



ACCESS TO MEDICAL APPOINTMENTS

Headline report

SCOPE OF REVIEW

This review examines access to Primary Care, as well as Urgent and Emergency Care, with an emphasis on the former.

The review was conducted in order to respond to :

- i. difficulties accessing doctor appointments
- ii. concerns that the pandemic had precipitated a switch to greater use of online and telephone consultations, which was not always welcomed by patients, or appropriate.
- iii. hospital emergency departments' waits were too long

The review took place during a period of change as the new integrated health partnership arrangements at the South East London level and borough level are formally constituted and delivered at an increasingly local level.

CONTEXT - INTEGRATED CARE SYSTEM

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OUTCOMES

- A. Residents know what to expect from the local system – where and how to be seen for their conditions whether urgent/serious or not.
- B. Providers ensure that their appointment and care systems can be navigated equally by patients and residents can get timely care.
- C. Residents and Providers are able to offer care in a way that best meets people's needs, including face to face, and that the right balance is found in the use of new technology.
- D. Public and councillors to know how to feedback when experience is not good and that this will be taken into account and lead to improvement.
- E. The health system that operates well so that needs are met as much as well as possible within available resources
- F. The scrutiny review feeds into work that Partnership Southwark is doing to engage with residents in order to build trust local and use feedback to improve performance

BACKGROUND – SYSTEM PRESSURES

Health services, both Primary Care, and Urgent and Emergency services, are under pressure for a variety of reasons:

- i. Winter pressures : paediatric Strep A, Covid 19 , flu
- ii. Pandemic recovery – backlog of hospital care
- iii. Pandemic burn out
- iv. Staff shortages of GPs in particular but also social care and other health practitioners
- v. More ill health; life expectancy has been stalling since 2010, while the amount of time people spend in poor health has been increasing

SYSTEM CHANGE

- I. South East London Integrated Care System (ICS) and its governing body, the Integrated Care Board (ICB) was established by statute in the spring of 2022. This covers the 6 boroughs of Southwark, Lambeth, Lewisham, Greenwich, Bexley and Bromley.
- II. Partnership Southwark brings partners together and commissions services , aiming to work together to improve the health and wellbeing for the people of Southwark
- III. Neighbourhood multidisciplinary teams (MDT), which will bring local surgeries together with social care, the community and other partners in the localities

NHS IS CREATING MORE SPECIALIST FRONTLINE ROLES LOCATED IN PRIMARY CARE NETWORKS

Additional Roles	Current (WTE)		Prospective (WTE)	
	North PCN	South PCN	North PCN	South PCN
Clinical Pharmacist (exclude Advanced Practitioner)	6.3	0	10.1	0
Advanced Practitioner	2	0	0	0
First Contact Physiotherapist	2	0	0	0
Physician Associate	0	0	1	1
Social Prescribing Link Workers	12.6	0	9	0
Nursing Associates	4	0	0	0
Trainee Nursing Associates	6	0	0	0
Mental Health Practitioners	1	1	1	1
Care Co-ordinators	0	12	0	0
Health & Wellbeing Coach	0	5	0	4
Paramedics	0	0	1	0.8
Total	33.9	18	22.1	6.8

OUTCOME A

Residents know what to expect from the local system – where and how to be seen for their conditions whether urgent/serious or not

COMMUNICATION

The recent move to an expanded Primary Care offer, with a broader range of frontline practitioners is not widely understood by local residents.

It is also unclear if people are widely aware:

- I. that it is possible to access Out of Hours appointments at two local hubs
- II. that 111 can now make appointments
- III. how to access the Wellbeing Hub for mental health needs, which people can self-refer and obtain assessments
- IV. pharmacies now have a broader role in treating common ailments and providing health advice.

RECOMMENDATION ONE

Conduct a communication and engagement campaign explaining local integrated health services, where and when visit to Primary, Urgent and Emergency care, as well as services such as the Well-being Hub. This to include a user friendly description of the below:

- Primary Care practitioners and their roles
- South and North Primary Care Networks and move toward integrated neighbourhood teams working in partnership with social care and the community – keeping this updated and in plain English
- Out of hours GP hubs remit and how to access an appointment
- How to make best use of Pharmacies
- When to use 111 (including information on accessing a urgent doctor appointment)
- When and how to use Urgent Care Centre (Guys etc.)
- When to go to Accident and Emergency (GSTT and Kings)
- The role of the mental health Wellbeing Hub and what they can do – including assessments

Include the following in promotion methods:

- GP surgeries waiting area
- Southwark Partnership website (in part to increase understanding and transparency on how local health and integrated services are delivered)

OUTCOME B

Providers ensure that their appointment and care systems can be navigated equally by patients and residents can get timely care.

GP APPOINTMENTS

- I. Complaints from residents about being stuck in 8am morning telephone queues for an hour and, and then still not being able to access an appointment , and then waiting in for a call back which might or might not happen.
- I. People who are elderly, have mental health issues, young children, or where English is not the first language were of particular concern. These groups cannot necessarily make use of digital or phone systems.
- II. Digital and phone options working for some and reliving pressure. Data shows a mixed picture with most people still very happy or fairly happy

RECOMMENDATION TWO

Develop a best practice appointment model that will allow equitable and safe access for all, with particular care taken to:

- ensure that patients are not repeatedly turned away
- there are alternatives to early morning telephone booking systems
- that a combination of face to face, telephone, and digital appointment systems are provided to
- flexibly meet the needs of all sections of the community, particularly those with additional needs (mental health, disability, older, parents of young children, language barriers)

RECEPTIONISTS

- I. Receptionists have important role in ensuring that patients have good experience
- II. Healthwatch report and Café Conversation event heard that some seem rushed, have a poor manner or are unable to explain the system adequately

RECOMMENDATION THREE

Recognise and value the importance of GP Practice receptionists and invests in guidance / training to ensure that they are appropriately guided and supported on how to screen patients, can provide an effective service and relate to patients with empathy. Attention also ought be paid to ensuring receptionists are not overworked.

TRIAGE OF PATIENTS

Primary Care Network GP leads told the commission that vulnerable people are identified as high needs, and this includes older people and those with mental health needs, however they are yet able to identify the high needs of callers.

The Fuller Stocktake report gave an example of identification and streaming patients by the Foundry Health Centre in Sussex .Patients are streamed using systematic triage and clinical judgement and identified as green (generally well – continuity less important), amber (long-term conditions – continuity important; appropriate reactive care delivered), and red (vulnerable or complex – continuity paramount; proactive care given).

RECOMMENDATION FOUR

Build on local and national good practice, particularly in triage / screening of patients by need and building this into the appointment system

OUTCOME C

Residents and Providers are able to offer care in a way that best meets people's needs, including face to face, and that the right balance is found in the use of new technology.

FACE TO FACE V TELEPHONE & VIDEO

- I. Third of appointments now telephone and just under 1/20 online
- II. Many people distrusted and/ or had poor experience of diagnosis over the phone – they wanted to be seen face to face
- III. More acceptance of online or telephone appointments once a relationship was established or to triage
- IV. Digital repeat prescriptions working for many
- V. Greater use of online mental health appointments had increased capacity

RECOMMENDATION FIVE

In finding a balance between face to face, telephone and video appointments these are recommended as guides:

- Telephone and video calls are reserved for triage, situations where a relationship has already been established face to face, and/ or where it is clearly the patients preference
- Face to face is the primary and preferred method for diagnosis of new conditions

OUTCOME D

Public and councillors to know how to feedback when experience is not good and that this will be taken into account and lead to improvement.

PUBLIC COMPLAINTS

Healthwatch conducted a survey in its report and found that not all GP Surgeries websites clearly indicate how to complain.

RECOMMENDATION SIX

Ensure all local surgeries website clearly indicate how to patients can complain directly and how to escalate to commissioners if still unresolved.

COUNCILLOR FEEDBACK

In the course of the review concerns (and compliments) about named surgeries have been passed onto Commissioners

National reviews of failing services, such as the Francis Report on Mid Staffordshire, recommend that bodies with oversight of services, such as scrutiny, Healthwatch and Commissioners share intelligence and develop a template to do this

RECOMMENDATION SEVEN

Partnership Southwark, health scrutiny and Healthwatch consider drawing up a template for councillors to report concerns as part of a protocol to guide relationships and share intelligence

OUTCOME E

The health system that operates well so that needs are met as much as well as possible within available resources.

GP SUFFICIENCY

Having sufficient GPs is still important to ensure there is enough local capacity and there is concern that doctors are overstretched

Southwark has higher patient to care ratios than most, following decreases in GPs over the last few year.

Southwark GPs have increased their patient ratios by 31%, which makes them the borough with the largest increases across South East London

Despite this local GPs are delivering more appointments than most

Nationally the GP workforce capacity is reducing as there are less doctors and also more working part time as part of a portfolio career.

Southwark can usually attract more newly qualified GPs , but there are difficulties with retention as GPs leave the borough for housing when they want to start a family.

RECOMMENDATION EIGHT

Actively seek to recruit and retain more GPs to Southwark and to the new Primary Care roles by:

- Including this as an objective within SEL workforce programme.
- Undertake work with local GPs and local Primary Care to understand more on how to improve retention, with particular regard to housing and addressing the national problem with burnout and low morale, and if there are opportunities within Southwark Partnership and SEL to retain more local GPs for longer
- Redirect more resources to Primary Care , where possible

MENTAL HEALTH AND GP ACCESS

- I. Concerns about links with secondary care and the difficulty of ensuring a referral to a specialist is followed up on - especially for people who cannot advocate for themselves
- II. Navigating GP appointment systems , particularly early 8am appointment calls , is difficult and stressful
- III. Accident and Emergency rooms are very difficult for people in crisis and good preventative care is the best way to prevent this
- IV. Newly commissioned sanctuary service at the well regarded Well-Being Hub

RECOMMENDATION NINE

Increase focus on continuity of care for people with enduring Mental Health conditions and particularly ensuring that there is good links with secondary care and referrals are followed through for those people who are least able to advocate for themselves.

PROACTIVE, HOLISTIC APPROACH TO HEALTH

South East London Integrated Care System (SEL ICS) and Partnership Southwark both have a focus on proactive health care, saying that “We need to become much better at helping people to stay healthy and well” , and is seeking to reduce health inequalities.

Fuller Stocktake report spoke of making a cultural shift towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community, and residents also advocated for this.

A more proactive approach to addressing the increased loneliness and isolation that has come out of the pandemic, which has impacted older people and people with mental health conditions, could be taken by linking up with the voluntary sector.

Southwark has an active community and voluntary sector such as Southwark Pensioners Centre, Copleston Centre, Walworth Living Room, and historic initiatives such as Peckham Experiment focusing on taking a proactive approach to population health.

RECOMMENDATION TEN

Work with the local voluntary and community sector to develop a more proactive and holistic model of good health , by piloting a scheme in a neighbourhood with higher levels of deprivation and focusing on groups at particular risk of ill health , such as older people, people with mental health.