

## **Health café conversation notes**

**6 March 2023 1.30pm to 3.30pm**

**Copleston Centre Café, Copleston Road, Peckham.**

### Introduction

Residents of Southwark were invited to share their views on GP surgeries and health services at an afternoon event at Copleston Centre Café. The event was targeted at older people in particular, but not exclusively. Most people were regular users of the busy local community centre, who promoted and hosted the event. All participants were women. The event was held in the café, just after a regular 'warm up' soup lunch. Tea, fruit and cakes were served, and the discussion was held on three tables in small groups. Councillors led the conversation with support from the scrutiny officer and Healthwatch.

The following prompt questions were used:

- How easy do you find it to get an appointment at your surgery with a doctor? What could be improved?
- Have you been offered a face to face, telephone or video consultation? How did you find that? What could be improved?
- Do you see other health professionals at your surgery such as nurses? Anybody else?
- Do you see the same doctor or different doctors? How do you find that?
- Do you visit your pharmacy for healthcare ? Such as repeat prescriptions? Any thing else?
- If you have a long term condition, such as diabetes, or a lung condition, how do you find your care treatment plan? How do find the communication between the hospital and your doctor?
- Is there anything else you would like to tell us?

### **First table : Cllr Maria Linforth-Hall**

6 ladies were interviewed who use four local surgeries.

Although all of them very much support the NHS, they think that the service has changed for the worse. (Especially since the Pandemic)

Two surgeries were described as inadequate.

They all find it extremely difficult to get an appointment. Some of the surgeries only run block appointments for the day and sometime the day after, if not urgent they are asked to call the following week or go to A&E.

One Surgery seemed to be better organised and they are more respectful of people's problems.

Most surgeries only offered telephone appointments and in one case a video appointment. They all said that face to face appointments are things of the past. They all find it difficult to communicate well by phone. For example the GPs usually ask do you have a Blood Pressure Arm Monitor at home. If they say no, they suggest you buy one or go to the GP Surgery as most of them have a reader in their reception area and then give the results to a receptionist.

Most of them thought that one of the main problems is the incompetence and bad manner of the receptionists.

Some of the ladies have seen nurses more than GPs.

None talk to the same doctor regularly which makes things difficult as not all the GPs know them as a person or as a patient, so they have to recount their problems before there can be any discussion of their case,

None of them visit a pharmacy other than to collect prescriptions. They don't trust their pharmacists and believe that their turnaround of staff is too big, making it impossible to form a relationship with a pharmacist.

Long term conditions and treatments are difficult as there is no continuity of care and often difficult to manage a hospital and GP relationship.

The main problem seems to be getting appointments. Also continuity of care and it is referrals.

Follow ups or obtaining results of blood and other tests is almost impossible.

Not only they but also relatives or friends have been either misdiagnosed or diagnosed too late, so their conditions have progressed without treatment. For example, every month delayed on cancer treatment can raise the risk of death. (A GP of one local surgery was recently struck off because of malpractice)

Because of the crisis in doctor surgeries some of the ladies have found that a digital based GP service is a way to get an appointments sooner.

They also comment that calling 111 is a help but you must have patience as it takes a long time to get through to them.

They all hope we can help resolve the problem but they don't have ideas or solutions to offer.

**Second table: Cllr Suzanne Abachor, Cllr Naima Ali, Julie Timbrell ( scrutiny project manager)**

**Appointments**

Two people struggled to get an appointments. One person said she was able to access a nurse practitioner quickly and was satisfied.

The two people who found it difficult to get an appointment; both said that they have to ring up the surgery at 8am, however despite waiting for an hour on the phone the appointments have all gone by 9am. The remedy of follow up phone calls do not come at the expected time, despite people waiting in all afternoon.

People wanted better access to their GP.

An improvement would be reverting to the previous walk in appointment arrangements. People said they did not mind waiting for a couple of hours in the waiting room, as long as they knew they would be seen . Another solution would be to enable appointments to be booked in advance – even a number of weeks as long as this provided a guaranteed slot for non urgent care .

### **Continuity of care**

The perceived demise of yearly health screening was lamented. The ending of yearly checks for blood pressure and to check for other problems was considered a significant loss.

There was a complaint that a blood test had not been actioned by a surgery.

Someone complained that a short operation scheduled pre-pandemic had not happened despite a 4 year wait. The patient was willing to make herself available for cancellations at short notice and suggested that as a potential remedy.

People were generally happy to see more than one doctor .

There was a comment that previously information on a long term conditions had been shared between the hospital and GP, but not recently .

A women with diabetes said she was once part of a group to manage her condition, but as she was able to generally self manage well her placement ended. However she commented that the GP has not been able to take up the slack adequately to monitor her condition.

### **Appointment delivery ( face to face / telephone)**

People were generally unhappy with the lack of face to face contact and considered phone consultations inadequate to receive a proper diagnosis as there was no physical observation. Some people considered that a short telephone call ought to only be used to triage and to plan a face to face appointment.

Digitisation , and the notion of a doctor on your electronic device , was not welcomed .

### **Pharmacies**

These were used for repeat prescriptions, and advice on occasions.

One person had a treatment review by the pharmacy but considered this barely adequate.

There was concern by a couple of people that pharmacies push pharmaceutical drugs, however other people gave experiences of more holistic care and a broader range of helpful health options being accessed at their pharmacy.

### **Other comments: on the delivery of health care**

There was a view by some attendees that the medical model of health is not working and that by continuing to push this system we are on a hiding to nowhere with diminishing returns.

In some peoples view the fundamental flaw in the present system was that the medical model was the only approach, or very predominant, and this was led by the pharmaceutical industry. Rather they wanted to see a pluralistic model that honoured people's diverse health promoting traditions. They said that people are multicultural and multiracial with health traditions such as Ayurveda, herbalism, massage, etc

The pharmaceutical model was critiqued as being profit led and on occasions doing harm, for example antibiotics destroying gut flora or generally over prescribing or failing to look at the causes of ill health and this was jeopardising the fundamental principle of 'do no harm'.

The pharmaceutical, and power of drug companies were cited as the reason for the dominate paradigm of the medical model. There was also concern with large corporate ownership of surgeries and the possibility of asset stripping.

Rather than just a medical model they wanted more choice, including complementary therapies and a more holistic, person centred approach, where the causes of ill health were addressed by a collaborative approach with different specialisms contributing to a treatment plan. They wanted to see an empowered model of health – with concern the present model is disempowering.

People thought that GP surgeries ought to offer front line provision that promotes health. The Integrated Model, and practitioners such as physiotherapists, were seen as linked to this vision but the Integrated Model was still viewed as the medical model - instead of delivering interdisciplinary healthcare which involves a range of practitioners to address underlying causes of disease and promoting good health holistically. The Peoples Health Alliance was referred to <https://the-pha.org/> as an alternative positive vision.

The approach to Covid was also criticised as over emphasising medical approaches to controlling contagion (isolation and vaccines) and under emphasizing, or denigrating, other methods such as improving the underlying health of the population and promoting social wellbeing. They bemoaned that lack of a multifaceted approach.

There was anger at national politicians and central government perceived profiteering from Covid ( PPE contracts) using the pandemic to further transfer wealth to a few and widening inequality.

A better approach to ageing well was advocated . People referred to Death Cafes where people could openly discuss and plan for their end of life, and consider the emotional , social and in some cases spiritual aspects of death. There was concern that a much worse alternative would be ending their life with the withdrawal of water and food in hospital.

People thought good health was linked to a healthy ecology, and health food and conversely that ill health was linked to poor quality food, poor air quality and a poisoned earth.

There was a suggestion that work be done to look at those who have good health but do not use the health service, or only rarely, to understand what they are doing to stay well.

### **Third table: Daniel Johnson (Healthwatch Southwark) , Cllr Esme Dobson**

#### **Appointments**

Virtually impossible to book an in-person appointment. Having to call at 8am in the morning every morning is a very stressful process.

General feedback stated that there the system was preferred before Covid-19.

There was a general tendency towards preferring telephone appointments for some people as they were able to.

#### **Continuity of care**

There was a sense that people wanted to see the same doctors again to build up the trusted relationships which they had previously experienced.

A complaint was made around GPs not calling at a certain time that they had previously committed to creating stressful situations.

#### **Appointment delivery ( face to face / telephone)**

The lack of face to face appointments concerned individuals as they believed that real diagnosis can not be made over the phone.

#### **Pharmacies**

Overall experiences were good but there was a need for a friendlier reception service to be provided.

**Other comments: on the delivery of health care**

There was general confusion around the new Integrated Care System. One person wanted Homeopathy promoted in the new system of care and criticised the Healthcare system as being reactionary rather than preventative.

An acceptance of an over-stretched service was referenced many times and therefore the care would reflect this. For example nurses were mentioned as being seen in GP practices but they were deemed to not have the time.

There was negative feedback given around people's experience with SLAM and how they were treated.

There were mixed views on GP surgeries and how they were run.