



North East London

# NHS North East London – Health Update

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October 2022

Presentation to North East London Joint Health Scrutiny and Overview  
Committees

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# Barts Health update October 2022

- **Leadership team:** we have appointed substantively to all of our hospital CEO roles, and our new Chief Operating Officer will start with us in January
- **Elective recovery:** we have cleared most patients waiting over 2 years for treatment, except where patients have chosen to delay their treatment or complex surgery is required. 78 week waiters is the next priority area, with the national target to clear these by March 2023
- **UEC** – our Emergency Departments continue to be far busier than normal. We are deep into our annual Winter Planning process and will be working across the system reduce pressure in ED and getting hospitals back on the road as soon as possible. Our innovative REACH approach will be key to supporting that.
- **Covid pressures** - have fluctuated over the summer but are on the rise again. A key part of our winter plan will be how we would deal with another covid wave as well as increases in other respiratory conditions
- **Vaccinations:** Our 22/23 Winter Flu and Covid-19 booster campaign for staff has begun with wellbeing fairs and drop-in clinics at all our hospital sites.
- **Monkeypox:** Positive case numbers are dropping across all our hospitals.
  - Vaccines are in limited supply nationally, but there are still vaccines in stock at our sexual health clinic
  - The Trust has also been part of the [largest monkeypox international study](#) which will lead to more patients being diagnosed faster
- **Closer collaboration:** Our collaboration with Barking, Havering and Redbridge University Hospitals (BHRUT) has been strengthened recently through the appointments of three joint NEDs, and an exchange of senior leaders. Matthew Trainer has been designated as Deputy Group CEO and we have agreed a set of priority workstreams to take forward.
- This aligns with the wider Acute Provider Collaboration, and will allow Barts Health and BHRUT to deliver the system wide strategic priorities together

# BHRUT

## Reducing our waiting lists

- The total number of people on our waiting lists at the end of August was 64,989; the majority need to be seen in Outpatients. 4,646 people are waiting for procedures; more than 2,100 have been waiting over a year and 73 patients have waited for more than 78 weeks
- Our innovative work to reduce the backlog continues to be recognised nationally. This summer, teams worked overtime and ran extra clinics and diagnostic sessions and as a result, [those waiting for more than two years](#) reduced from 218 in May to zero in July
- Patients are also benefitting from faster diagnosis thanks to more diagnostic equipment, with an additional [30,000 tests and scans](#) taking place at Barking Community Hospital this financial year, including MRI and CT

## Urgent and emergency care (UEC)

- Our UEC performance continues to damage our reputation; there are external constraints and we must improve. Our initial focus is on Queen's Hospital (QH), before implementing our learnings at King George Hospital
- We've worked with PELC to reduce the Urgent Treatment Centre queue at QH to streamline the arrival process and improve safety
- The next phase of our improvement work is Project Snowball; designed to ensure patients are being treated in the most suitable location. Initial focus is on the over 75s and we will proactively, and without delay, begin to move them from ED to our frailty unit where they will be looked after by specialist medical staff
- To strengthen our relationship with primary care, we've appointed [three new Associate Medical Directors](#). Senior GPs Dr Jagan John, Dr Anil Mehta and Dr Atul Aggarwal will work closely with clinicians to improve the experience of our patients both inside the hospital and when discharged back into the community

## Finance

- The need to spend money wisely is a priority and we must reduce the use of high-cost agencies. To help, we will welcome more than 500 new, substantive staff and we'll soon be in a position where nine out of every ten colleagues will be employed directly by the Trust, with bank shifts meeting seasonal demands

## Supporting our staff

- Our focus continues to be the wellbeing of our staff. The cost of living is having an impact and we're looking at different ways we can offer sustainable support
- We've held a special Marketplace offering donated school uniforms and office wear and provided school uniform vouchers, which helped more than 450 families. Other support includes enhanced petrol reimbursements, free period products, financial wellbeing days and we're also a foodbank referrer
- Our [Platinum Jubilee Thank You weekend for staff](#) was also an opportunity to recognise their hard work. More than 3,500 staff and families attended a variety of events at our hospitals, including an afternoon tea, evening party and a family and friends' picnic and fun day

# NELFT and ELFT

- **A new East London Vaccination Centre**
- The Newham-based Westfield Vaccination Centre & interim blood testing (phlebotomy) clinic at Stratford closed on Monday 26 September.
- The new East London Vaccination Centre opened on Monday 3 October, located within Beaumont House within Mile End Hospital in Tower Hamlets.
- The Centre administers COVID-19 and Polio vaccinations for children as well as flu vaccines for health & care staff within ELFT and Barts Health NHS Trust.
- Newham's four phlebotomy clinics provide ease of access for borough residents and have expanded to cope with any increased demand.
- **Appointment of Joint Chair for ELFT & NELFT**
- The deadline for applications for the role of Joint Chair for NELFT and ELFT closed on Monday 3 October. Our organisations are looking to recruit a proven leader keen to continue develop the strong partnership work going on between and across both trusts.

# Winter planning – overview

Our objective is to ensure that the residents of north east London are able to access the care and support they need to keep them well this winter. This means:

- Helping people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
- Ensuring that we are planning for and delivering the capacity we need for those who do need it;
- Ensuring that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
- When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.

Bearing all this in mind, partners through the ICS Executive Committee and in Place Partnerships are focusing on our planning for winter. This will build on the usual winter planning we undertake bringing together place-based, acute, community, mental health, primary and social care and wider provider level planning and preparation, ensuring that all partners across the system are working together to support people to stay well and at home where possible.

It will also ensure we meet the eight core objectives set in NHSE Winter Requirements Letter.

# Winter planning – Supporting people to stay well

The core ingredients of our work in this area are:

- Demand management – making sure our residents get the best care in the right place first time via urgent community response services, an integrated falls service, homeless pathways and proactive support to high impact users across all Boroughs. We will ensure consistency of services so that all our residents can expect to be supported to a common, core level, and single system providers (such as London Ambulance Service) can most effectively work with us.
- Additional support to Nursing and Residential care homes to keep residents in their home setting as far as possible – wrapping system support around those homes that need it the most and reducing urgent care interventions where possible
- Virtual wards – these allow patients to get the care they need at home safely and conveniently, rather than being in hospital. Across North East London these support discharge and community set up (initially for frail patients and acute respiratory infections).
- Anticipatory care – ensuring this model connects effectively across the system to target those most at risk over the winter and provide early, targeted health or care interventions to prevent deterioration in their health, thereby supporting their independence, keeping them well in their usual home setting (whether this is their own home or a care home) and preventing the need for admission. Where necessary linking in with their families, usual care staff, GPs or other services.
- Exploring enhanced domiciliary offers which build on the expertise of care workers to provide for residents with greater complexity in their own homes
- An effective under 5 respiratory service which sees children in the community, but ensures capacity in acute settings for those in greatest need
- Place based planning led by place partnerships with the active engagement of local systems. These plans should focus on addressing the impact of the cost of living emergency on the determinants of the health and wellbeing of residents, supporting early intervention and community-based models to keep people well.
- Our vaccine programmes – and in particular our work on flu and covid vaccinations.

# Winter planning – Access to Urgent and Emergency Care

In order to ensure that residents are able to access the urgent or emergency care they need we are:

- Provider organisations have all developed winter plans in conjunction with all system partner plans, particularly place based plans. These should ensure mitigation of any capacity and demand gaps and outline how they will work together to manage pressures.
- Supporting 111/999 services - by focusing on a shared understanding of risk, a shared focus on supporting people to stay at home with primary, community and social care support and enabling access to alternatives to urgent care
- Urgent Treatment Centre models of delivery and integration with A+E services, GP extended hubs and out of hours services (as appropriate) – ensuring we have a joined up approach to keeping people at home with the support they need, facilitating access to primary care and building in effective social care packages at pace
- Supporting emergency departments to run smoothly – removing blocks that prevent people moving into appropriate settings within the hospital or back home and reducing 12 hour delays, improving access to mental health services for children and adults
- Infection Prevention Control – maintaining safety, especially in light of increased risks from flu and Covid resurgence

## Supporting the system

- The ICB is working through how the current incident response function can work more effectively with system surge and capacity teams to support partners across the system and the broader approach to winter planning and system resilience 24/7.



# Winter planning – Further support

## **Supporting people to leave hospital as soon as they are ready**

- There will be a partnership approach to discharge planning, ensuring a joined-up approach and clear link to reablement and rehabilitation, in order to minimise the risk of people being readmitted to hospital and the need for long term health and or care input. Creating and maintaining additional care provision capacity is important but in itself will not solve the challenges that stop people being able to leave hospital as soon as they are medically fit into an environment that supports their continued recovery. We know we need to concentrate on our collective effectiveness in the way we work together to discharge patients, particularly those with more complex or ongoing care needs. Health and social care working in partnership with patients and their families at each point of the process throughout the hospital stay, from preparatory actions within hospital, to rapid and robust assessments, placements and transfer. Working in a way that brings together the shared contributions of the NHS and local government, predominantly through social care, with residents and their families and the wider community sector. Particular focus will be put on maintaining discharge 7 days a week.

## **Supporting access to primary care**

- Primary care is a critical part of the system. Further details are later in this briefing pack.

## **Supporting the workforce**

- Our workforce is the most critical element of our response and we recognise the need to work together to support our workforce as a system. All areas of the workforce are facing some level of challenge due to competing pressures, wage inflation in other sectors and the longer term impacts of Brexit, requiring a system wide approach to how we can support the workforce across winter. We recognise the specific challenges in some disciplines and sectors in both recruitment and retention, for example in social care and nursing.

# Winter planning – Messaging and next steps

## Winter Messaging Campaign

Our winter campaign will have three broad themes aimed at prevention, care navigation and supporting the impact of the cost of living crisis where we can.

- 1) Preventing respiratory illness by encouraging maximum uptake of flu and covid vaccinations for residents and staff – offering individual and patients protection and supporting services through maintaining staff health and wellbeing and lower incidence of ill health
- 2) “Your route to health” guiding people to access the best option for their need and making them aware of what each service can offer e.g. using 111, community pharmacy, self-care. mental health crisis services and encouraging registration with GPs rather than reactive or crisis attendance at A+E
- 3) Cost of living – financial help and advice on NHS care costs and prescriptions.

## Next steps

- The winter plan will be a live document led across the system and will be adapted and refined in line with the changing position over the coming months, ensuring it is responsive and dynamic.
- Overall it will be underpinned by strong governance, relationships, leadership and place- based delivery. The North East London Programme executive, chaired by the ICB CEO, will provide system oversight. In addition, strong clinical and professional leadership and subject matter expertise will ensure the plan is working in the right way, managing risk and effectively managing quality across services.

# Supporting winter resilience in primary care 2022/23

- **Utilising pharmacy:** The Community pharmacy consultation service will be key in helping practices to manage workload by streaming patients to community pharmacy where appropriate. 24,000 referrals made so far by 96% of practices.
- **Recruitment:** We are working to maximise recruitment of new staff in primary care across the winter, including the introduction of two new posts: GP Assistants and Digital Transformation Leads.
- **Locum banks:** Local locum bank has been extended to facilitate access to locums familiar with the local area and services and to enable cover for workforce absences through peaks of demand.
- **Collaboration:** Supporting practices to work with each other and other providers to develop collaborative models to manage seasonal preparedness such as oximetry monitoring for COVID-19 patients alongside the digital development of primary care.
- **Building resilience:** To continue to support practices in leadership development, technology and quality improvement and develop a framework of support for practices at risk of closure to build sustainability and resilience into the system.
- **Increasing capacity:** Initiatives to help release GP capacity such as speech recognition software and piloting new roles and additional funding over winter to increase the workforce and support additional appointments. New funding is expected to become available to support practices with telephony, business intelligence tools and premises
- **Training:** Training programmes are taking place aimed at optimising current working practices and releasing further clinical capacity
- **Enhanced access:** Continuation of urgent same day access services on Sundays, Bank Holidays and late evenings alongside the new GP enhanced access service

# Enhanced access to primary care – what's changed?

- Primary care networks (PCNs), groups of practices working together, are now required to offer patients a new 'enhanced access' model of care which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change has happened across England and means patients may be offered an appointment at their GP practice, another local GP practice or another local NHS premise.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.
- PCNs have prepared for this transition, having undertaken good engagement with existing providers to enable the service to run from October 2022.
- In preparation for the new Enhanced Access service, PCNs and commissioners have produced and agreed a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan included how the PCN has engaged with its patient population, considered patient preferences, and levels of capacity and demand.
- To support PCNs with engaging their patient populations we also ran a north east London wide survey on people's views on services. We received over 38,000 responses from patients and findings were shared with all PCNs and used to help shape plans.

# Autumn Covid-19 booster & flu vaccine programme

## Autumn COVID-19 booster & flu vaccine programme update

- Data and feedback from countries in the southern hemisphere led to the JCVI making a final recommendation on the cohorts eligible for the Autumn Booster programme and to extend those eligible for a seasonal flu immunisation to healthy 50 – 64 year olds and secondary school aged children in years 7, 8 and 9. Additional flu stock has been ordered to support this.
- There is an increased emphasis this year to co-promote and co-administer the COVID-19 and seasonal flu vaccine. Co-administration is in part linked to when flu stocks arrive.
- NHS England (national team) rated the NEL ICS autumn COVID-19 booster plan as the second best in the country, with particular praise for its approach to reducing health inequalities and the use of outreach teams.
- The NEL ICS autumn booster plan is committed to continuing to enable those who have yet to come forward for their first, or second COVID-19 vaccination to do so.
- NHS England has requested that vaccination sites operating in high cost commercial premises are moved to alternative NHS or local authority owned premises. This has led to an increase in the number of GP practices being able to come forward to act as either a Local Vaccination Site or Satellite Clinic and additional community pharmacies to be approved. It will also lead to an extensive search for a new base for the Westfield Vaccination Centre. As mentioned earlier, Westfield Vaccination Centre will close on 26 September, with the new East London Vaccination Centre, based on the Mile End Hospital site opening on 3 October.
- The seasonal flu campaign started on 1 September and The autumn booster programme officially started on 12 September. Demand for the autumn booster across NE London has been high. With Community Pharmacy LVS sites being the most popular location to have a COVID-19 vaccine in NEL.

Total number of COVID-19 vaccination doses administered in NEL to date:  
**3,747,292.**

Total number of COVID-19 vaccination doses administered in NEL between 12/09/22 & 18/09/22:  
**23,203.** Of those **21,991** were the autumn booster.

# Monkeypox

## Vaccine rollout to eligible people

- We are continuing to deliver pre-exposure vaccination programme in line with guidance from UK Health Security Agency (UKHSA) to [eligible](#) gay, bisexual and other men who have sex with men (GBMSM) and frontline staff at greatest risk of exposure via our 3 Acute Trusts. We are also offering post-exposure vaccination those who have been in close contact with a confirmed case of monkeypox, via 2 Hospital Hubs covering London.
- JCVI recently endorsed a proposal by UKHSA to offer second doses to highest risk eligible cohorts whilst continuing efforts to maximise uptake of first doses to eligible individuals. The NHS will call forward those who are eligible for the second dose vaccination.

## Vaccine supply

- Additional stock now available. To optimise vaccine stock, and as advised by UKHSA, we are implementing a programme of fractionated dosing using intradermal administration. This approach is estimated to increase the total number of doses for use by up to five fold.

## Stakeholder and community engagement

- We are working with the local healthcare community to rollout the vaccine as efficiently as possible, whilst also working to understand and reach people who may be at risk but are not known to NEL sexual health clinics or would not necessarily come forward for vaccination.
- [Barts Health](#) has been part of the largest monkeypox international study which will lead to more patients being diagnosed faster.
- We trialled a stealth pop-up vaccination event to try and reach people who may not access to vaccination in other settings, specifically targeting in this pilot gay and bisexual men in south Asian communities. They have shared their learnings with others across the area to help improve our understanding of how to reach more people who may be at risk.
- We have provided training for intradermal administration across north east London, working together to increase efficiency.

# MMR vaccination programme

- NHSE national campaign started 26 September 2022 as one in ten children are not currently up to date with their MMR vaccinations in the UK.
- Letters and texts were sent parents/ guardians of registered children 1-6yrs old, due, becoming due or overdue MMR vaccine between the end of September to December.
- Delivery will be via general practice as per the usual contract.
- Supporting materials are available including FAQs and translations into different languages.
- We are building on plans to make every contact count by checking a child's complete vaccination status when offering a vaccination for MMR or polio.

# Polio vaccination programme

- Children aged 1 to 9 in London are being offered a dose of polio vaccine as some poliovirus has been detected in sewage systems. In north east London (NEL) it has been detected in Waltham Forest and Hackney.
- Although the risk of getting polio remains extremely low, the chance of getting ill from polio is higher if a child is not fully vaccinated.
- The vast majority of children in NEL are eligible – the only exception is children aged over 3 years 4 months and less than 10 years who have had their pre-school booster less than 12 months ago (and have had their 3 primary doses).
- Vaccination rollout will take place at GP practices, community pharmacies, hospitals and vaccination centres supported. See link below for sites in additional sites in NEL offering the polio vaccine to children 5/6 to 9 years old.

[Polio booster vaccination - NHS North East London \(icb.nhs.uk\)](https://www.icb.nhs.uk)

- GP practices are directly contacting eligible parents via letters/text message.
- Priority boroughs are Waltham Forest and Hackney where polio has been detected.



Borough	Eligible children (approx.)	Poliovirus detected
Newham	43k	
Tower Hamlets	32k	
Waltham Forest	33k	X
City & Hackney	32k	X
Barking & Dagenham	30k	
Havering	29k	
Redbridge	38k	



# Working together to promote the polio campaign

## So far we have....

- Updated our [polio vaccination landing page](#) with updated info on vaccination site availability and linked from the North East London Health and care Partnership website.
- Distributed London level, and tailored local place-based communications toolkits to local authority and provider partners which include full array of assets, translated materials, FAQs and social media messages
- Shared messaging with engagement and primary care leads as well as community organisations, forums and platforms such as: Faith Forum Call covering all Bart's Trust, National Burial Council, 350 community leaders who have also forwarded to various forums, Baby Buddy app, local community Facebook groups, local Guides and Brownies groups and the Hackney Playbus.
- Developed a case study for use with NHS England (NHSE) media.
- Drafted multiple text messages for GP practices to send out directly to parents of eligible children.
- Shared content via all internal and external newsletter channels in particular GP communications.
- Drafted letters for parents and head teachers to be distributed by local councils.

## Upcoming plans....

- Digital screens in Hackney, Waltham Forest and Newham to go live (managed by NHSE).
- Circulate stakeholder update
- £30K (NHSE funded) digital marketing across NEL boroughs specifically targeting residents of Newham, Waltham Forest and Hackney.
- Stall at the Halal food fest in Olympic park 24 and 25 September, staffed and with polio (and winter vax) messaging

# Community Diagnostic Centres (CDCs) Consultation

NHS North East London (NHS NEL) developed proposals to create Community Diagnostic Centres (CDCs) based on an NHSE&I mandate to create sufficient diagnostic capacity for residents and to tackle the current backlog.

- After developing proposals with partners and stakeholders, NHS NEL discussed the plans with JHOSCs and shared the proposed documentation in August, incorporating any comments made.
- The public consultation ran from 19 July 2022 to 13 September 2022. 397 responses were received.
- Key proposals included:
  - ❖ an increase in the size of the two most developed sites at Mile End Hospital and Barking Community Hospital.
  - ❖ to investigate the possibilities of developing other NHS sites in the next few years; looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, a suitable site in the west of the area and the Whipps Cross Hospital site.
  - ❖ to investigate the development of smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford that would do a smaller range of tests.
  - ❖ to change the system so that hospital consultants spend their time on patients with the most complex conditions, and GPs and their patients have greater ability to book test and look at test results.

Community Diagnostics Centres provide extra tests. Patients would still be able to get tests in hospital and at GP surgeries.

NHS NEL posted the consultation document, a summary, an Easy Read version, a print version, a background document, a strategy and an equality and health inequality impact assessment on the [North East London Health and Care Partnership public involvement page](#) (NEL HCP). The NEL HCP website has the ability to translate all the literature into 100 different languages, into large print, text to talk and various other formats to enable easy access.

The documentation was sent to libraries and hospital trusts; promoted on NEL NHS Twitter accounts (c18,000 followers), in NHS NEL's staff newsletter, and in the external newsletter sent to c 1,000 stakeholders and in local media (900,000 readership).

Three online events were held and BHRUT also promoted the consultation whilst they were promoting a separate, but aligned engagement on the development of Barking Hospital.

# CDCs: Responses to the questionnaire

Question	% Agreed or strongly agreed	% Disagreed or strongly disagreed
Q1. What do you think about our reasons for developing Community Diagnostic Centres?	95%	2%
Q2. What do you think about how we decided on our proposals?	86%	5%
Q3. What do you think about the idea to further develop the two Community Diagnostics Centres – at Mile End Hospital and Barking Community Hospital – with the finances currently available?	66%	11%
Q4. What do you think about our proposal to look at the feasibility, costs and benefits of developing between one and three other sites, in particular: <ul style="list-style-type: none"> <li>- King George Hospital in Ilford</li> <li>- St George's Health and Wellbeing Hub in Havering</li> <li>- In the West of the region</li> <li>- The Whipps Cross Hospital site?</li> </ul>	72%	12%
Q5. What do you think about our proposal to develop services at shopping centres e.g. Canary Wharf, Westfield Stratford and Liberty Romford?	73%	14%
Q6. What do you think about our proposal to enable consultants to focus more on patients needing the most urgent or complex tests?	82%	7%

# CDCs: Consultation themes

A quantitative analysis shows that all the proposals were supported by a majority of respondents (see previous slide).

## **Key supporting themes were around:**

- The need for more diagnostic capacity
- The development of CDCs separate to main hospital sites to reduce congestion at A&Es; and to make the units less intimidating (particularly for those with conditions such as autism or visual impairment)
- The possibility of more flexible access e.g. longer opening times
- The need to reduce inequalities
- Shopping centres are convenient and well connected
- Mile End and Barking Hospitals are convenient and/or relatively accessible in key areas of need; and it makes sense to expand existing facilities quickly
- The benefit of joined up thinking and reduction of waiting times by using GPs
- Community Diagnostic Centres

## **Key areas of concern were around:**

- If there are sufficient staff and services, including to provide treatment if that was needed; and if CDCs would draw staff from A&Es
- If the proposals divided resources and was therefore less economic
- Are CDCs would sufficiently linked to clinical pathways to ensure that all tests required for a clinical presentation are carried out at the same time and how will the plan fit into a broader strategy for diagnostics?
- Whether there would be sufficient medical resource available in case of emergencies if CDCs were not at an acute hospital
- If the placement of the proposed centres best met the needs of the community – there was support for all the possible sites, and many others
- If the money could be better spent improving existing major hospitals
- Are public transport links and car parking at Mile End and Barking Hospital good enough?
- Whether there is sufficient privacy in shopping centres; whether the high footfall in these areas is suitable for everyone e.g. people with weakened immune systems; whether car parking would be too expensive; and if the NHS had the ability to staff and fund this service.
- Do GPs have the knowledge and time to take more control of the process?

# Community Diagnostic Centres: Next steps

- We shared the outcome of the consultation with the NEL ICS Planned Care Board on 29 September – the board thanked the respondents to the consultation and accepted the report on feedback.
- We will be presenting the feedback and a full formal response to the points raised by this consultation (which will detail our plans, including any changes or responses to the consultation feedback) to both the Planned Care Board and ICS Board (a meeting held in public). These boards will then agree the approach to be taken.
- With the positive results received in the consultation and the further work and discussions held in the last 12 weeks, it is expected that the formal response will recommend continuing with the development of the proposed CDCs at Mile End Hospital and Barking Community Hospital and we will continue investigating the options for further CDCs.
- With the availability of workforce being a key public concern, we will also be continuing to advance our plans to support and generate a greater workforce within North East London, without causing any further operational pressure on our existing acute sites.
- Upon the completion of our proposal to build any further CDC centres across North East London, we will also look to see what further public engagement and consultation would be useful to help us develop the details of those plans.