

## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 11 July 2022 at 7.30 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Suzanne Abachor (Chair)  
Councillor Maria Linforth-Hall (Vice-Chair)  
Councillor Naima Ali  
Councillor Sam Dalton  
Councillor Hamish McCallum  
Councillor Charlie Smith

**OTHER MEMBERS  
PRESENT:**

**OFFICER &** Martin Wilkinson, NHS full time chief operating officer for  
**PARTNER** Partnership Southwark  
**SUPPORT:** Dr Femi Osonuga Clinical Director of North Southwark  
Primary Care Network  
Dr Gavin McColl, Clinical Director of South Southwark  
Primary Care Network  
Julie Timbrell, Scrutiny, Project Manager

### 1. APOLOGIES

Apologies were received from Councillor Esme Dobson, Councillor Barry Hargrove attended as a substitute.

### 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 22 March 2022 were noted.

### **5. GP APPOINTMENTS**

The chair invited Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, to provide the presentation enclosed with the agenda.

He was joined by Dr Femi Osonuga (Clinical Director of North Southwark PCN), and a little later by Dr Gavin McColl (Clinical Director of South Southwark PCN), who gave apologies for lateness.

Dr Nancy Kuchemann, co-chair for Partnership Southwark, was unable to attend and sent her apologies.

The chair then invited questions and the following points were made:

- Martin Wilkinson said that GP workforce capacity is reducing as there are less doctors and also more working part time as part of a portfolio career. The NHS is creating more specialist frontline roles, such as nurses, pharmacists, social prescribers working as part of the primary care team, and expanding the role of pharmacies to provide additional capacity.
- The Primary Care Networks allow practices to work together and specific services which includes offering extended access, providing weekend and evening appointments.
- The GP leads said technology is being utilised, such as smart phone applications (e consult) to book appointments and order repeat prescriptions. They emphasised that there are safeguards in place for people who do not have a smart phone; patients can still come to the practice to book appointments or book using a telephone.
- A member reported that dozens of constituents are

complaining that they are waiting for hours for an appointment on the telephone, and then they are cut off. People are reporting that the telephone systems tell them they will get a call back, however this might or might not happen. She referred to a recent case where a patient was unable to speak to a doctor about numbness in his feet and was told by a receptionist to take painkillers, and put their feet up – however the patient had diabetes, the toes went black, had to be amputated, and ultimately a fatal infection set in. She also said another person queued every morning for weeks, as they were unable to navigate the phone system, however despite being first in line they were told by their surgery that appointments had already been allocated by telephone. By the time they were seen they had late stage cancer. She said that sometimes reception advice is not appropriate.

- In response to the above the NHS leads said that the majority of patients are getting good care, however even one person getting poor care must be addressed. They assured the Commission that there is training with receptionists on interpersonal skills and teamwork, and recommended that the unfortunate patient outcomes of gangrene/ sepsis and the late stage diagnosis of cancer be reported as a significant event to the GP practices for learning. They remarked that there is some learning more generally for the system on patient access.
- Commission members said that there are people whose first language is not English who are ringing surgeries and are unable to understand the telephone message, nor do they have a smart phone, nor are they computer literate; therefore it is hugely important to accommodate these people. The NHS leads agreed and said that enabling the majority who can to use smart phones could free up the space and time to accommodate those that cannot and require face to face or telephone contact.
- Members said that there is a particular concern with about elderly, disabled and people with mental health needs getting through on the telephone. Dr Femi said vulnerable people are identified as high needs, and this includes older people and those with mental health needs. The members appreciated this identification but highlighted the difficulty in being held on the telephone line for a long time for these cohorts, in particular. The doctors said that there are call-backs in the new systems but they acknowledged that these are yet able to identify the high needs of callers.

- Members asked about the process for identifying high need patients and the doctors said that there were many different methods for doing this; and commented that a standardised approach might help.
- A member commented that the presentation identified a dwindling workforce, and growing population, and asked about the causes and if GPs were now managing as best they can with insufficient resources. The NHS leads were asked if the problems were caused by Brexit, or a lack of financial resources, or the pandemic. The NHS leads said that there is a system wide problem. One issue is that patients are not able to access hospital care, in part because of the backlog caused by Covid, and so are coming back to the GP. There is also a nationwide shortage of GPs, that was predicted, which is why the NHS is seeking to make use of nurses, social prescribing, pharmacies etc.
- Members asked if Southwark was facing a unique problem and were told that doctors will often train in Southwark, as it is an attractive place to start a career, but then frequently GP leave as they progress and want to start a family and need a house - as it is so expensive in the borough. Southwark and Lambeth have a GP similar profile. Members requested comparison data with other boroughs.
- The GP leads said one of the challenges is for the patient to go to the right place, as the message has until very recently been to see a local GP. Redirecting people to alternative and appropriate frontline services can be reliant on good triage and is not straightforward.
- A member commented that he did not know about the range of options for frontline NHS care and asked what is being done to communicate this to Southwark residents. The NHS leads said that are campaigns, particularly around winter, and referred to 'Pharmacy First' the 'Choose Well' thermometer campaign. However they commented that more could be done to educate people and it is very difficult to unpick the 'see your GP' and instead direct people to other first contact practitioners, as visiting a GP is so ingrained. They went on to explain that this is change to the system and it will take a while to shift behaviour. The NHS has recently spent a lot of effort recruiting these first contact care practitioners and embedded them into GP practices. Now the emphasis is on ensuring that people utilise the right person. A member suggested using waiting times in

surgeries to promote visiting the appropriate first contact practitioner, and this idea was welcomed.

- A member highlighted the importance of understanding when a service is delivered by the NHS, and gave an example of a bowel cancer test that arrived by post, however she did not know and trust the source. A GP lead acknowledged that the bowel cancer the envelope is very impersonal and the importance of receiving care from a trusted source.
- A member raised concerns about migrants not being able to access secondary care without being charged, and asked about the numbers involved. The doctors were very clear that they offer safe care at surgeries and were working with Doctors of the World charity to roll out the 'Safer Surgery' scheme, however beyond that they cannot provide any data on secondary care. They pointed out that hospital accident and emergency and emergency treatment more generally can be accessed by those with no entitlement to routine NHS care as set nationally.
- A member raised concerns about a pharmacy who might have to move and the impact of regeneration of Elephant and Castle.
- The NHS leads were asked about long waits for GP appointments that have been reported and asked if there was monitoring of GP waiting times - for example there was three week appointment wait reported by many constituents during Covid. Members referred to the data in the presentation, and requested more. The NHS leads undertook to do this but cautioned that comparison can be difficult as there can be different appointment systems and different clinical needs being measured.
- Commission members returned to concerns about capacity and performance of GP surgeries. They asked if there is a degrading of the system leading to more uptake of health insurance. The NHS and GP leads assured members that they would not like to see this and said they remained more optimistic that the recent changes to expand the provision of frontline care, once embedded, would enable the NHS to better meet demand. They also commented that the NHS still offer a great service.

## **RESOLVED**

The NHS will provide the following:

- Workforce data comparing Southwark to inner city peers, the wider South East London area and rural provision
- GP appointment data, with comparisons.

## 6. **WORK PROGRAMME**

The Commission discussed the work-programme and the following actions were agreed:

- Request an organigram for Partnership Southwark and ICS,
- Circulate the ICS launch presentation, already provided to the chair and vice chair, to the wider membership.

Meeting ended at 9pm