

ANNUAL REPORT

2022



www.jubileestreetpractice.nhs.uk

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Vision Statement

- Our Vision -

A healthy and well-cared-for population with a healthy and fulfilled workforce.

- Our Purpose -

We are an ambitious, passionate and driven organisation that champions equality and the values of the NHS. We look after our community and each other, providing the highest quality comprehensive healthcare.

Our commitment to the local community can trace its history to 1906, when one of the founding GPs came to work in the East End. The current doctors are drawn from different generations, representing a broad spectrum of experience and knowledge. Many partners have been active in the development of general practice, with roles in politics, teaching and research over the years.

- Opening Hours -

Monday: 8:30 - 19:00

Tuesday: 8:30 - 19:00

Wednesday: 8:30 - 19:00

Thursday: 8:30 - 19:00

Friday: 8:30 - 12:30, 13:30 - 19:00

(closed for one-hour practice-wide meeting)

- Contact Information -

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Working at Jubilee Street Practice

We believe it is important for all partners, and all other staff, to understand and appreciate the values which underpin our work, as they form the basis of our identity as a practice.

Commitment to general practice as free at the point of need: We are committed to providing high-quality services with access for patients on an equal basis regardless of race, gender or economic circumstance.

Commitment to continuity of care and 'relationship-based' medicine: We practice with a personal list system but include flexibility to allow for patient preference.

Commitment to the local community: The practice can trace its history to 1906, when one of the founding GPs came to work in the East End. The current doctors are drawn from different generations, representing a broad spectrum of experience and knowledge. Many partners have been active in the development of general practice, with roles in politics, teaching and research over the years.

Commitment to excellent care in an area of economic and social challenge: We place a high priority on continuing professional development and practice-based education, for which we provide protected time.

Commitment to undergraduate and postgraduate teaching: This keeps us in touch with the new generation of doctors and helps maintain our skills and knowledge. We find it rewarding to inspire doctors in training with a vision of what being a "good" doctor is all about and encourage enthusiasm for good inner-city general practice. We have trained GPs since 1980, many of whom have stayed to work in East London.

Commitment to research: The practice has built a strong research base through links with QMUL and a portfolio of studies in which we are involved. These activities keep us interested in asking questions and challenging our practice. Not all partners will be directly involved in teaching or research, but we need a collective commitment to the practice's emphasis on these activities as a way of achieving our goals and maintaining our ethos as a practice.

Commitment to each other: Having doctors at varying stages of their careers, we recognize the differing needs at different phases of professional lives. We work hard to support each other and to be accommodating as far as possible without compromising the needs of the practice.

Commitment to our staff: We have an excellent, highly committed staff team, and it is a high priority to promote staff development and recognize their expertise. We have a high staff complement for our list size, which reflects our commitment to quality care.

History and Development of Jubilee Street Practice

Four threads make up the Jubilee Street Practice, which occupied Steels Lane Health Centre from 1982 – 1998 and moved to its current site at 368 – 374, Commercial Road in 1999 when the building was opened by **Professor Wendy Savage**.

Hartford Street Site

Dr Harry Roberts laid the first strand of the partnership in 1906. He started a medical practice in West Cornwall. His daughter writes:

“Medical Practice in Stepney in 1906 was at an extremely inefficient level; with few exceptions, it was staffed by seriously underpaid doctors who had been unsuccessful in obtaining more lucrative posts elsewhere. Dr Roberts was deeply involved with a passionate desire for justice for the underdog and said he felt he could at least be of some help as a doctor in the slums of East London if he could find a practice there. So in 1906, to Stepney he went. Those of us who remember Stepney in the early nineties will recall the incredible poverty and hardship that most people had to face; especially women. For the first year as a doctor in Stepney, my father never left the practice for a single hour. Medical fees were sixpence, to include medicine, and one shilling if you were visited on the round. It is on record that in the first year he attended over 500 confinements and never lost one mother. By the time the Health Insurance Act came into force in 1911, his practice was by far the largest and best run in East London. It had four doctors, one a woman, two qualified nurse midwives, a dentist and a masseur.”

After Dr Roberts' death in 1946, the practice continued to be run by **Dr Lottie Weihermann** and **Huxley Fernando**, and then by **Dr Harold Claff**, who practised from 66 Jubilee Street until he joined the Jubilee St Practice until his retirement in 1996.

Cable Street Site

Another outstanding doctor who started in practice in Cable Street in 1927 was **Hannah Billig**. She was awarded the George Medal for exceptional bravery during the Blitz on London in 1941, and later in 1945 was made an MBE whilst serving in the Indian Medical Service. An exhibition of her life and work was shown at the Ragged School Museum Stepney, in 1996. Her successor was **Dr Katarina (Katherine) Schopflin**, medically trained in Budapest and Scotland, whose pioneering work in women's medicine brought her an OBE shortly before her retirement in 1980. Dr Schopflin opened Steels Lane Health Centre in January 1982.

Arbour Square Site

Dr Louis Jaffe came to the London Jewish Hospital and took over a small practice in Stepney Way after the First World War, and later moved to Arbour Square to make it a large thriving practice. Despite considerable physical disability as a result of childhood polio, Dr Jaffe continued in practice until his eighties and a medical research fund was established in his memory. **Dr Brian Harris** joined him in 1963.

Methodist Mission Bromley Street Site

During the depression, the Methodist Church ran a medical mission for the wives and children of workers covered by the 'stamp', the forerunner of the National Health Service. The Mission Practice was housed first at the Castle, an ex-pub on the site of the present east London stadium and then in Bromley Street, employing several young women doctors. In 1948, this service was taken over by the NHS and **Dr McGill**, who had worked many years in Sierra Leone as a missionary. Dr McGill was the last of the mission doctors and the first to run it as an NHS practice. She retired in 1958 and the practice was taken over by **Erica Jones**. In the early 1970s, **Dr Schopflin** and Dr Jones revitalised the domiciliary obstetric service in Stepney.

Establishment of the Jubilee Street Practice

These four strands came together to form the Jubilee Street practice in 1978. The practice started its work from port-a-cabins in Musbury Street from 1978-81. The partnership expanded with the appointment of **Mary Edmondson** (trained by **Dr Schopflin**), **Mike Young** (one of the first doctors to go through the VTS at the London Hospital, trained by **Brian Harris**) and **Sally Hull** (who joined the partnership in 1980, from the vocational training scheme at St Thomas hospital, with a particular interest in developing undergraduate teaching for general practice).

In 1982, the practice moved into the renovated Steel's Lane Health Centre on Commercial road. This building was originally bought in 1889 to form the East End Mothers' Home – with 13 beds – a development of the Glamis Road Mothers' Lying-in Home for the treatment of poor married women during childbirth. The Regional Health Authority in the late 1970s was keen to develop health centres and bought and renovated the building to house general practice and community services on a joint site.

When **Erica Jones** retired from General Practice in January 1992, a notable chapter in the life of the Jubilee Street Practice came to a close. Erica brought to the practice not only her lively and distinctive personality but also a great wealth and breadth of personal and medical experience which benefited the practice and the many young GPs she nurtured in her capacity as a trainer. Since the 1990s there has been a greater turnover of principals in the partnership. In 1992, **Naomi Beer** and **Rebecca Viney** joined, both had been on the London Hospital VTS and trained at Jubilee Street Practice. Rebecca Viney left in 1994 to be replaced by **Jane Edge**, who moved to Bristol in 1999 to be replaced by **Nicola Hagdrup**. In 1997, **Dr Nicola Cowap**, who had also been on the London Hospital VTS, joined the practice; she has since relocated to Watford.

Brian Harris retired in 2002 after a tremendous career spanning 35 years of work in east London General Practice. He played an important role in developing and steering the vocational training scheme in its formative years and was the medical director of the centre for primary care from 1985 to 1995. This was developed following the 1981 Acheson report into inner-city practice on which Brian was a working member. **Salma Ahmed** joined in 2002, taking over Brian Harris' list. Previously a registrar in the practice (trained by **Sally Hull**), she has interests in training and research. **Robin Cartwright** from Cambridge and then **Nick Silberstein** from Australia were each with the practice from 2002-7. Since then, we have recruited **Jens Ruhbach** who has a special interest in dermatology, and **Emma Ovink** who leads on prescribing for the practice and also trained at the practice.

In 2010, **Mary Edmondson** retired after a career of over 31 years. Alongside the important contribution she made to continuing and truly personal care of her list over these years and her championship of women's medicine, she also developed the role of undergraduate teaching in the practice and became vice-chair of Tower Hamlets LMC (local medical committee).

By 2011, the partnership had six clinical partners and, for the first time in its history, recruited a non-clinical partner. **Virginia Patania** has been the practice manager since 2007 and has brought a new and welcome range of management skills into the partnership. Virginia is now called the "transformation partner" rather than the older term "practice manager".

In 2016, **Dr Naomi Beer** retired after 28 years at the practice (25 as a partner). Her patients and the practice were heartbroken to lose her, but her influence on the practice lives on. Alongside taking excellent care of her patients and colleagues and representing the practice at the LMC, she was voted one of the 50 most influential GPs in the country, following her blisteringly successful campaign to Save Our Surgery.

Additionally, **the Jubilee Street Practice earned a CQC rating of "Outstanding" in 2016**, making them only the second practice to have achieved this rating.

In 2022, **Dr Salma Ahmed** stepped down from the partnership after 21 years. Happily, her patients did not have to say goodbye to her completely as she is now working as a salaried GP at the practice. She continues her excellent work training the next generation of GPs through her work as a GP trainer and coaching.

People at Jubilee Street Practice

- Partners -



Dr Nicola Hagdrup

- MBBS MRCGP MPH DFSRH
- Qualified: 1987
- GP Trainer
- GP Appraiser



Virginia Patania

- Transformation Partner/Practice Manager



Dr Emma Ovink

- MBBS MRCGP DCH DFSRH
- Qualified: 2003
- GP Trainer
- GP Appraiser
- Undergraduate Medical Student Teacher



Dr Jens Ruhbach

- MD DCH DRCOG MRCGP, Diploma in Clinical Dermatology
- Qualified: 1995
- GP trainer
- Minor Surgery Lead

- Salaried General Practitioners -



Dr Salma Ahmed

- MBBS MSc DCH MRCGP
- Qualified: 1991
- GP Trainer
- GP Appraiser



Dr Ali Klaber

- MBChB MRCP MRCGP
- Qualified: 1991



Dr Natalie Symes

- MRCGP BC MBBS DRCOG
- Qualified: 2000
- GP Appraiser
- Undergraduate Medical Student Teacher



Dr Zahra Husain

- DHMSA BSc (Hons) MBBS MCEM MRCGP

- Other Staff Members -

<i>Practice Coordinator</i> Lyn Owens	<i>Transformation Coordinator</i> Kamal Uddin	<i>Care Coordinators</i> Asma Begum, Nurin Begum
<i>Finance Administrator</i> Helen Olajorin	<i>Administrators</i> Nipa Khanom, Shereen Hussain	<i>Assistant Practitioner</i> Marjia Sultana
<i>Practice Nurses</i> Amy Endersby, Fatima Ali-Yousuf, Lauryn Murdoch, Liz Hands	<i>Phlebotomists</i> Ayesha Khatun, Nicola Cyprien, Mahmudha Daham	<i>Healthcare Assistants</i> Ayesha Khatun, Subarna Barua, Wahida Begum
<i>Physician Associates</i> Nadia Aktar, Tabana Gohar	<i>Practice Pharmacist</i> Harriet Abbiss	<i>Diabetes Specialist Nurse</i> Bonnie Mpofo
<i>Medical Secretaries</i> Christine Hulbert, Majeda Khanom	<i>Patient Assistant Manager</i> Yasmin Rahman	<i>Senior Patient Assistant</i> Nicola Cyprien
<i>Patient Assistants</i> Abeda Siddika, Amin Nafnaf, Danielle Bramble, Faiz Mahmudul Hussain, Farjana Hussain Sheri, Imane Saidani, Joe Nicholls, Najiya Begum, Nipa Khanom, Nurin Begum, Rajna Begum, Rahima Begum, Rukshana Muquit, Sultana Begum, Valentina Bettozzi		<i>Caterer</i> Shakila Wakili

The Jubilee Street Practice also uses the GP Care Group Advocacy Service for Tower Hamlets. The practice can provide interpreters in many other languages via The Language Shop.

Jubilee Street Practice Profile

The Jubilee Street Practice serves Tower Hamlets. Named after the Tower of London, it is a borough with a population of about 346,900, which will likely increase to 382,428 in the next decade. The borough has experienced **rapid population growth** over the last few decades and is **one of the areas with the highest population density in the UK.**

The population is quite young, with a median age of 31.6 years. Approximately 46% of people in Tower Hamlets are aged 20-39, compared to just 26% across England. A mere 6% of Tower Hamlets' population is 65+, smaller than the age cohort in London (12%) and England (18%).

Very ethnically diverse, Tower Hamlets has a **large immigrant population**, with more than 40% of residents born outside the UK. 69% of the population are ethnic minorities (not White British), such as those of African, Chinese and Indian descent. With a Bangladeshi community that accounts for approximately 32% of the borough population, Tower Hamlets has the **largest Bangladeshi population in the UK.** Religion, particularly **Islam**, continues to play a prominent role in the lives of many local people, with at least 68% of the population having a religious belief.

Although Tower Hamlets contains Canary Wharf, the financial district of London, it is still **one of the most deprived communities in England.** 60% of Tower Hamlets is among the 30% most deprived areas of England, with children and older people disproportionately affected. Approximately 27% of children live in relative poverty (compared to 18% across Great Britain), and about 44% of the elderly live in income-deprived households (compared to 23% in London and 17% in England). Additionally, around 12% of the jobs in Tower Hamlets pay below the living wage in London.

The residents of Tower Hamlets also encounter a **disproportionate amount of health issues compared to the rest of the capital.** Healthy life expectancy (number of years that a person can expect to be in good health) is approximately 3.7 years lower for men and 7.8 years lower for women compared to London as a whole. Disability-free life expectancy (the number of years that a person can expect to live without day-to-day activity restrictions associated with chronic illness) is about 2.0 years lower for men and 3.2 years lower for women relative to the average in London. Infant mortality rate is higher than the rate in London (3.3 per 1,000 births) at 4.3 per 1,000 births). The rate of cancer and COPD (Chronic Obstructive Pulmonary Disease) mortality as well as cases of dementia, diabetes, tuberculosis and HIV are also above average in London. **However, the rate of smoking during pregnancy as well as A&E attendances by children and CHD (Coronary Heart Disease) is below average compared to the rest of London.**

*Sources: Tower Hamlets total population estimates were taken from *Varbes.com*, and all other statistics were taken from *TowerHamlets.gov.uk*.

Patient Services Offered at Jubilee Street Practice

- Daily Services -

Chronic disease	Women's health
Healthy lifestyle advice	Travel advice and immunisations
Repeat prescription	Blood pressure monitoring
Childhood immunisations	Acute health concerns
Phlebotomy	Family planning
Cervical screening (smear tests)	

- Network Direct Enhanced Services -

Chronic disease	Women's health
Healthy lifestyle advice	Travel advice and immunisations

- Network Improved Services -

NDPP - NHS diabetes prevention program	ICCQ NIS - clinical delivery: CVD, CKD, diabetes, COPD, mental health
Latent TB	Nursing home care
Drugs misuse	Alcohol screening
Prescribing	Sexual health
Anti-coagulation	Childhood immunisation
Phlebotomy	Surgical aftercare
Smoking cessation	



Transformation Partner's Report

It feels like **the world has changed** between our last annual report in 2019, and this year's. And indeed, it has. Time froze less than a year after we published our last report, and we re-emerge now, still standing if a bit bruised.

COVID has certainly had an impact on us. At a time when most of society was isolating, we were coming to work and trying to understand how to safely continue to care for our patients. This felt a bit difficult when so many headlines offered the idea that "GP surgeries are closed" – closed we very much were not, not for a single day. What we were learning to do was to **provide care remotely**, trying to **protect both our staff and patients** at a time when there was no blueprint to be followed.

This has bonded us as a team, as we learned to find new ways of keeping one another safe, while inventing gestures of warmth and humanity that felt much needed at a time when love looked like a two-metre distance bubble. **Some of our lives, however, did change forever.** Family circumstances changed, life priorities reorganised around a different model, and inner-city living, for some, lost a bit of its shine. So we lost clinicians. Several of them. And some of our nurses reorganised their work to be able to deliver it remotely. Our partner Dr Salma Ahmed, a real pillar of our practice, chose to stay at Jubilee Street, but to effectively retire from the partnership, into a salaried role.

So what does this mean for the rest of us? Is the partnership model still what we want? Does everything we do need to be in person, and how do we deliver care when really struggling to recruit clinicians, with patient demand soaring, now that people can leave their homes? We don't have the answer to these questions yet, but are working bravely and creatively to **design what we hope can be a new model for general practice**. This might involve changing our legal structure or joining other stakeholders for the benefits of scale, working with secondary care and public health more closely – perhaps all of these things, and more.

In the meantime, we know there are few industries where you still telephone someone for a service – most activities take place online. So as we try to change our structure, we are also trying to **change how we deliver care and reach our patients**. Technology in the NHS works a bit slower than our ambitions, but we are trying to find **online booking systems** that feel both user-friendly, and clinically safe. We've called our new booking process **JSP4U**, and yes, we know many of you have strong feelings about this.... So do we. Rest assured, it is something we are looking at daily. The road between a great idea and a great experience often holds a few twists and turns.

As one of the most precious and rewarding developments in recent years, the pandemic made us hungry to create connections and reach out to our users in new ways. We wanted to create partnerships with our community to help support well-being and togetherness. So we started our hugely successful work around **community engagement**. You can find activities and opportunities on our **snazzy new website** – which is something you definitely want to check out. Our digital interface has changed **but worry not, we haven't gone completely remote** – just look at the allotments outside the practice, as evidence of our in-person relationships with our community. Lettuce speaks stronger than IT.

We are learning as we go, just like the rest of the world in this post-pandemic era. What's stayed the same is our passion for our work, for our community and for each other. And so what a great feeling it is to be writing another annual report together, a testament to our vitality and resilience. New models of care are needed – and we are at the table, sat up straight, **here to do our part in creating a better present for our patients, our community and our staff.**

Virginia Patania
Transformation Partner
JSP, July 2022



Patient Assistants' Report

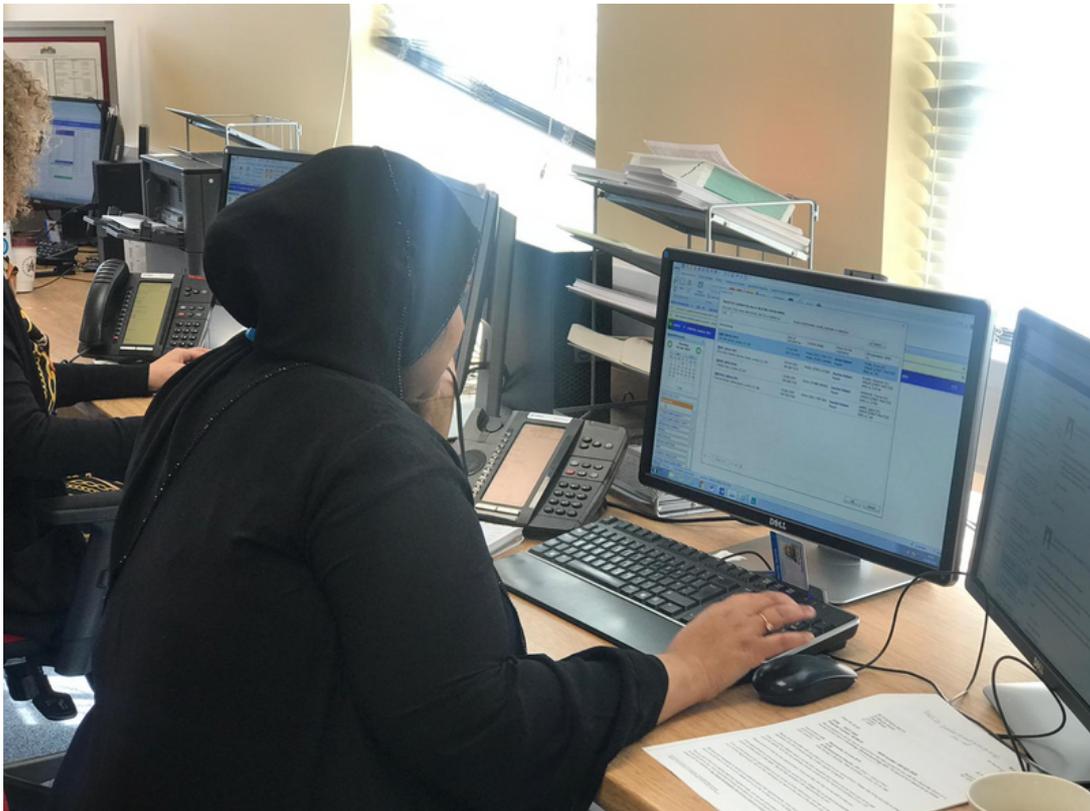
Reception has been working with a **new system called JSP4U** where we have a duty doctor with us (AM. and PM.) who helps us with patient queries on the phone and face-to-face.

In 2019, the **pandemic started and a lot of changes were made**, from labelling the rooms, wearing face masks and PPE, and labelling the flooring and the waiting rooms so we can implement the government guidelines of two-metre social distance.

When this happened, we had a **lot of questions within our team**. Loads of people were scared and worried about their health, family, friends and loved ones. **We worked as a team** and helped each other and just had to **be patient with all our patients** because this was all new to the world.

Three years later now we're in 2022. The **demand has increased** and we have fewer GPs and Admin Staff, so it's made life a little difficult to manage with always being **short-staffed**, so we now have had to **advertise to recruit** more GPs, Nurses, HCAs and Admin staff.

Yasmin Rahman and Nicola Cyprien
Patient Assistant Manager and Senior Patient Assistant/Phlebotomist
JSP, July 2022



Clinical Commissioning Group

As of the 1st of July 2022, **the Clinical Commissioning Groups ceased to exist**, and the North East London CCG has been replaced with the NHS North East London (NHS NEL). This is more than a name change, and we are committed to adopting a true System approach to healthcare; working collaboratively amongst all health and social care system partners to create an integrated healthcare system for our patients. Whilst we work collaboratively across North East London, we will also **continue to have a local focus in Tower Hamlets with our THT partnership.**

Tower Hamlets Together (THT) is a partnership of health and care organisations responsible for planning and delivering prevention and health and care services.

THT is all about **health and social care organisations working closely together to improve the health and wellbeing of people living in Tower Hamlets.** This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the patients who need them.

The partnership includes:

- London Borough of Tower Hamlets
- NHS North East London
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service

Our Mission is to transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs.

Our Vision:

- Tower Hamlets residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation.
- Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care.
- Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services.

Our System Objectives are to:

- *Transform health and tackle inequalities* - Achieve better health and wellbeing outcomes for all Tower Hamlets residents shaped by local people.
- *Improve quality of care* - Continue to strengthen service quality in line with national standards, local operational priorities and residents' views and needs.
- *Commission and deliver high-value services* - Commission resilient and sustainable services, tackling variation and waste, and ensuring the Tower Hamlets pound is spent wisely.

Our Priorities for Action are:

- *Develop our partnership* - Collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems together.
- *Deliver on health priorities and inequalities* - Support individuals, families and communities to live healthy, thriving lives.
- *Design care around people* - Provide accessible and responsive health and care services and deliver person-centred integrated health and social care for those who need it.
- *Develop our teams and infrastructure* - Ensure THT staff and teams have the right support, skills, knowledge and approach.

We are putting the voice of Tower Hamlets residents at the heart of all our decisions, strengthening engagement, participation and co-production processes to achieve this.

Rebecca Warren

Senior Primary Care Commissioning Manager

NHS North East London, July 2022



General Practice Care Group

The practice has continued to support the GP Care Group through Virginia's involvement as a Board Director (until May 2022).

Over the past year, the **GPCG has achieved the following:**

- Increased its **annual income** from contracts to **£37.7m**
- Continued to **lead the Tower Hamlets Alliance Partnership**, which holds the contract for community health services, with partners including Barts NHS Trust, ELFT, CVS, Social Care and LBTH, amongst others.
- Managed the **COVID Vaccine programme for the Borough** in its initial phases, delivering the services initially from QMUL and then at the Arts Pavilion. The GPCG then continued to work closely with the PCNs in the later phases by providing the house-bound and roving teams.
- Continued to manage **several community health services** including:
 - The GP Out of Hours Service, significantly increasing the number of local GPs who do shifts by buying medical indemnity for them.
 - The Single Point of Access.
 - The Health Advocacy and Interpreting Service.
 - The patient experience team.
- The **social prescribing services** go from strength to strength and now **work closely with many networks** by employing their social prescribing staff.
- Continues to **employ all the network management teams** (until July 2022).
- Run the **Network Improvement Schemes** on behalf of the networks and practices.
- Continues to deliver the **P-Reset** (Primary Care Drug and Alcohol Support Service) **contract** across the Borough.
- Delivers the **0-19 services** for the Borough, which encompasses the school nursing, FNP and HV teams.
- **Supported struggling practices** through the COVID pandemic and more generally when support was requested.

- Appointed some **new Executive Directors**: Clinical Governance and Strategy (Helen Childs, replacing Ruth Walters), Primary Care (Vicky Scarborough), Medical (Toby Longwill and Kam Tambar) and Chief Operating Officer (Malcolm Thomson, replacing David Robertson).
- Re-established the **Practice Managers Forum**, which is now fully led by the PMs.
- Continues to be a **member of the Tower Hamlets Health and Wellbeing Board**.
- Secured a new contract to deliver HV services for Waltham Forest.
- Delivers a **pilot for in-hours hubs**, which support the Emergency Department and UTC pathways.
- Developed and managed a **virtual ward for commissioners** to help avoid hospital admissions
- Strengthened its social value and increased investment back into the community through **appointing an Inclusivity Officer and Widening Participation Project Manager**.
- **Moved its Headquarters** from Beaumont House, Mile End Hospital to the top floor of Island Health Practice (July 2022).

Tower Hamlets continues to lead a strong group of providers to **be influential in the redesign of primary care** to make sure that local general practice remains sustainable. Jubilee Street is proud to contribute to the Care Group's success and development, conscious that the keys to its own sustainability lay in a robust system around the practice.

Chris Banks, Chief Executive, Tower Hamlets GP Care Group CIC
Virginia Patania, Transformation Partner, The Jubilee Street Practice
July 2022



Jubilee Street Practice

During COVID-19

The pandemic affected all of us at JSP, patients and staff alike.

The emotional impact was huge. We lost many patients to Covid, and staff members lost loved ones. At the practice, we prioritised staff welfare in a way we had never done before. We had high levels of staff absence and remote working. **We maintained a good standard of care by working as a team** with clear leadership, good communication and continuous innovation.

Demand varied. In the early stages, we saw **increased demand** driven by fear, uncertainty and panic. Then, there was a **decrease in demand** due to changes in patient behaviour. Many patients who previously sought advice and support regarding minor health problems, real or perceived, stayed away from the practice. There was a sense that patients were choosing to use scarce resources sensibly and were **valuing the NHS in a way that had previously been taken for granted.**

The practice reduced the services offered, and many routine services were suspended, such as LARC, minor surgery and LTC reviews. The practice slowly reintroduced these services as Covid levels decreased.

The practice changed its daily routine. We had two huddles daily at 8:30 am and 2:00 pm involving all team members, including those working remotely. These huddles were for daily updates about the service, sharing knowledge and checking on staff welfare.

We were fortunate that we had introduced Doctor First in 2013. Patients and staff already had experience with remote consultations. However, **IT systems had to adapt quickly** to enable video consultations and remote meetings using Microsoft teams.

Clinicians working in General Practice are experts in managing uncertainty. The pandemic stretched these skills to their limits. **Clinicians were managing patients at home** without many of the tools for assessment they would ordinarily rely on, and used video consultations to examine patients. The clinical risks were far higher than ever experienced before by clinicians.

There was a risk of staff being exposed to Covid daily. The practice implemented infection control measures, and rapidly designed policies to reduce risks to staff and patients within the building or on home visits. Many front-line staff were anxious about contact with patients, either due to their own risk factors or vulnerable family members. Some clinicians were obliged to work remotely to protect themselves from Covid risk.

JSP learned a lot from the pandemic. It forced us to **accept that staff welfare is as important as patient welfare**. We have moved forward from the pandemic with a change in our ethos. We continue to aspire to deliver an excellent standard of patient care centred on compassion and safety while at the same time valuing and looking after ourselves.

*Dr Natalie Symes
General Practitioner
JSP, July 2022*



Innovations at Jubilee Street Practice

- JSP4U -

From 1st November 2021, the practice is **making improvements to the way a patient can access their GP practice**, safely and securely.

The information the patient provides in their **eConsult** will be reviewed by a clinician, who will assess the clinical urgency.

Consultations will be **prioritised according to need**:

- Urgent appointments will be reserved for the most unwell patients who the practice feels need a same-day assessment
- Less urgent problems will be grouped into those needing an assessment within 48 hours and those that can wait up to a week
- For routine follow-ups and long-term condition reviews, the practice will aim to offer an appointment within 14 days

Depending on the type of problem, the appointment offered may be by telephone, video or face to face. Alternatively, the practice may **signpost the patient** to a different service if they are better placed to help, or provide the patient with **advice by text** if a consultation is not necessary.

For **telephone and video appointments**, the practice will send a text offering an appointment within the next 14 days. If the patient needs a **face-to-face appointment**, a member of the reception team will call the patient to arrange a suitable time (the practice will also call the patient back on a landline if they do not have a mobile number or IT access).

If the patient is offered a telephone appointment, the practice will advise them of the **date and a one-hour time slot when the practice will call**, making it **easier for the patient to plan their day**. If the practice cannot reach the patient at their allocated appointment time, the practice will try a second time. If the practice still cannot contact the patient, the practice will send a text message asking the patient to contact the practice again on a different day if the appointment is still needed.

This **improvement change** was initiated as **Doctor Direct (DD)** the previous system was **not "fit for purpose"** any longer. The expectations set by that system were not able to keep up with the demand from an **increase in patient registrations** over the last few years (from approximately 12,000 to just under 15,000), and of course, the pandemic also didn't help this situation. In addition to this, the practice has had a lot of **staff turnover** in the last 12 months including GPs.

This all had a **negative impact** on the following:

- Telephone queues
- Missed calls
- In-person queues at reception
- Increased complaints
- Staff mental wellbeing
- Clinicians working late / weekends

By **improving the DD system**, we hope to find a **better balance between demand and capacity**, and thus one of the main change ideas was to spread the work out across the coming days and weeks, especially for non-urgent queries, to improve our online consultation uptake to help relieve the telephone queues and cap demand to ensure the day's work is visible and manageable so everyone can finish as close as possible to their finish time.

Since introducing these changes, we have had mixed reviews where now the balance seems to be tipped in favour of the practice compared to the DD system, and although clinicians, on the whole, are finishing at a better time than before, we have seen a **rise in complaints around our online consultation provider and telephone queues**.

We are looking at **piloting the next phases** to help with some of the aforementioned issues including:

- Improved recruitment drive
- Evaluate options for online consultation providers and consider changing provider
- Initiatives to help improve telephone queues and reduce the number of missed calls
- Reviewing the number of registrations per week with the view of considering closing registrations but keeping in line with our contractual obligations

We are working closely, where possible, **with our patient participation group and staff** to help shape and design JSP4U and its improvement iterations.

Kamal Uddin
Transformation Coordinator
JSP, July 2022

- Community Wellbeing Hub -

Jubilee Street Practice (JSP) is located in Shadwell, Tower Hamlets, where residents reported lower subjective wellbeing compared to the rest of London. In the borough of Tower Hamlets there is an **increase of population in need of more care and support**. Good health is significantly low, which is influenced by high poverty levels, isolation, and thus individuals are at a higher risk of physical and mental health issues.

To improve the physical and mental health of our patients **we co-created engaging activities** such as PiYo (Pilates & Yoga), Walking Groups, Park Runs, Women’s Keep Fit, The Social Hub, Pain Therapy, Group Therapy and Coffee Mornings. The Jubilee Street Practice has funded these programmes since December 2020.

The aim of this programme is to **improve the practice’s registered population’s health and well-being by taking a community-centred approach**. We are hoping to see a reduction in the number of times patients visit their GP, by engaging in these free interventions. Due to COVID-19, the NHS is experiencing some of the most severe pressures in its 70-year history. By introducing these free interventions targeting physical, mental, social, and economic needs of the individual, we are hoping to see an improvement in the community’s health and wellbeing, **resulting in reduced challenges faced by NHS staff**. We believe these interventions will promote patient and community engagement which will lead to improvements in social determinants of health.

Project activity delivery Year 1 (October 2020 – December 2021)

- Total number of referrals received JSP: 233
- Participation from other community members: 42

Wellbeing Hub Activity	Number of Sessions Held	Number of Participants Enrolled	Number of Attendances
PiYo (Pilates & Yoga)	10	20	60
Park Runs	25	30	210
Women’s Keep Fit	7	15	93
Pain Group	9	38	78
Group Therapy	10	16	41
Walking Group	12	15	88
Social Hub	25	10	179
Coffee Mornings	10	40	115

Men's Keep Fit	12	8	74
Community Engagements Events	2	N/A	122
Total	122	192	1060

Testimonials:

"The Wellbeing Walks were successful in boosting lockdown life and was great to see people having the opportunity to meet new people and be together again".

Wellbeing Walks, Male (40)

"I enjoyed the Women's Keep Fit sessions taught by Elizabeth and would like to come back as it helped improve my health".

Women's Keep Fit, Female (52)

"I have incorporated what I have learned from the group therapies into my day-to-day life. I am so grateful for my therapist. I would like to use this service again with the same staff".

Group Therapy, Female (62)

"I am incredibly grateful for all the interventions created by Jubilee Street Practice. By attending these sessions, I have improved both my physical and mental health".

Pain Therapy, Female (60)

"Learning exercises, meeting people and learning more about how to endure my pain is what I look forward to every pain management session".

Pain Therapy, Male (71)

"I could leave all the stress outside the hub and enjoy the time during the session".

The Social Hub, Female (52)

"Knowing that the service is there for me to use and can support my wellbeing has proved beneficial for me".

Coffee Morning, Female (58)

Marjia Sultana
Assistant Practitioner
JSP, July 2022

GP Patient Survey

Our results show that several of **our scores have gone up over the past year**, which is heartening considering the efforts that the practice has made both to adapt its access models to the pandemic social restrictions, and to work on fewer resources since practice staff, too, has been hit by COVID in various ways and at various stages.

- **78%** find it easy to get through to our surgery by phone (Clinical Commission Group (CCG) average: 64%, national average: 68%). This is a **6% increase** from the previous year.
- **90%** find the receptionists at this GP practice helpful (CCG average: 84%, national average: 89%).
- **73%** are satisfied with the general practice appointment times available (CCG average: 64%, national average: 67%).
- **51%** usually get to see or speak to their preferred GP when they would like to (CCG average: 43%, national average: 45%).
- 69% were offered a choice of appointment when they last tried to make a general practice appointment (CCG average: 68%, national average: 69%).
- **90%** were satisfied with the type of appointment they were offered (CCG average: 76%, national average: 82%).
- **97%** took the appointment they were offered (CCG average: 96%, national average: 98%).
- **80%** describe their experience of making an appointment as good (CCG average: 66%, national average: 71%). This is a **4% increase** from the previous year.
- 83% were given a time for their last general practice appointment (CCG average: 91%, national average: 91%). This is the first year this question is asked.
- **94%** say the last healthcare professional they saw or spoke to was good at giving them enough time (CCG average: 83%, national average: 89%). This is an **8% increase** compared to the previous year.
- **95%** say the last healthcare professional they saw or spoke to was good at listening to them (CCG average: 85%, national average: 89%). This is a **7% increase** from last year.
- **92%** say the last healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment (CCG average: 83%, national average: 88%). This is a **9% increase** from the achievements of the previous two years.

- **96%** were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment (CCG average: 89%, national average: 93%). This is a **4% increase** from the previous year.
- **98%** had confidence and trust in the last healthcare professional they saw or spoke to during their last general practice appointment (CCG average: 93%, national average: 96%). This score is **higher than last year's high achievement by 4%**.
- **93%** felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (CCG average: 79%, national average: 86%). This score **increased by a staggering 19%**, against stable national and local averages.
- **99%** felt their needs were met during their last general practice appointment (CCG average: 91%, national average: 94%). This score is **1% higher** compared to the previous year.
- **75%** say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) (CCG average: 67%, national average: 74%).
- **93%** describe their overall experience of this surgery as good (CCG average: 77%, national average: 83%). This is a **15% increase** from last year.

The survey does not specifically suggest focusing on any priority areas.

The practice celebrates its **success around enhanced outcomes** on almost every question, other than offering a specific time for appointments (which is intentionally not in our model of care).

The present report will be referred to in **sustaining and shaping the practice's future work** around co-production and citizen engagement and as a key message of support from our users around the practice's efforts to learn to manage and address multi-modal demand.



Anonymous Patient Comments

Good Service

Been using this practice for over 10 years. The front of house/ reception is a credit to the above. Recent times have been difficult for all, but they have managed to provide a service throughout this. The clinicians are prompt and engaging to return enquiries, resulting in a feeling of being listened to and above all, helped to identify and resolve current health issues.

Visited April 2022, posted on 21 April 2022.

Best Practice Ever

The doctor phoned me in the evening when they should have been relaxing. They listened to all my symptoms, were extremely understanding and were so caring as always. They organised my medication to collect the next day. I couldn't ask for better care. Thank you so much.

Visited May 2022, posted on 25 May 2022.

Trusted Practice

I went to see a nurse to discuss my fairly newly diagnosed Diabetes. I was given time and attention and kindness. I felt relaxed and everything was discussed very thoroughly.

Visited June 2022, posted on 09 June 2022.

Exceptional service over all points of contact

I have had 2 operations: biopsy and then excision of melanoma on my shin. The wound from the biopsy became infected and I was seen the same day, given helpful advice on wound care as well as antibiotics + a follow-up appointment to check on progress. The later incision was extensive and I was helped again, the same day and follow-ups were booked, with managing what was a complex wound. Whilst I had received some advice on discharge from the hospital it did not cover my changing needs over 4+ weeks of recovery. From online consultation, reception staff, GP and practice nurses I received excellent service: well organised, thoughtful and effective. I feel all staff in the practice are committed to delivering excellence and their positive can-do attitude permeates through to patients. I felt cared for and respected and found it hard to put into words the level of my gratitude and admiration.

Visited May 2022, posted on 23 May 2022.

Improving Access Using Innovative Approaches

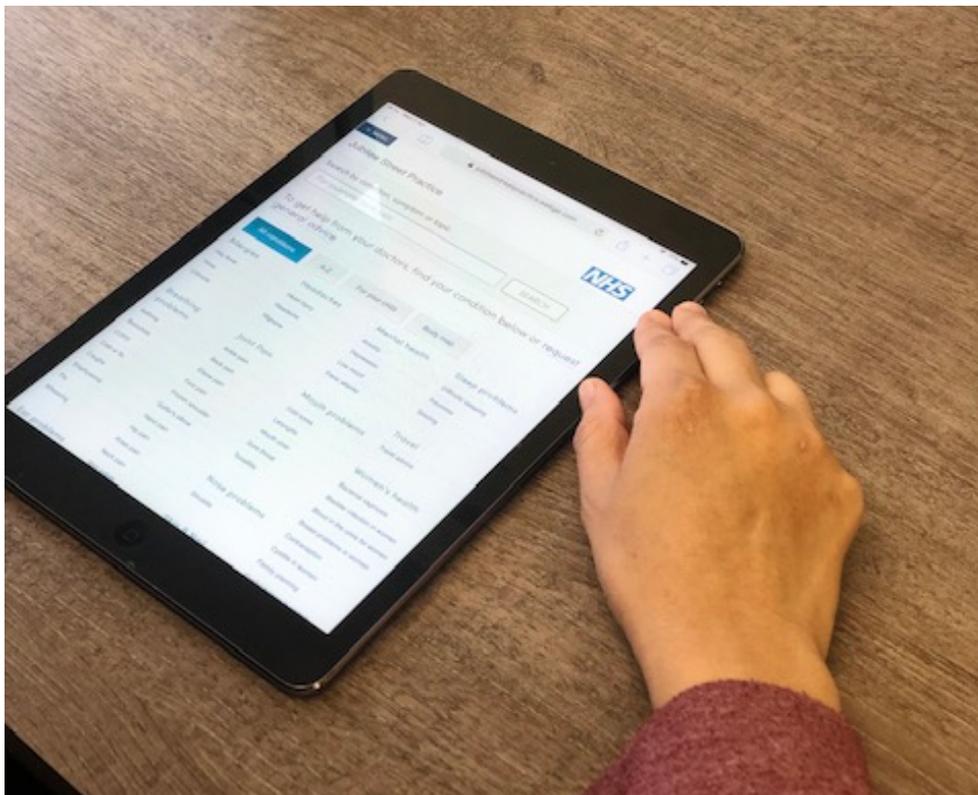
This year we have reviewed our means of access to appointments and services to reflect some of the demands on the service and also to take into account feedback that we have received from patients about accessing our services.

- **Online consultations** – we are increasing our use of online consultations, which can be accessed via the website www.jubileestreetpractice.nhs.uk and completing an online form. This is using the e-consult service, which can also provide advice and signpost to other more suitable services if needed. Patients will receive a response on the same day, which might include a prescription sent to the patient's chemist, a form to complete or an appointment booking. This is a convenient way to contact the practice, and we are encouraging this as a first approach.
- We recognize in response to patient feedback that the **e-consult tool**, although much appreciated by some patients, does not work for everyone, so we are working with the e-consult team as well as patient representatives to try and improve the form and will update this as soon as possible.
- For those not comfortable using the e-consult online form, our patient representatives will take them through an **abbreviated and modified form**, either on the telephone or face-to-face, to provide appropriate information for the clinicians to be able to give suitable advice or an appointment with the most appropriate person as needed.
- We utilise **Accurx message texting services** to share information with patients, give advice and appointment information, including times of telephone consultations, which helps free patients from having to be listening for their phones. This is also a valuable way of 2-way communication and enables patients to send in photographs of rashes or skin conditions safely and securely and can save a trip to the practice.
- We have used **video consultations** which have provided a valuable means of seeing patients without needing to bring them into the practice, which has been particularly helpful during the Covid pandemic.
- **Online access to patient records** – we are encouraging patients to sign up to access their medical records online so they can see results and consultations. Patients will need to ask reception to get a pin code to access their records (patients will need to show some photo ID or be vouched for by one of the staff for security purposes).

- **Use of apps** – we are encouraging patients to access the practice and book telephone appointments and appointments for long-term condition reviews via the myGP app. Patients should ask reception about this.
- We have access to **hub appointments** via local GP practices that have access to the patient's full medical records and provide a convenient, pre-booked appointment on weekends and evenings.
- We are encouraging patients to use the **community pharmacy service**, which involves a referral to a local pharmacist and a telephone consultation within 24 hours with a trained pharmacist who can advise on a range of conditions and provide quick and easy access to advice. The patient assistants or the triaging clinician can make a referral.
- **Pod in the waiting room** – we now have a Pod in the waiting room near reception to enable patients to check their blood pressure and weight either before an appointment or as part of self-monitoring.

We will continue to look at any new options that become available to improve our care and options.

***Dr Nicola Hagdrup
General Practitioner
JSP, July 2022***



Prescribing

The prescribing, review and monitoring of medications is a key function of every general practice. Like most areas of primary care provision, **we have faced significant changes and challenges over the past two years**; despite this, the Jubilee Street Team strives to maintain high standards in our prescribing practice.

At the start of the Covid-19 pandemic, we were faced with **surges in requests** for repeat medications, particularly inhalers, whilst the general public stockpiled everything from toilet paper and hand gel to medicines. We focused on the **provision of accurate information** and reassurance in the wake of media stories ranging from increased risk with ACE inhibitors to Trump advocating chloroquine and bleach! We were able to **minimise contact with vulnerable groups** through targeted switching of suitable warfarin patients to DOACs and by converting those on B12 injections to oral formulations. Next came our involvement in the rollout of the **vaccination scheme** as we coordinated invitations and provided advice.

With the current pressures in primary care, a dip in prescribing standards would be understandable, however, it is a great credit to the team that we have **managed to retain exemplary standards** in the areas of responsible antibiotic prescribing and continue to see steady reductions in our prescribing of high dose opioids and high dose inhaled corticosteroids. We continue to use the Scriptswitch and Eclipse software tools to assist us in picking up alerts and prescribing safely and cost-effectively.

In **2022-23**, there is an emphasis on the local and national prescribing targets on long-term condition care, aiming to **prevent further complications** following the scaling back of planned care at the height of the pandemic. Priority clinical areas for the local Medicines Optimisation Scheme include safe and cost-effective DOAC prescribing and monitoring, intensification of lipid-lowering treatments, review of diabetes patients in line with new NICE Guidelines and targeted asthma reviews for high-risk patients. We will also be carrying out a **quality improvement project** around dependence-forming medications and continue to work on the **greener prescribing** of inhalers.

Harriet Abbiss
Practice Pharmacist
JSP, July 2022

Non-Clinical Activities

- Undergraduate Teaching -

Jubilee Street continued to be a **teaching practice for the Barts Health NHS Trust and the London School of Medicine** this year, and also took on two final-year students from Brighton Medical School.

This year we focussed on Year 4 teaching, taking on modules of Human Development (child health and women's health) and Brain and Behaviour (mental health and neurological health). The students have been through a prolonged period of teaching during the pandemic, meaning remote learning and hardly any patient contact, and so **they were incredibly enthusiastic to get back to seeing real-life patients again** and getting involved in the practice. Dr Symes also took on a final year student for a new pilot programme which involved the student organising and delivering some of the teaching, which was very successful.

Teaching continues to be something that the whole practice believes in and gets involved in, whether giving a tutorial to students, having students sit in on an appointment, or shadowing a home visit, to making them feel welcome, and helping them to learn about the truly multidisciplinary team that is General Practice at JSP.

***Dr Emma Ovink
General Practitioner
JSP, July 2022***



- GP Training at Jubilee Street Practice and in Tower Hamlets -

The Jubilee Street Practice has trained GPs since 1976. The Practice provides training for Junior Doctors who are recently qualified and have been accepted onto the Tower Hamlets GP training scheme. We currently have **four GP trainers in the Practice:** Dr Nicola Hagdrup, Dr Jens Ruhbach, Dr Emma Ovink and Dr Salma Ahmed, but we view GP Training as a practice task, with all clinicians and practice staff involved in their training.

After studying Medicine at Medical School for 5 or 6 years, all newly qualified doctors have to complete two Foundation years as doctors. These two years are spent in various hospital specialities and sometimes for four months in General Practice. Doctors usually then apply for 'Specialist Training.' If they choose General Practice as their speciality, they join a training scheme for three years. If accepted onto the **Tower Hamlets Training Scheme**, they work for one year in Hospital posts and two years in General Practices around Tower Hamlets (for periods between 4 months and 1 year)

Currently, there are over 50 GP Training posts filled on the Tower Hamlets Training Scheme, for which I am one of three Programme Directors. I will organise the exact rotation of their training posts and regular training sessions. These training sessions usually involve **improving consultation skills** and discussing **medical** as well as **ethical and medico-political topics**. I also supervise the educational progress of the trainees to ensure their satisfactory learning experience.

Since August 2020, the trainee doctors at Jubilee Street Practice have been Dr Sonya Bharadwaj, Dr Sophie von Heimendahl, Dr Judith Matsiko, Dr Milena Marszalek, Dr Miriam Samuel, Dr Sophie Fidoe and Dr Umair Nazir. **Teaching GPs has many benefits for our practice;** GP trainees have recently been in hospital posts and can update us on the latest management strategies for specific problems. They provide additional appointments for our patients and fill our practice with some youthful enthusiasm. We have been delighted with the Junior Doctors who we teach and are proud that many have gone on to be GPs in the local area; **some have become valued doctors at Jubilee Street Practice.**

Dr Jens Ruhbach
General Practitioner
JSP, July 2022

GP Trainee Feedback

This is an excellent place to train. There are a large number of **very experienced GPs** who are willing to share their skills and expertise with trainees. The GP team is incredibly hard working and supportive, **it never feels difficult to ask for help**. The practice also has a diverse patient group. Therefore we get a breadth of experience in training that will provide a **strong foundation for our future career as GPs**.

Dr Miriam Samuel

I'm just finishing a year as a GPST3 at the fabulous JSP. JSP is such a unique and special place. From my first day through to the end, **every single member of staff has been welcoming, supportive and encouraging**. Every staff member goes above and beyond to make sure we give patients the best care. Frequently the whole team comes together to check on morale and how we can improve staff and patient wellbeing. **A truly special inclusive place**. New ideas and further education are welcomed and supported. I couldn't have found a better place for my training. I would **highly recommend it to future trainees and GPs** as a place to be. A fabulous place to develop your career!

Dr Sophie Fidoe



Patient Participation Group

I have been chair of the Patient Group, **aka the Critical Friends group**, for some years now.

We meet every 6-8 weeks on a Wednesday afternoon with a Practice Nurse and a GP, Dr Salma Ahmed. Our meeting agenda usually takes into account **news, changes and events** happening at Jubilee Street. Once a year, we do a review of our complaints and significant events with the group and **share learning and improvements**.

Due to COVID-19, these meetings have been somewhat disrupted. We used to meet face-to-face with lunch around a table, however, we had to find another way to reach our patient group. We used virtual technology to reach out, usually via Zoom, however, historically, our group was made up of elderly patients, so some of them found Zoom and virtual groups challenging.

I very much hope that these meetings can continue in any shape or form as **our patients are invaluable to the smooth running of the practice**.

*Lyn Owens
Practice Coordinator
JSP, July 2022*



Why We Come to Work



Acknowledgments

Special thanks to the following people who contributed to this annual report:

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Marjia Sultana

Dr Nicola Hagdrup

Harriet Abbiss

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Dr Jens Ruhbach

Dr Miriam Samuel

Dr Sophie Fidoe

Lyn Owens

Naomi Wilson, student of Babson College, who compiled and designed this annual report during her five-week internship at the Jubilee Street Practice during the summer of 2022.



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