

Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Thursday 15 December 2022 at 7.00 pm at 160, Tooley Street, SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Naima Ali
Councillor Esme Dobson
Councillor Charlie Smith

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Martin Wilkinson, NHS full time chief operating officer for
Julie Timbrell, Project Manager, Scrutiny

1. APOLOGIES

Apologies were received from Councillors Maria Linforth-Hall and Sam Dalton.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The Minutes of the meeting held on the 28 September 2022 were agreed as a correct record.

5. SLAM ADVISORY GROUP MEMBERS ON GP ACCESS

The chair introduced the item is by explaining this session will be hearing evidence from people experiencing mental ill - health to contribute to the review into Access to Medical Appointments.

Vicky and Angela Fernandes, SlaM Advisory group members, were welcomed to the meeting to speak about their experiences of accessing GP services.

Gosia Kaczmarczyk, Community Engagement Officer, Healthwatch Southwark / Community Southwark , who attended to support Vicky and Angela , was invited to introduce the session by summarising the report on page 7 & 8 of the agenda.

She highlighted the following points:

- Frequently mental health patients are experience long waits to see their doctor in person,
- There has been a push to video and phone appointments, which can lead to diagnostic mistakes,
- It is difficult for people experiencing mental ill health to get a referral and then if their doctor refers people it often requires persistence to be actually seen by a specialist.

Angela then gave evidence and made the following points:

- Her GP surgery does not provide medication in time, so she uses the pharmacy, who do provide a good service.
- During the pandemic, she was unable to see her doctor, and instead received a virtual consultation where she was offered antibiotics, but that was not adequate and she ended up at A & E.
- Telephone consultations can be good but there is prior need for a face-to-face consultation to establish a relationship.
- There is a lack of follow up, and this impacts negatively as on well-being and physical health.
- People are ending up going to Lewisham Hospital - which is not local.
- She had an experience of 111 booking an emergency appointment at home, which was then cancelled by the doctor who wrongly assumed this to be a repeat issue.
- A & E can be very busy with a lack of a much needed quiet place for people in mental health crisis.

Vicky then gave evidence and made the following points:

- Prior to the pandemic she was able to see the same doctor regularly in person, but now she has to see different doctors online and there is a lack of continuity of care.
- The referrals require persistence to obtain, which is a worrying for people who are too vulnerable to do this.
- The online applications require high level tech skills and are not user friendly.
- The pre scheduled appointments at GP surgeries can take 4 weeks or longer, which leads people to end up at the surgery or resorting to telephoning early in the morning to get an urgent appointment , which is a difficult process.
- Everything is telephone based and it is only possible to book an online call (not a face to face appointment).
- It feels like the appointment system is at the doctors convenience, not patients.
- Some GP surgeries have long and inaccurate voice mail messages.
- The loss of SELDOC out of hours service, which was decommissioned because of costs, is a loss of a valued service.

The chair then invited members to comment and ask questions and the following points were made:

- A member asked if there ought to be a limit to numbers of patients taken on the books if there is insufficient capacity. In response, participants commented that one surgery lost doctors due to retirement and now use agency staff, which creates problems of continuity and managing follows up. There are many practices like this with underlying issues of staffing.
- A member commented that in her experience as a carer the online appointments worked well, if preceded by a home face to face visit to establish a relationship with the patient and family.
- Surgeries have very different set ups and receptionist can vary, and make poor decisions.
- There is a lot of stress in the system caused by underlying and interlinked issues.

- The Healthwatch Community Engagement officer said that demographic information is captured in reports, which are published online. The service works with a broad range of people who approach Healthwatch as well as conducting outreach to ensure a diversity of patient voices. Healthwatch have recently launched specialist surveys for different ethnicities and particular issues: one is being conducted on mental health amongst black communities, the other is looking at access to health care amongst the Latin American community – and it is anticipated that the Latin American survey will reveal language barriers.
- A member asked if community campaigns to educate patients on the right place to access care would be helpful, and the Healthwatch Community Engagement officer agreed that this would be beneficial and said a good example is Healthwatch sign post people to the excellent and reliable Well-being Hub service if they wish to obtain a social care assessment.
- Better coordination between Primary and Secondary care is important . People go to hospital as feel safe, which could be avoided through GP surgeries providing better continuity and consistent care.

6. COVID 19 AND FLU VACCINATION UPDATE

Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, presented.

The chair then invited questions and the following points were made in response to questions from members:

- Public Health would be well placed to advise on increases in flu as a result of the pandemic, however this has not been seen at hospitals.
- There is work with children to increase vaccination and again Public Health would be best placed to provide more information on this including polio, diphtheria and working with cohorts with lower rates of coverage to increase confidence and increase take up.
- In response to a problem raised about obtaining a Covid vaccine the officer explained that there is a federated GP approach to ensuring that housebound people can get boosters, which must have gone awry.

RESOLVED

Public Health will be asked to provide a briefing on increasing vaccination rates among children.

7. HEALTH AND SOCIAL CARE WORKFORCE UPDATES

The reports were noted, and the chair commented that they have been provided to support the Health & Social Care Workforce review, looking at the impact of Brexit and the Pandemic:

The chair conveyed apologies from Unison, GMB, and Unite unions, who had been invited to contribute to this item, but could not attend because of work pressures. She reported that they are nevertheless keen to contribute and could attend a workshop in the day time with commission members.

8. WORK PROGRAMME

The work plan and review scopes were discussed and the following points made:

- Further work will be done with Healthwatch to provide the patient voice.
- The chair advised that at the last meeting, Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, offered to bring an update on FGM. A member requested that the expected report on FGM addresses universal and specialist services work with adults, and in particular 'triggering' adult survivors and providing services to heal psychological, physical and sexual trauma. Martin Wilkinson offered to meet with the member, and a couple of colleagues, to understand more and prepare the report.

Meeting ended at 8:40pm