



Healthwatch Wandsworth Assembly

March 2023

healthwatch

Summary

Background

Healthwatch Wandsworth holds assembly events to discuss with the Wandsworth community developments in health and social care. We met on the 8th of March 2023 to discuss GP services. This report outlines what we heard from our speakers and attendees.

During our assembly, we heard from our speakers Nicola Jones, a GP and Clinical Lead for Primary Care in South West London and Convenor for the Wandsworth Health and Care Committee Mark Creelman, Place Executive for Merton and Wandsworth and South West London Integrated Care Board.

Additionally, we held discussions in smaller groups to address three important questions: What does good access look like? What does good coordination and continuity of care look like? And, how can we promote wellness through prevention? Here is a summary of the key points discussed:

Good access

- Getting an appointment: Participants noted the increasing difficulty patients face in securing appointments, despite the message that more appointments are available.
- Initial contact: The importance of patients' first contact with their GP practice was highlighted. Options such as telephone, digital, and face-to-face appointments were suggested to ensure accessibility and appropriate triaging.
- Improving access: Recommendations included supporting patients in using digital access apps, promoting the use of the NHS app for prescription orders, providing clear information about care pathways, and offering various ways to make initial contact.

Good coordination and continuity of care

- Seeing the same GP: Attendees expressed the desire for continuity by seeing the same doctor for appointments to avoid repeating medical history.
- Challenges in continuity: Some practices had high turnover rates and part-time doctors, making it difficult for patients to see their preferred doctor.
- Shared records: Seamless record sharing across organisations was emphasized, reducing the need for patients to repeat their medical history.

What does prevention mean to you?

- Effective signposting: GP practices should provide clear guidance on other services available to promote wellness.

- Broader perspective: Keeping well should extend beyond the NHS, with networks and services outside the healthcare system playing a role.
- Health checks: Regular blood pressure and other health checks were seen as valuable in identifying undiagnosed health issues.
- Sharing good practices: Different GP practices should share their approaches to prevention, such as allocating specific GPs for home visits to vulnerable patients.
- Mental health and early intervention: Focus on mental health, social isolation, and educating about prevention, e.g., diabetes awareness in schools.
- Social prescribing: Expanding social prescribing beyond primary care settings, including A&E.
- Several examples were shared to illustrate actions taken towards prevention, such as community health events, diabetes champions programs, and social prescribing initiatives linking with diabetes support groups.

Conclusions

Overall, the discussions highlighted the importance of improving access to appointments, enhancing coordination and continuity of care, and emphasizing prevention and wellness beyond the healthcare system. The factors were highlighted as being important to good GP care:

- Efficient and accessible first contact and triaging when patients initially make an appointment with their GP surgery. Allowing for different methods of booking an appointment, be it via phone, online, or in person.
- Transparency with regard to patient care and operation of the practice. This would relate to patients having a better understanding of their regular GP's schedule, and options available to them should their regular GP be unavailable.
- Seamless collaboration across clinicians and services in order to support patients beyond their GP. Record sharing is particularly important, as collaboration is viewed more favourably if the patients don't find themselves explaining their history once again.
- Increasing access to community services was highlighted as important with regard to prevention and leading a healthy life.

Introduction

On the 8th of March, we held an online assembly to discuss GP services in Wandsworth. Attendees included Wandsworth locals alongside health and social care professionals.

The topics we covered included:

- What can be done to address concerns with regard to GP services.
- Patient and public involvement in primary care¹ and new roles at surgeries.
- Small group discussions regarding solutions for access, continuity and coordination of care, as well as prevention and how to keep well.

Why focus on GP services now?

What we know:

- Practices are under an enormous amount of pressure
- Services are changing e.g. non-GP roles, technology, 'Primary Care Networks' (PCNs)
- Many patients are anxious and uncertain
- Work is underway on future strategies for primary care

The Healthwatch Wandsworth Assembly was an opportunity to share experiences and help plan for the future.

¹ Primary care services are based in the community and provide a first point of contact in the health care system, acting as a 'front door' to the NHS. Primary care includes general practice, dental services, eye health services and community pharmacy services ([Kings Fund, 2020](#); [NHS, 2020](#))

Presentations from healthcare professionals

The first speaker we heard from was Nicola Jones, a GP and Clinical Lead for Primary Care in South West London and Convenor for the Wandsworth Health and Care Committee. She told us about how there has been a reduction in the number of GP practices in Wandsworth and how GP services are managed in Wandsworth. Nicola also noted the importance of practices working together so they can be sustainable.

Some of the key challenges for GP practices that Nicola highlighted included:

- Increased demand in general practice.
- More complex problems being managed in primary care that would previously have been handled by other services such as specialist services or hospitals.
- Management of prescribing.
- The impact of the pandemic – backlog of work, patients' conditions declining during the pandemic, the backlog of operations and diagnostics that weren't done in secondary care.
- Recruitment difficulties.
- Burnout and similar struggles for existing staff – for a range of reasons workforce well-being has been significantly affected.
- Estate issues – not every building in Wandsworth is fit for purpose for GP practices
- Challenges in access and digital services.
- Negative media attention about GPs, which demoralises staff further.

Nicola also spoke to the assembly about recent successes in GP services in Wandsworth. This included:

- Achievements relating to national priorities.
- Exciting initiatives and projects that have become possible as practices work together.
- GP services in Wandsworth excelling at high-quality prescribing.
- Great partnerships working alongside NHS partners, Local Authorities, the voluntary sector and the community.

Some of the other topics Nicola covered included talking about access; involving people and communities. She also mentioned additional roles at GP surgeries, such as link workers who help guide patients in getting the right service when they need different types of support.

The second speaker, Mark Creelman, Place Executive for Merton and Wandsworth and South West London Integrated Care Board, spoke to the assembly about his part in developing a South West London Primary Care Strategy. Mark has been looking into where people want things to be different and garnering input on what good access may look like. The core themes he had identified so far included:

- Prevention
- Proactive care
- Improving access.
- Inequality and ensuring that everyone is getting the same treatment.

Mark highlighted that South West London compares favourably with other Integrated Care Boards (ICBs) and the South West London ICB tends to perform the best across London. He said the next steps in developing the South West London Primary Care Strategy is engagement, borough plans and thinking about governance.

What we discussed

Most of the assembly was spent in smaller break-out rooms discussing the following questions:

1. What does good access look like?
2. What does good coordination and continuity of care look like?
3. How to keep well – what does prevention mean to you?

What does good access look like?

Some key themes emerged in the discussions throughout the different groups:

Getting an appointment

One aspect of good access resonated across different groups, being able to get an appointment. Some patients said they have been finding it increasingly difficult to get an appointment, and that it often depended on their first point of contact when calling. Attendees said that it seems there is a disconnect between the message that there are more appointments available and peoples' experience of accessing appointments.

There were a range of patient experiences discussed ranging from negative to positive experiences. It was concluded across the groups that it is important to provide a range of modes of access including telephone, digital and face-to-face appointments to ensure accessibility for people with various needs, and to ensure triaging to the correct clinician i.e. diabetes specialist nurses.

Initial contact

A key part of getting a GP appointment is patients' initial contact with their GP practice. Attendees discussed the range of ways that patients can contact their GP practice. Some said they find the receptionists at their GP service to be very helpful. Some spoke about how online consultations are useful as the GP gets an idea of the issue before seeing the patient. Others had negative experiences of the reliability of using online forms or getting through on the phone.

One attendee highlighted how their practice used to facilitate making an appointment in person prior to the pandemic..“I thought it was easier to get an appointment before covid by queuing up at 8am outside the surgery. Today patients were turned away if they asked for an appointment in the surgery and they were told to telephone.”

It was generally concluded that it was a good thing to have a range of options when making first contact. For example, having the option to contact via telephone or an online form. Attendees also spoke about how other roles can support people with their care. For example, making contact through other routes such as 111 and pharmacists.

Some suggestions were made that could improve access to GP services by focusing on initial contact. The recommendations included:

- Offering support to set up and use digital access apps, such as step-by-step guides and in-person assistance
- Promoting use of the NHS app to make ordering repeat prescriptions easier
- Sharing information about changes and new ways of working with patients
- Providing clearer information about pathways for patients to access care
- Ensuring there are a range of ways to make initial contact
- Ensuring flexibility when alternative methods of first contact are used i.e. flexibility if a patient opts for a call-back from a doctor and is unable to reach the phone in time.

Staff well-being and support from beyond the GP

The well-being of staff was raised as a factor that influences many aspects of GP care. Some people spoke about how other roles in and around the GP can support patient care. For example, one attendee talked about going to the pharmacist for advice. Another person mentioned using their GP practice digital service to get advice and being subsequently directed to hospital.

The general consensus was favourable to more support for GPs, such as the use of Universal Care Plans, and expanding urgent and same day access to the entire primary care team and not just GPs. Attendees also suggested extended availability of nursing staff, rather than one – two days per week at certain practices.

What does good coordination and continuity of care look like?

Who you see at the GP

For some attendees, continuity of care would ideally involve having 'your GP' whom you see when you make a GP appointment. There was much discussion around this topic across the groups including some of these key points:

- Attendees said that seeing the same doctor meant that you were less likely to have to re-explain their medical history to multiple doctors.
- It was recognised that there were variations across practices. One attendee expressed that it was difficult to see the same doctor and explained that at their local GP practice, there was a high turnover of doctors and many who work part-time.
 - *"Patients were not able to see when the various part-time doctors worked so could not book an appointment with their preferred doctor."*
- Another attendee spoke about how it was possible to see the same GP quite regularly, although it was often necessary to book an appointment in advance rather than urgently.
- Attendees who work as service providers said that it can be technically difficult for everyone to see the same doctor. For example, not all GP's work every day of the week and there can be great benefits for some patients to see different doctors. Additionally, different patients have different needs and those with multiple or complex needs can more greatly benefit from this kind of continuity of care than others.

Shared records

Another theme that arose in discussion was the importance of seamless record sharing across organisations.

- Attendees stressed not wanting to make multiple phone calls to different services and needing to repeat their medical history.
- The ability to share records across organisations both in and out of hours.
- Disruption/delays when a hospital asks a patient's GP to draw up a referral or prescription, but it doesn't fall within their remit.

What does prevention mean to you? What do you think should be key areas of focus?

A range of conversations were had across the groups. Some key areas of discussion included:

- GP practices are at the heart of the local care system, so it's important for there to be effective signposting to other services
- Exploring how to keep well from a broader perspective – thinking about extending networks and keeping well outside of the NHS, and providing clarity about services available i.e. where they are and how to access them.
- Patients find blood pressure checks and other checks a valuable part of keeping well. These kinds of checks are also important to finding people who have undiagnosed health issues.
- Different GP practices have different approaches to prevention and sharing good practice should be encouraged. For example, an attendee shared that their practice allocates a particular GP to make home visits to the most vulnerable patients who may struggle to share details about their medical history.
- Mental health; including social isolation.
- Early intervention and education within schools about prevention i.e., about diabetes
- Expanding the social prescribing infrastructure to different settings of care e.g., A&E

Some attendees shared recent events that demonstrate examples of what taking action towards prevention can look like:

- The Community Health Champions in Roehampton ran a health event that over 80 people attended with the opportunity to get their blood pressure, cholesterol and other checks done.
- The Wandsworth Diabetes Champions and Wandsworth Diabetes patient groups have the potential to be a great way to stay well and connect with others but it needs more people to get involved
- Enable Social Prescribing and planning to link with the diabetes champions.

Conclusion

To summarise, it's clear the patient experience varies broadly in relation to GP services, both positive and negative in nature. Most importantly, GP practices are recognised as the heart of healthcare amongst the general community.

In order to keep this heart of community healthcare beating strongly, certain overarching themes arose from attendee group discussions that point towards where improvements can be made. This included:

- Efficient and accessible first contact and triaging when patients initially make an appointment with their GP surgery. Allowing for different methods of booking an appointment, be it via phone, online, or in person.
- Transparency with regard to patient care and operation of the practice. This would relate to patients having a better understanding of their regular GP's schedule, and options available to them should their regular GP be unavailable.
- Seamless collaboration across clinicians and services in order to support patients beyond their GP. Record sharing is particularly important, as collaboration is viewed more favourably if the patients don't find themselves explaining their history once again.

Additionally, the need for more community services were highlighted with regard to prevention and leading a healthy life. Great initiatives and events exist, yet awareness isn't necessarily high and may not be reaching those who need it most. Using a variety of types of marketing could assist with disseminating information more effectively.

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