

Healthwatch Southwark feedback briefing regarding healthcare access

December 2022

The past two years in primary care, comments by patients:

1. No GPs, no communications, no referrals.
2. People go straight to A&E because they know they won't be able to see their GP, and yet GPs' waiting rooms are empty.
3. No doctors I can see in person. All we are offered are video calls or phone calls. Not everyone can be diagnosed like this. It is both for mental and physical health.
4. The divide between physical and mental health also affects both. Medication will impact both, and doctors must prepare and train to recognise this. The GPs do not consider mental health when treating physical issues. Lack of holistic approach. Suggestion for training change to address human health holistically by clinicians.
5. The health plans when patients are discharged are set to use GPs when concerns arise. Still, there are no permanent GPs (Dulwich Medical Centre) to follow up, especially for patients with MH challenges. At the same time, they also face physical ill health – patients with complex needs.
6. The lack of follow-up and inadequate communication require patients to continuously chase up the professionals about their referrals, treatment etc. which significantly impacts their MH, further exasperating their problems. Not everyone can do this; patients are often left neglected.
7. After waiting for a referral to MH services, one patient was referred to an amputee clinic.
8. People whose local hospital is King's are being referred to Lewisham. To repair the mistake, the patient needs to be triaged again. It took five months to be finally seen at King's. On this occasion, the patient had to reschedule due to another health concern and was being blamed for rescheduling again as the mistake made by the GP was put on her. It affected her emotionally.
9. No way to see a doctor for an emergency visit. When a patient is offered an emergency appointment via the 111 lines, it turns out that the surgery booked a home-visit appointment, which was then cancelled and rebooked in a few days. This was based on the doctor wrongly assuming it was a repeat and non-urgent rather than a new emergency the patient phoned about in the first place. The patient comments: "The system is broken. It's like your doctor doesn't want to see you (..) I still haven't seen the doctor regarding this problem".
10. "I had to go to A&E because I could not see a GP. When you suffer from MH issues, a visit to A&E is a coin toss between you harming yourself for not going and addressing the issue or going in and suffering the experience of 7 hrs in a loud A&E affecting your MH. When you ask for a quiet place, you are refused—this tips the person into crisis mode."
11. "People are discharged from MH hospital into the community and GPs who cannot do their primary job."
12. The issue is also the administration staff, incapable of making simple judgments and supporting patients. The answer machines need to provide truthful information. There seem to be procedures, but when it comes to following up on these, something entirely different happens. The patient needs to be savvy about possible service referrals because the staff doesn't know what to do. It sometimes requires much arguing, putting pressure to receive what is a patient's right.

13. "King's Hospital has a fundamental problem treating people with MH problems who also experience physical issues. King cannot provide the necessary care when it is a complex case. The staff seem to have no understanding or interest in caring for people."
14. The patient called GP with an unusual set of symptoms. The doctor diagnoses over the phone and prescribes antibiotics. After consulting with a pharmacist friend, who urged the patient to go to A&E, her life was saved, and she was discharged from GSTT after a week. The temporary/agency GP failed to read her medical record to know the patient suffers from anaemia and requires regular blood tests, which he refused before based on an unfinished medical interview.
15. "Lack of transparency in the whole system." Patients don't know how the system works or what the procedures are.
16. "Failure to address the issues at the primary care level leads to patients costing the system more or going private. But where do the ones who can't afford it go?"
17. The excessive use of digital apps after the pandemic leads to accessibility issues affecting older citizens.