10</b></p> <p><b>Bromley resident</b></p>	<ol style="list-style-type: none"> <li>1. What proportion of over-80s living at home (i.e. not in care homes) and not receiving hospital treatment (either as inpatient or outpatient) in the SE London CCG area have had their first vaccination?</li> <li>2. What is the timetable for vaccinating over-80s who need a home visit for their vaccination? (An answer in the format x% by 24 January, y% by 31 January would be helpful. "As soon as possible" is not a timetable. For context, there are elderly people living independently who don't have access to a car and for whom public transport adds an unwanted additional risk of infection.)</li> </ol>

	<p>This type of information has been limited to date because the three hospitals which were the main vaccination sites in December draw patients from across south east London. However, we hope to have this level of data soon. If you are invited to attend a national vaccination centre, you can also wait until more locations closer to where you live become available.</p> <p>The standard operating procedure (SOP) for the vaccine to be deployed through a ‘roving’ service model into people’s homes individually was published on 15 January 2021. The CCG will be working with GP practices through primary care networks (PCNs) to ensure housebound people over 80 are vaccinated before mid-February.</p>
<p><b>Question 11</b></p> <p>Gay Lee, Lambeth Keep our NHS Public</p>	<p>Lambeth Council will debate a motion on Test and Trace at its full council meeting on Wed 20th Jan. The gist of the motion is below - which is to bring the whole system under the auspices of the Local Authority:</p> <p>I would like, on behalf of Lambeth Keep Our NHS Public, to ask whether SELCCG would support in principle this move to localise further this national service which is clearly not value for money, in particularly through escalating this to a Londonwide/regional level. We ask this while realising that the Test and Trace system is apparently not part of the CCG remit as such - but clearly the health impacts of the Covid crisis in this area of London is part of the CCG responsibility.</p>
<p><b>Response</b></p>	<p>The CCG works closely with local councils as part of the Integrated Care System across the whole of south east London. We know that Lambeth Council have launched their own contact tracing service that works alongside the national system, with a number of contact tracers who speak local community languages, which helps when contacting local people. They can also signpost to local sources of support, including financial support, when people have to self isolate. The CCG welcomes all initiatives to contact people who have been in contact with people with Covid-19 to help stop the spread of the virus and, therefore, relieve pressure on the NHS.</p>
<p><b>Question 12</b></p> <p>Bromley resident</p>	<p>Can you please give me an idea of when the over 70 s will be invited for vaccination in Bromley and Orpington. My neighbours who are younger than me have managed to get vaccines at Guys hospital but when I rang Guys I was told they are only vaccinating the over 75s which I will be in 2 months time. There doesn’t seem any consistency.</p>
<p><b>Response</b></p>	<p>The message across south east London is to wait until you are contacted by the NHS to invite you for your vaccine. We are starting from this week to invite those aged 70 -79 for their vaccines in a phased manner. Some surgeries will have larger</p>

numbers of people in the priority cohorts and people are being prioritised within those cohorts according to their medical needs.

**Question 13**

**Owen Davies,**  
Chair of  
Clapham  
Family  
Practice  
Patient  
Participation  
Group

We wish to ask the CCG to do everything possible to ensure that the available vaccine is distributed to GP surgeries in such a way that it prioritises those who are most vulnerable and those in health inequality areas. We do this because we have spoken to people in our own community and believe that the current concentration (for example, only four hubs in Lambeth) leads to processes which disadvantage some parts of the community, particularly poorer older people and some parts of the BAME communities.

The decision to restrict vaccination to a small number of sites in Lambeth may have been taken with the best of intentions (because of the need to ensure the Pfizer vaccine was used efficiently and no supplies were wasted) but, for some older people in Lambeth, the distances to be travelled - given that many consider public transport to be unsafe - have meant that they do not take up the appointments offered. Also, for people who are ambivalent about taking the vaccine, it is essential that it is on offer through their own local surgery, from people they trust.

The apparent reliance on smartphones to text appointment offers is also disadvantaging those who do not use such devices.

Can you tell us please how you are monitoring the take up to identify whether "hard to reach" groups are being disadvantaged?

We ask that, once the Oxford AZ vaccine is available, then the number of GP surgery sites offering the vaccination is expanded to a minimum of one per PCN, and ideally to all surgeries.

We ask that support is given to all PCNs to develop their own local communication connections to enhance take up through work with local people and local organisations

**Response**

Sites have been set up across all the south east London boroughs in a phased way as more vaccine has become available. In addition there will be one mass vaccination site per borough coming into operation. There are a number of issues we

have to consider in choosing sites including the need for a separate entrance and exit, enough space for social distancing and enough space for people who have had the vaccination to be observed for 15 minutes in a socially distanced manner.

We are telephoning people to offer the vaccine as well as using texts.

We're hoping to get the information about who is taking up the vaccine and who is declining the vaccine for south east London in the next few working days, then at borough level after that. The data cannot be accessed directly by the CCG as it is held on clinical IT systems but will be shared as soon as available. This will inform the development of our communication and engagement plans.

We are also working with the voluntary and community sector, community champions and faith leaders to explore how we can best get messages out to the diverse communities across south east London as well as with GPs and health professionals including making short films which can be used on social media.

Lambeth GP and member of the Governing Body, Dr Di Aitken made a film about the importance of getting the Covid-19 vaccination which you can see on the [CCG's twitter account here](#). Dr Jacky McLeod, a GP in Lewisham, member of the Governing Body and a member of the Lewisham BME Primary Care Network has made this short film outlining how dangerous Covid-19 is and encouraging people to take the vaccine and you can see this film on the [CCG's twitter account here](#).

The Lambeth Portuguese Wellbeing Partnership has made a short film encouraging people to take up the vaccine which you can see on the CCG's [twitter account here](#).

**Question 14**

**Lewisham resident**

What other methods of communication are being used as, currently, it seems the only way NHS are contacting people is by text in mobiles giving a link to the NHS to book an appointment. Several people I have spoken to have had problems with this method. Some think it is a spam message and have deleted, and some have old mobiles that do not have internet access. Others are concerned about having to queue out in the cold despite having a time slot.

	Just using the mobile method of communication means a lot of people are missing out on their vaccinations which is a concern. Not everyone has the technology, up to date technology or the access to it or are able to use it for a variety of reasons, so vital these people do not miss out because of that.
<b>Response</b>	We are telephoning people in south east London to invite them in for the vaccination as well as using text messaging.
<b>Question 15</b> <b>Bromley resident</b>	Can the Governing Body give some indication of exact timescales as to when the first four cohorts will be contacted to come forward for vaccinations. As the postal delivery service is very poor at present I would be grateful if texting or emailing could also be used.
<b>Response</b>	We are aiming to deliver the first doses of the vaccine to the first four priority cohorts by mid- February. These priority cohorts are all care home residents and staff, all health and care staff, all over 70s and all extremely clinical vulnerable people. In south east London we are contacting patients by text or telephone call. The national booking system is contacting people via letter (for the Excel mass vaccination site in London).
<b>Question 16</b> <b>Greenwich resident</b>	<p>1) <b>Bed Occupancy and ED attendance rates QEH Woolwich.</b> Shortly before the pandemic in late 2019 the CEO of L&amp;G NHS Trust Ben Travis stated that 'winter pressures' on beds and A&amp;E were no longer limited to the winter months but had also triggered alerts as early as July 2019. At Greenwich Overview &amp; Scrutiny he agreed that the bed numbers at the QE were inadequate given attendances at A&amp;E were running at 170 per cent of capacity . Can the Board provide details of bed occupancy rates and ED attendances since March 2020. In addition what were the number of diversions of ambulances from the QEH and transfers from A&amp;E to other hospitals.</p> <p>2) <b>Engagement Assurance Committee</b> The EAC held its first meeting earlier this month. Can the Board confirm the names of the patient members and confirm that the meetings will be widely circulated in future.</p>
<b>Response</b>	<p><b>1. Bed occupancy rate and ED attendance rates QEH Woolwich</b> This question requires detailed information and we will provide an answer to this after the Governing Body has taken place.</p>

**2. Engagement Assurance Committee**

As you rightly say the first formal meeting of the Engagement Assurance Committee took place earlier in January. The papers are published on the CCG website <https://selondonccg.nhs.uk/get-involved/engagement-assurance-committee/>. We will be publishing the names of the members of the committee and short paragraphs of information about each member.

**Question 17**

**Nicola Kingston,  
Helen Bristow  
(Croxted PCN) and  
Jane Collingridge  
(Croxted PCN)**

**Congratulations and Learning Network participation by patients**

1. We thank and congratulate all in the health and social care workforce who are striving so hard to maintain all services at this most challenging time, and especially those providing COVID services.

We would wish to commend those who are supporting their patients to be proactive and listen, and see to coproduce new services and communications.

Already there is extremely positive patient feedback from our PCN based vaccination clinics; e.g. how very simple, accessible and efficient the notification and booking process is, how efficiently the clinics are running, how very welcoming, friendly and reassuring the staff and volunteers are.

Yet, there are also many concerns and other feedback about the vaccination programme which need responses to support the roll out.

**Is there a daily learning and quality improvement process in place, and at what organisational level, and how can this be informed by patient feedback?**

**Differences in vaccine roll out, and equality impact**

2. Patients have seen a lot of variation in the dates and sites for vaccinations.

We understand there are, rightly, criteria for the selection of all sites and that sites are dependent on the delivery of vaccine for their clinic dates.

**At what level are decisions made about the selection of sites and the supply and choice of vaccine?**

3. We recommend that at the earliest opportunity vaccine appointments should be available in each PCN in order to address issues of inequality.

We see the roll out is essential to ensure inequalities are addressed.

**Can you tell us if this is your plan, and when this will be developed?**

4. Concurrently, patients have seen messaging from surgeries that patients over 80 (and other groups) should wait to be contacted, while the message from GSTT that has been conveyed via word of mouth across the S.E. London community, is that the vaccine appointments for over 70s can be booked proactively by phoning the hospital on 020 7188 4040 with your NHS number

**Was this done as a matter of SELCCG policy, and were any specific messages targeted to BAME or disabled or vulnerable groups about this hospital availability?**

**Will future messaging be targeted at specific disadvantaged/vulnerable groups?**

5. Whilst mixed messaging about clinics, in the early stages of the programme roll out is, perhaps, unavoidable, it has driven raised levels of anxiety in many people across the S.E. London community with some uncertain when they can expect to receive their vaccination invite and others becoming increasingly fearful they will slip through the net.

**What communications can be put in place to seek to reassure these people?**

6. Some hospital patients in critical groups have been told they need the vaccine before their non COVID treatment can continue, but they have not been given access to it.

**How can these patients have their vaccinations expedited?**

**Communications in the community**

1. Please can you advise how local communities can be engaged and supported to develop consistent, appropriate local messages to help address health inequality issues and particularly issues with those reluctant to have the vaccine?
2. How will message develop in future between invitations to attend PCN based, borough based and London vaccine centres, and how will local people who are not digitally active be supported to get the vaccine?

## Response

There are weekday daily meetings about the vaccination programme and a Programme Board that meetings fortnightly which shares information from across south east London. We welcome patient feedback to further inform our learning and development and this can be emailed to [selccg.contactus@nhs.net](mailto:selccg.contactus@nhs.net).

There are currently 22 PCN sites across south east London with three more opening over this week. These sites have been set up across all the south east London boroughs in a phased way as more vaccine has become available. In addition there will be one mass vaccination site per borough coming into operation. There are a number of issues we have to consider in

choosing sites including the need for a separate entrance and exit, enough space for social distancing and enough space for people having had the vaccination to be observed for 15 minutes in a socially distanced manner.

The message across south east London is to wait until you are contacted by the NHS to invite you in for your vaccine. We are starting from this week to invite those aged 70 -79 for their vaccines in a phased manner. Some surgeries will have larger numbers of people in the priority cohorts and people are being prioritised within those cohorts according to their medical needs. We have raised the issue with Guy's and St Thomas'.

We understand that people may be feeling anxious about when they will be invited in for their vaccine and wish to assure you that no-one will slip through the net or be forgotten. We are holding a number of briefing sessions to help communicate these messages including with local councillors, MPs, faith leaders, community champions and the voluntary and community sector particularly those organisations working with older people, people from Black, Asian and minority ethnic communities and low income families and explore how best to get these messages out. We are encouraging people to refer back to the CCG's website.

In addition to working with local people and making films for use on social media as described in response to question 14, we will be seeking to have leaflets in supermarkets and distributed via, for example, food banks. Nationally, there will also be a wider media campaign as well.

**Question 18**

**Bromley resident**

I should like to submit a question to the panel at tomorrow's meeting regarding the roll out of the vaccine. I am a resident in Orpington and I am aware that the Bromley GP Alliance is responsible for organising this. Can the panel tell me why vaccinating the over 80s only began the week beginning 11th January when it is clear other areas of the country began vaccinating this age group before Christmas and are now moving onto the next category of vulnerable people? Is there a supply issue or lack of organisation? As I understand, Bromley has a high proportion of elderly residents. Will you be able to deliver the promise made by the government to vaccinate the top 4 categories by mid February?

**Response**

We are now on day 45 of the vaccination programme. We can confirm that in south east London we started vaccinating people over 80 on 8 December 2020, the day after the Pfizer vaccine was approved for use in the UK. Due to the logistical issues of moving and storing the Pfizer vaccine it was initially available in hospital sites only. We started a phased approach

to providing the vaccine in primary care sites from 14 December as vaccine supplies became more available. We currently are providing the vaccine through 22 primary care sites, eight hospital sites and we are currently opening up three more primary care sites and three pharmacy sites across south east London. We are on course to deliver vaccines to the top 4 priority cohorts by mid February.

**Question 19**

**Bromley resident**

Question 1) Please can we have an update on how many Over eighties have received their vaccination and when will the vaccination be rolled out to the over 70's

Question 2) Where will vaccinations take place as I understand there has been a delay with the GP Alliance starting the vaccination programme at the Beckenham Beacon site

**Response**

We have delivered over 80,000 vaccinations to date. The government announced on Sunday 17 January that the over 70s and those who clinically extremely vulnerable can start to be invited in for their vaccines and we are starting to phase this in now in south east London, although we continue to focus on the over 80s, residents and staff in care homes and health and care staff.

Vaccinations are provided at 22 primary care sites including the Beckenham Beacon, eight hospital sites and we are currently opening up three more primary care sites and three pharmacy sites across south east London. The Bromley GP Alliance are not responsible for the vaccination programme at Beckenham Beacon – this is managed by the Beckenham PCN.