

Healthwatch Kingston Open Meeting

Primary Care

Tuesday 12 September 2023

healthwatch
Kingston upon Thames



HWK Open Meeting Agenda - 12 Sept 23

Agenda:

12.15 - Welcome and introductions - Stephen Bitti, Healthwatch Kingston, CEO

12.30pm - Primary care access challenges and opportunities - Presentation and Q&A - Dr Nick Merrifield, Kingston Primary Care Development Lead, South West London Integrated Care System

1pm - HWK Community engagement opportunities - Presentation - Stephen Bitti, Healthwatch Kingston, CEO

1.30pm - Break

2pm - Ensuring people-centred delivery of the SWL Primary Care Strategy - Presentation and workshop - Alyssa Chase-Vilchez, Executive Officer, Healthwatch representative to the South West London Integrated Care System

3pm - Close

Primary care access challenges and opportunities - Presentation and Q&A

Dr Nick Merrifield,
Kingston Primary Care Development Lead,
South West London Integrated Care System

Primary Care Update for Kingston

Dr Nick Merrifield

12th Sept 2023

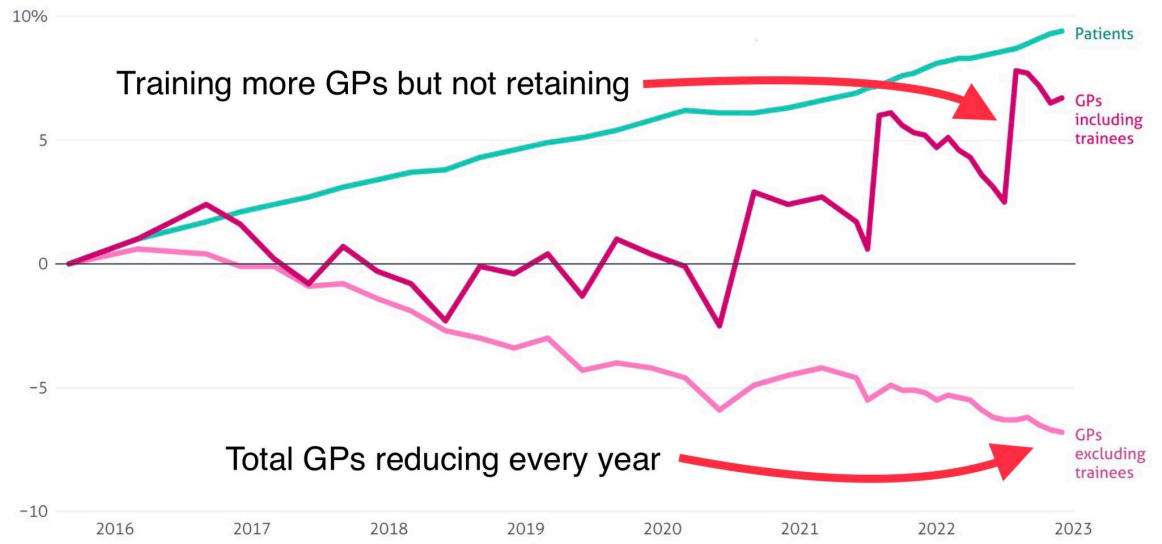
New roles in Primary Care – good news

- Primary Care Networks launched 2019, 5 in Kingston
- Funding for new roles: Clinical/Senior Pharmacist, Pharmacy Technician, Social Prescribing Link Worker, Health and Wellbeing coach, Care Coordinator, First Contact Physiotherapist, Paramedic, Dietitian, Nursing Associate, Trainee Nursing associate, Adult Mental Health Practitioner, Children and young people's mental health practitioner, Physician Associate, General Practice Assistant, Digital and Transformation Lead, Advanced Practitioner
- But these new staff have 'new' work to carry out

But we are losing GPs and increasing our demand – bad news

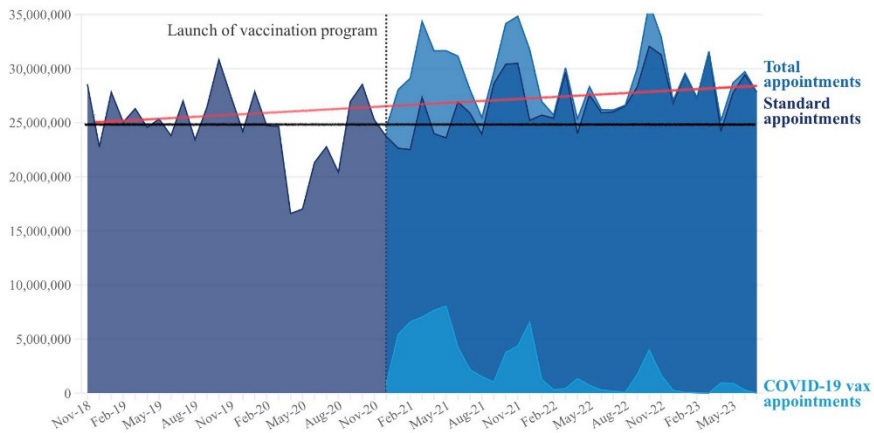
Plus satisfaction in GP services is at an all time low nationally

Change in GP numbers and patients registered with GP practices since September 2015 IFG



Source: Institute for Government analysis of NHS Digital, 'General Practice Workforce, England, Bulletin Tables September 2015 – December 2022', supported by CIPFA. • Notes: Data was first published in 2015/16. "GPs" refers to the number of fully-qualified, permanent GPs.

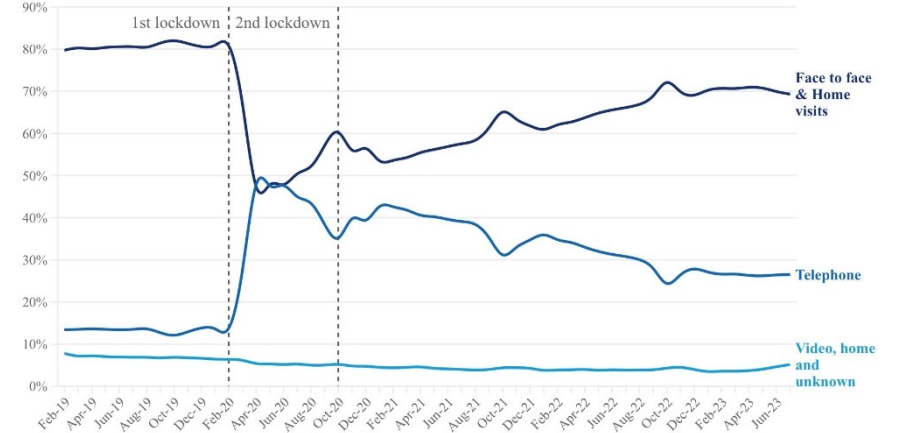
Appointments in General Practice including COVID-19 vaccinations
November 2018 to July 2023



Source: Appointments in General Practice • Total count of appointments refers to 'Estimated England total count of appointments' the dataset in which some estimates have been provided to account for missing data.



Appointment formats in General Practice
February 2019 to July 2023, shown as a percentage of total



Source: Appointments in General Practice • Total count of appointments refers to 'Estimated England total count of appointments' the dataset in which some estimates have been provided to account for missing data.



New ways to access care

- Old system
 - Call in the morning, persuade a receptionist and see a GP
 - Easy when it worked, but it often didn't
 - First come first served rather than based on need – often breaking down when v busy
- New system
 - Same as the old system with some triage – OR much more triage
 - Fairer and more consistent through the day, but less straightforward
 - Important to help 'digitally excluded' people
 - Helping direct the right patients to the right clinician

Local Access Plans

- i. patient experience of contact;
- ii. ease of access and demand management;
- iii. accuracy of recording in appointment books.

Patient Participation Groups - PPGs

- CQC requirement for practices to have one
 - It should be formal, with Terms of Reference, agenda, minutes etc
 - It should aim to be representative of the practice population
 - It should engage in a frequency and manner agreed with the group
-
- We know practices are struggling to run and support PPGs since the pandemic and keen to hear more from HWK how we can improve this.

HWK Updates

- On Friday 30 June 2023 HW Kingston published our Annual Report: [Healthwatch Kingston Annual Report 2022-23 - Together we're making health and social care better | Healthwatch Kingston](#)



- Healthwatch Kingston raised over £900 for Kingston Hospital on Saturday [Healthwatch Kingston raised more than £900 for Kingston Hospital on Saturday | Healthwatch Kingston](#)



- Do you know someone who is digitally excluded? [Do you know someone who is digitally excluded? | Healthwatch Kingston](#)

- Transforming Adult Mental Health Care in South West London - Healthwatch Kingston Independent Evaluation
South West London & St George's NHS Mental Health Trust are transforming community mental health services to make improvements to how they operate

- Independent Evaluation of the Intensive Community Rehabilitation Pilot

HWK Community Engagement Opportunities

- London Safeguarding Voices needs you!

[London Safeguarding Voices needs you! | Healthwatch Kingston](#)

- Youth Out Loud! is recruiting volunteers and Resilience Fund - For more info contact scott@healthwatchkingston.org.uk

- London Safeguarding Conference -

- One year on - A virtual conversation about virtual wards - update on event. Event details to follow the updates from our last meeting is below:

[A virtual conversation about virtual wards - update on event | Healthwatch Kingston](#)

- SWL HW Joint Community Engagement Research Project - GP Access

- Volunteering with Healthwatch Kingston:

- Enter and view training
- Digital signposting



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Break (1.30pm - 2pm)



Ensuring people-centred delivery of the SWL Primary Care Strategy - Presentation and workshop

Alyssa Chase-Vilchez, Executive Officer,
Healthwatch representative to the South West London
Integrated Care System



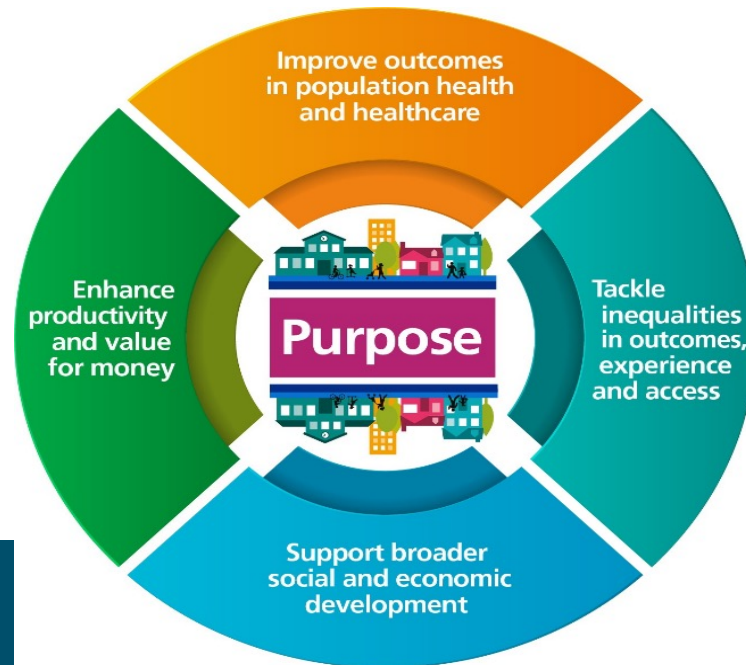
Ensuring people-centred delivery of the South West London primary care transformation plans

Alyssa Chase-Vilchez
Executive Officer, SWL Healthwatch

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• Integrated Care Systems (ICS)

- In July 2022, the NHS changed how it commissions care and created Integrated Care Systems throughout England. In our region, this means that some decisions about strategy and commissioning that used to be taken at borough level are now made at South West London level.
- The ICS Bring together NHS, voluntary sector, Healthwatch, and local authority as equal partners in planning and delivering health and social care.





- **South West London Healthwatch collaborative**
- There is a local Healthwatch in each of the six boroughs in South West London (SWL). Each of these organisations is **independent** and focusses on the needs of their local communities.
- The 6 SWL Healthwatch are Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth.
- The introduction of the SWL ICS means that these 6 Healthwatch need to work together to **scrutinise** health and care decisions and to **deliver joined-up** community insights research (while ensuring that **locally-focussed work remains the priority**).

- **How SWL Healthwatch has influenced the development of the ICS' primary care plans so far**
 - The SWL ICS has just published its two 5-year **strategy documents**, which announces several new initiatives that aim to improve GP access, and is developing their Primary Care Strategy.
 - The SWL ICS embedded **findings from Healthwatch reports** into all documents. (**>100 reports** included in total)
 - We sit on **consultation groups**.
 - Provide feedback to multiple iterations of draft versions of these strategies to **ensure** that people's **concerns were recorded** and that there were **specific ambitions to address these**.
- 

How SWL Healthwatch has influenced the development of the ICS' primary care plans so far

People and communities: views and concerns

High level analysis and themes from nearly 180 engagement reports.

HEALTH IMPACT OF COST OF LIVING CRISIS

- Increasing concern from our local residents
- Worries about paying bills, heating their homes and feeding their families, having a negative impact on people's mental health
- People are less able to make healthier lifestyle choices or heat their homes which may worsen existing health conditions
- Lack of awareness about sources of available support

LOCAL EMPLOYMENT

- People would like the NHS and Local Authorities to support for local economies, including local businesses and town centres
- Increase in Living Wage accreditation to prevent low income and insecure jobs creating stress and anxiety
- Better employment support and targeted communications needed for young people, and for carers and people with a learning disability who want to work

BETTER SUPPORT FOR PEOPLE WITH DEMENTIA

- Variability of support services across SWL including respite care and day care
- Access to face-to-face support if needed for people with dementia
- Better information about service provision, with help to navigate services and non-digital access options

GREEN AND ENVIRONMENTAL CONCERNS

- Access to clean, green space important for health and wellbeing
- A reduction in traffic viewed as the main way to improve air quality
- Encouraging walking and cycling to support people to live healthy lifestyles

VOLUNTARY AND COMMUNITY SECTOR CAPACITY

- Voluntary and community sector are feeling under pressure due to increased demand
- Important to hear from small & large organisations
- Broader representation is needed

REDUCING HEALTH INEQUALITIES

- Need to address disparities in health outcomes for different groups, for example mental health outcomes for Black and minority ethnic patients
- Need for culturally sensitive services and culturally appropriate support and information
- More understanding needed to respond to the needs of neurodiverse patients, people with a learning disability, autism spectrum disorders or dementia

SUPPORT FOR CARERS

- Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making
- Improved recognition of carers to ensure they have the support they need, including young carers
- Better understanding of caring as a social determinant of health, including impacts on carers own mental health, wellbeing and social isolation
- Improved information and support, making sure carers are not digitally excluded

GPs AND DENTISTRY

- Availability of appointments, waiting times, desire for face-to-face as well as virtual consultations
- Variation in access across and within boroughs
- Variability in the availability of interpreter services for non-English speakers
- Some GP appointment systems make it harder for some people to book, for example QR codes increase digital exclusion, telephone booking harder people with hearing difficulties
- Appreciation for pharmacists with most people seeing them as a trustworthy source of information

NHS SERVICES AND REFERRALS

- Concern and frustration about longer waiting times for most NHS services e.g. primary care, mental health, urgent and emergency care services.
- Improved communication about waiting times and status of referrals
- More consistent and timely feedback of diagnostic results, which are often sent via GPs
- Many new parents felt there is a lack of aftercare/postnatal support
- More patient-centred pathways and improved coordination and continuity of care between GPs, diagnostics and NHS teams

TRUST IN PUBLIC SERVICES

- Lack of trust in public sector organisations and professionals amongst some communities
- Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- Based on experiences of discrimination people have had previously

SOCIAL ISOLATION

- Social isolation impacting on mental and physical health, particularly for older people, people with a learning disability and carers
- Exacerbated by a shift to digital services and the cost-of-living crisis

PREVENTION AND SELF-CARE

- Immunisation and vaccination - motivators and barriers vary between communities, the offer needs to be tailored
- Some people would like more support to help them manage their long term condition
- Time and cost viewed as barriers to healthier living by many
- Need for improved and accessible information available to help people manage their own conditions
- Peer group and community support highly valued

COMMUNITY NAVIGATION SIGNPOST

- Patients have a range of ways to get help if they were asked for help and this should be made clearer
- Information materials including for people with reading difficulties and people with hearing difficulties
- Improved signposting to services
- A need for information to help navigate services
- Missing letters and delays and changes

SHIFT TO DIGITAL

- Shift to digital services
- Need more support to face digital services
- Data sharing between services
- Self-help information
- There are concerns about digital services
- Digital services are not always available

LONG TERM CONDITIONS

- Long term conditions are a major concern
- Wanted more support to help them manage their long term condition
- Time and cost viewed as barriers to healthier living by many
- Need for improved and accessible information available to help people manage their own conditions
- Peer group and community support highly valued



People and communities tell us

GPs

- Reports that Black women felt that GPs did not listen when they go with symptoms, leading to multiple visits and delays before referral.
- There is a need to ensure interpreting and translation services are provided when required. Some people found it embarrassing to have their family members translate for them.
- Carers valued interactions with the GP of the person they cared for. For most of the carers engaged, they would have valued the GPs checking-in with carers about how they were doing following hospital discharge of the person they cared for.
- Some people reported the need for better communication and coordination along their treatment journey, including communication between GP practice and diagnostics teams. Recognition that in some cases the NHS may not have the funding or staffing to meet all of our patients' expectations.

Pharmacists

- For some groups of patients' pharmacists are very important and helpful for providing information and advice on medication and dosage, for example Gypsy, Roma and traveller communities reported using local pharmacies a great deal.
- People can be put off visiting a pharmacy due to busy queues, poor previous experience and not being able to talk in private. People said they were more likely to visit a pharmacy if they were assured about the pharmacist's qualifications, services offered and opening times.
- Privacy is also important. People might be discussing sensitive health issues or requesting emergency contraception. Assurance about confidentiality and spaces for private conversations were important to people.

Dentists

- Local people highly value dentists but reported variable access and residents unable to locate or register with an NHS dentist.
- People had difficulty getting an appointment and challenges in getting emergency appointments.
- Dentists needed better information about their services, with some saying websites needed to be improved and updated.

GPs

- GPs were highly valued by local people, however access was an issue mentioned across a range of engagements. A lack of access to GP appointments, could sometimes mean residents avoided contacting the GP, and either looking elsewhere for example by going to A&E, or not seeking further support.
- Many people would like to see an increase in appointments, with some people preferring face to face appointments, to video or telephone appointments.
- Some people had concerns about the sorts of appointments available being appropriate for specific groups. For example, older people preferred face to face appointments and there is a need for longer appointments to explain complex issues. Different groups of patients may need different appointment types, for example for people living with dementia, Asylum seekers, refugees, carers, homeless, vulnerable, mentally and physically disabled and other marginalised groups such as patients who are autistic. Patients with language barriers also needed longer GP appointments and reported not always getting these.
- Most people wanted to be seen at their own practice but many were willing to travel to another GP practice if they could get an appointment sooner.
- There were some concerns about inconsistencies between GP surgeries on the way conditions were treated. Some participants felt that they knew more about their condition than their GP. Some felt that GP support post hospital discharge is not always adequate.

Next step: Monitor implementation of these new SWL ICS strategies

- **Why focus on GP services?**
- Issues with GP services are among the top two concerns that all 6 Healthwatch hear about from their local communities.
- Healthwatch can play a role in helping to shape and/or monitor the impact of the implementation of these new strategies.



How we will monitor implementation

- Conduct a joint **community engagement research** project across SWL, leveraging the relationships that each local Healthwatch has with its local communities.
- Some of the questions that we will ask will be the same **across SWL**.
- Some questions will be adapted for **borough-level** initiatives.



What themes
should we explore
in Kingston?




Timeline

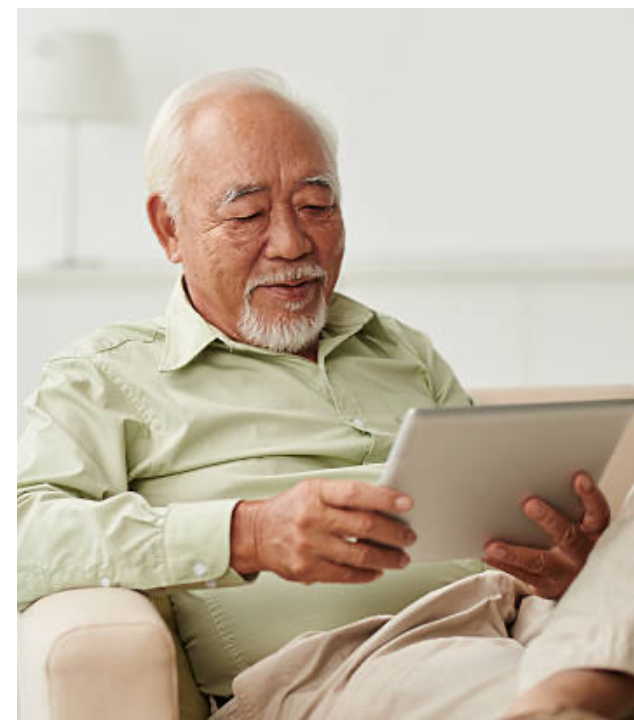
- Launch project in late September 2023, beginning with discussions with key stakeholders.
- Publish report by *May 2024*.



South West London Healthwatch Joint Project

High-level objectives:

- Design and deliver a community engagement **research** project about people's experience of GP services.
- Ensure that we hear from a **diverse range of voices** from across SWL, especially from communities that have the worst GP access issues and/or have the worst health outcomes  **reduce health inequalities.**
- Develop relationships with key stakeholders who **can deliver changes** to how people experience care, including within the NHS and with the voluntary sector, to help ensure uptake of our research results and real-world **impact.**
- **Avoid duplication** of insight gathering work, except where it may be valuable to provide an independent voice.



Comments
about these
objectives?



Selecting a specific topic for the SWL-wide research

GP services is too broad a focus for our research project –
How will we select the specific thematic area of our research?



Stuart **Broad**, cricketer (shown here because our theme is also **broad**)



This section only relates to the portion of the project that is **SWL-wide** (not the borough-specific portion)

GP project work plan – Selecting a specific topic

- **1. Meet with SWL NHS Primary Care leads** to understand their delivery plans for the coming year. This is to ensure that we:
 - Avoid duplication with any existing plans to monitor patient experience.
 - Understand their timelines and what our research will and will not be able to influence.
 - Understand what questions we can help them answer that will inform delivery of their services.



The result will be that we have a **long list** of potential themes, which we will narrow in each subsequent step.

GP project work plan – Selecting a specific topic

- **2. Conduct a literature review**

- What recent work in similar populations have Ipsos-Mori, other Healthwatch, King's Trust, academics, and others have done? How can we expand upon this and avoid duplication?



GP project work plan – Selecting a specific topic

- **3. Bring shortlist to all 6 SWL Healthwatch lead officers**
- What themes on the shortlist reflect patient concerns in all six boroughs?
- Which can we influence, through our own channels (e.g., media campaigns) and through our networks?



GP project work plan – Selecting a specific topic

- **Review**

1. Meet with SWL ICS Primary Care stakeholders
2. Conduct a literature review
3. Final selection by six SWL Healthwatch leads, by consensus

Comments about this
topic selection strategy
at SWL level?



What, if anything, should we
do differently at the Kingston
level?



GP project work plan – Accessing people experiencing health inequalities

- **Once the research topic is selected**

1. Use SWL-wide population data to understand differences by protected characteristics and other socioeconomic factors in health outcomes and access related to our theme.
2. We will make a concentrated effort to speak to people from communities with the worst indicators, using:
 - Existing relationships from across the six Healthwatch
 - Building new relationships with support from SWL voluntary sector alliance (>5500 SWL charities represented)

Comments about this approach?




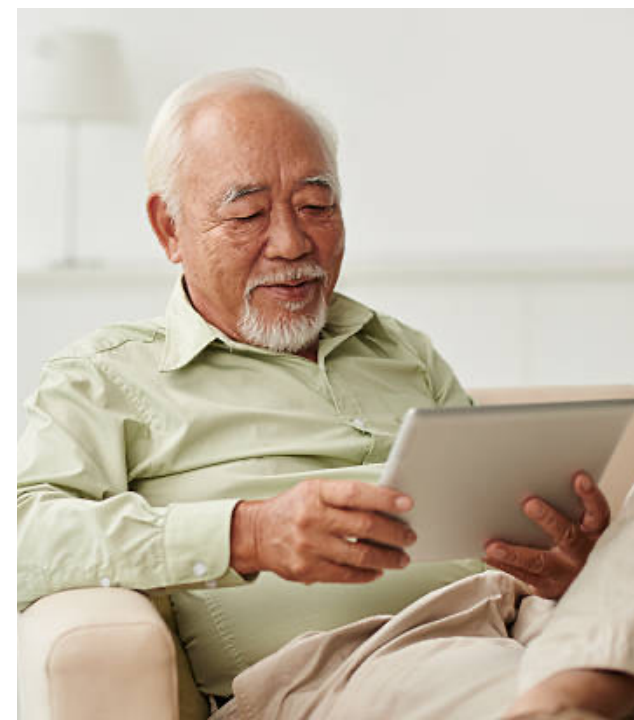
What, if anything, should we do differently at the Kingston level?



South West London Healthwatch Joint Project

REMINDER: High-level objectives:

- Design and deliver a community engagement **research** project about people's experience of GP services.
- Ensure that we hear from a **diverse range of voices** from across SWL, especially from communities that have the worst GP access issues and/or have the worst health outcomes  **reduce health inequalities.**
- Develop relationships with key stakeholders who **can deliver changes** to how people experience care, including within the NHS and with the voluntary sector, to help ensure uptake of our research results and real-world **impact.**
- **Avoid duplication** of insight gathering work, except where it may be valuable to provide an independent voice.



Does the strategy presented so far seem likely to deliver these objectives?



South West London Healthwatch Joint Project

Next steps (after we have selected theme and populations):

- Design research methods and questionnaires
- Promote research participation
- Gather insights from communities
- Analyse results
- Work with key stakeholders, including from NHS and voluntary sector, to interpret results and identify actionable solutions
- Write and present final report



High-level steps for both SWL and borough-specific research delivery are the same

How should we involve patients/public /communities in the delivery of these steps?



South West London Healthwatch Joint Project



Any other
feedback?



Thank you!



Thank you for joining us for the Healthwatch Kingston Open Meeting

Next Date: 11 November 2023 - Pharmacy

Any question please email:

info@healthwatchkingston.org.uk



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