

Health Forum: You and Your GP



Healthwatch Harrow and Community ConneX
Joint Forum Event
14th September 2022

healthwatch
Harrow

Community
CONNEX

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Health Forum: You and Your GP

Healthwatch Harrow and Community ConneX
Joint Forum Event held on the 14th September 2022



Introduction

Over 100 people attended an information-packed health forum in Harrow on the 14th September 2022. Organised jointly by Healthwatch Harrow and Community ConneX, **You and Your GP** brought together a diverse audience and a panel of GPs from Harrow's 5 Primary Care Networks (PCN). A PCN brings together a group of GP surgeries to deliver health services in collaboration to achieve better impact and economies of scale.

In addition, we had specialists from both Cervical and Bowel Cancer Screening services raising awareness of the importance of screening.

After a complementary light lunch, Community ConneX's Chair, Ash Verma, introduced the forum with a minute's silence for the passing of Her Majesty Queen Elizabeth II.

The event was chaired by:

- **Ash Verma** - Chair of Enterprise Wellness and Community ConneX
- **Marie Pate** - Business Manager Corporate Services, Community ConneX & Enterprise Wellness
- **Yaa Asamany** - Healthwatch Harrow Manager

Our panel included the following people:

- **Dr Varun Goel** - Sphere PCN
- **Dr Meena Thakur** - Harrow East PCN
- **Dr Hannah Bundock & Dr Kamal Hussein** - Healthsense PCN
- **Dr Kaushik Karia** - Health Alliance PCN
- **Dr Ka Chung NG** - Cervical Cancer Screening
- **Andrew Prentice** - Bowel Cancer screening

The purpose of the event was to provide the opportunity for residents to engage with GPs to get their voices heard, to get answers to their concerns and to hear what is being done to improve GP access.

We also took the opportunity to raise awareness of the importance of testing for cervical and bowel cancer and informed those attending of how they can test, the process and the benefits of regular testing and how it saves lives. Please see Appendices 4 & 5 for further details.

Summary of Discussion

Prior to the forum, Healthwatch summarised the most common areas of concern for residents and the GPs were asked to provide a response on what they are doing to address these areas. The following is a summary of the questions asked and the responses provided. The GP presentations are included in Appendix 1- 3, please refer to these for full details, below is a short summary for ease of reference.

1	<p><u>Question:</u> What action is being taken to improve the GP online booking system for patients?</p> <ul style="list-style-type: none"> • Do all GPs use the same system? • Can you access it outside of working hours? • What do you do if you can't access it?
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	<p><u>Response:</u></p> <ul style="list-style-type: none"> • PATCHS is the new online system for booking an appointment. This has been implemented in virtually all GP Surgeries with one exception • Patients have to register • Mostly available 8 am to 6.30 pm but can vary • Receptionists can help patients to register if they are having difficulties.
2	<p><u>Question:</u> What steps are being taken to improve telephone access to GPs?</p> <ul style="list-style-type: none"> • Does one GP have a system that is working that could be picked up by other GP surgeries? • How do you reduce waiting times when phoning a GPs? <p><u>Response:</u></p> <ul style="list-style-type: none"> • A new telephone system for GPs is in the process of being implemented. Once we receive more information this will be shared in the Healthwatch Harrow Newsletter and on our website.
3	<p><u>Question:</u> What are GPs contracted to deliver regards to appointments and do patients have the right to ask for a face-to-face appointment?</p> <ul style="list-style-type: none"> • If so, how do you get through the system to request it? <p><u>Response:</u></p> <ul style="list-style-type: none"> • Please refer to page 9 for further details • GPs are contracted to deliver essential services including identification and management of illness, providing health advice and referrals to other services during the core hours of 8 am to 6.30 pm - Monday to Friday excluding bank holidays • Out-of-hours services and additional services are assumed to be provided, but a practice can opt out • Practices can opt in for enhanced services • Patients have the right to have for a face-to-face appointment, but depending upon the circumstances, it may not be a Doctor that you see, but it will be someone appropriate to support your needs • Ways to access your surgery: <ul style="list-style-type: none"> ○ In person ○ By telephone ○ In correspondence ○ Online.

4	<p><u>Question:</u> How do you support vulnerable or non-English speaking patients who are not able to access GP systems online/digitally?</p>
	<p><u>Response:</u></p> <ul style="list-style-type: none"> • Interpreters can be requested • Some practices have key words translated and shared with groups so within a few words it is clear they need to see a doctor • You can speak with a receptionist.

Challenges for GPs

You and Your GP addressed a range of topics starting with Dr Meena Thakur describing changes to GP practices. Over the past 8 years the number of registered patients has doubled but the number of GPs has not.

Dr Thakur pointed out that with fewer full-time GPs, consultation times per patient in the UK are the lowest in Europe. She also shared a more startling statistic: 77% of GPs feel unable to provide safe care because of high workloads and not enough time in which to carry out their duties.

Dr Varum Goel elaborated on the challenges facing GPs. These included health inequalities, an increase in the number of patients with long-term and complex medical problems and longer hospital waiting times arising from the pandemic. Amid such demands GPs also provide services aimed at preventing ill health and, from October, GPs will be required to offer enhanced access which includes offering appointments on Saturdays.

Challenges for Patients

While GPs are working under pressure, the impact falls directly on patients who need to access GP services. During the open discussion at the forum people voiced clear concerns over barriers to GP access. For example, booking appointments online is an unsatisfactory option for some, while others find that their notes are not updated and shared within their PCN. Attendees shared experiences of language issues affecting their use of GP services.

People also spoke of the need for greater patient representation. Marie Pate, who is the Manager of Corporate Services at Community ConneX, pointed out that a cross-section of views should be heard rather than a single group of vocal residents. Attendees were urged to join their local Patient Participation Group (PPG). One of the roles of a PPG is to give feedback about GP services. You can join your PPG by asking the receptionist at your GP practice.

Q&A Session with the audience

Q	From a patient of Stanmore Medical Centre: “They say we need the Clinic system, what is that?”
A	An example of an online booking system. Every practice, if not already done so, will be changing to the PATCHS system.
Q	From a patient of St Peter’s: “What training do GPs have with regards to treating people with mental health issues? I have been told in the past that they can’t deal with it”.
A	Most practices now have a mental health specialist but there is limited training at medical school. We are working more with the mental health trusts.
Q	“No help with mental health from GP and can’t get an appointment”.
A	Advised to speak with the practice manager.
Q	“With all the new building developments in Harrow, how are the surgeries going to cope with the extra demand this will bring?”
A	Each practice has its own catchment area and this is just natural evolution.
Q	“Something needs to be done by each practice to promote themselves and their services. They need to do more to change perceptions”
A	Good point. There seems to be a lack of knowledge.
Q	“What services can they do i.e., blood tests, or can these be done via a pharmacist?”
A	First point of contact should be your GP, but they can advise.
Q	A parent/carer of a man with a learning disability who was having problems with the online system. She asked, “How easy it would be to add a flag to say this person needs extra help filling out the form?”
A	This is not possible on the current systems, but a pop-up comes up when the doctor opens your file (patient notes).
	Someone said a solution to all of these issues would be for everyone to write to their MP’s!

Survey Results:

At the end of the forum we asked those in attendance 3 questions to measure the sentiment around confidence in accessing their GP, which was remarkably low:

- 25% of those attending were confident that they could get an appointment in a reasonable time frame when they needed one.
- 30% were confident that they could get a face-to-face appointment if needed.
- 12% were confident that they could get through to speak to someone on the telephone when they needed to.

Conclusion:

- The high attendance for the forum clearly signifies that providing residents with the opportunity to speak directly with a GP was valued and Healthwatch would like to thank the GPs from the Primary Care Networks for engaging in the event and for the time they committed to it.
- 85% of those in attendance had not heard of PATCHS - it was recognised that that there needs to be some clear communication informing patients of what it is and how they use it. Healthwatch Harrow confirmed they are happy to support the PCN's in this.
- Consistency and communication are key to ensuring that patients know how to access the practices. Patients being informed is fundamental to removing frustration. The fact each practice may operate in a different way causes confusion for patients. Through the work of the PCN's this should help bring more consistency, but it was recognised that communication needed to improve. Healthwatch Harrow confirmed they are happy to support the PCN's in this.
- Healthwatch Harrow, through its quarterly Trend Analysis Report and Outreach work will monitor if there is any improvement in access to GPs and work with the PCN's in sharing this intelligence.
- Community ConneX will investigate the use of the Learning Disability Register, how this works to ensure that those with a learning disability are clearly identified when they contact the practice, and any reasonable adjustments are made.

Appendix 1 - Dr Varun Goel - Sphere PCN Presentation

Dr Varun Goel

- GP, Streatfield Health Centre, Kenton, Harrow
- Clinical Director, Sphere PCN
(Primary Care Network)



Workforce in general practice - traditional

- GPs
- Nurses
- Health care assistants
- Phlebotomists

Challenges we face

- Not enough GPs
- Increasing health needs in our communities
- Health inequalities
- More long term and complex medical problems
- Greater emphasis on preventing ill health
- Pressures from pandemic –backlog and longer hospital waits
- Patient access to general practice/appointments



New Roles – expanding the workforce

19/20	20/21	21/22
<ul style="list-style-type: none"> • Clinical Pharmacist • Social Prescribing Link Workers 	<ul style="list-style-type: none"> • Physician Associates • First Contact Physiotherapists • Pharmacy Technicians • Health & Wellbeing Coaches • Care Coordinators • Occupational Therapists • Dieticians • Podiatrists • Nurse Associates 	<ul style="list-style-type: none"> • Community Paramedics • Mental Health Practitioners

What are GPs contracted to deliver?

- **Essential services** are mandatory for a practice to deliver to registered patients and temporary residents in its practice area. They include the identification and management of illnesses, providing health advice and referral to other services. GPs are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.
- **Out-of-hours services** are those provided outside core working hours. A practice is assumed to provide these by default but can opt out. Where a practice opts out, as most practices do, commissioners have the responsibility for contracting a replacement service to cover the general practice area population.
- **Additional services** include specific other clinical services that a practice is assumed to provide but can opt out of, for example, minor surgery.
- **Enhanced services** are nationally agreed NHS services that holders of almost all GP contracts (GMS/PMS/APMS) can also provide if they choose to opt in. Services today may include some vaccination programmes and a health check scheme for people with learning disabilities. Primary care networks (PCNs) have also been established via an enhanced service agreement.
- **Locally commissioned services** are locally set services that practices can also opt in to. Unlike other GP services, these might also be commissioned by non-NHS organisations such as local authority public health departments. Examples include services for people who are sleeping rough or mental health support programmes.


How many appointments should my GP provide?

- Practices must provide enough appointments to meet the reasonable need of their patients – this is monitored by Local Commissioning teams and reported to NHS England.
- Patients should have access to appointments and services, however the method to access the type of appointments may vary from practice to practice depending on their population needs, feedback and the available IT systems.
- Patients are offered; Telephone, Video, Online, Face to Face and Home visits for patients who are registered as housebound.
- Patients also have access to more registered health care professionals; as shown in table before re; New roles joining the Workforce.
- Services are now expanding outside of GP surgeries and is available for all patients to access.

Can I ask for a F2F appointment?

- Patients have a choice of what type of appointments they request for their consultation. This choice can be made at the point of request or after the initial contact is made between the practice and the patient.
- Patients are always offered Face to Face appointments if it is clinically appropriate. However this may not always be with a GP.
- There is now a bigger team of specialists in the practice who may be better suited to deal with patients presentation at the time.
- A good way of understanding patients needs and dealing with it in the most appropriate and efficient way is by using the Online system in Harrow (PATCHS).

Appendix 2 - Dr Meena Thakur - Harrow East PCN



**GENERAL
PRACTICE – THE
CURRENT
REALITY**

DR MEENA THAKUR
CLINICAL DIRECTOR, HARROW EAST PCN

My experience as a GP at Honey Pot Medical Centre – changing role of GP practices

GP Partner since 1994

Significant changes over decades, including expanded role of GPs, IT innovation, multi-professional workforce, premises expansion, PCNs

My practice 2014 – 8k patients. 5 F/T partners, 2 nurses, reception/admin staff, practice manager

My practice 2022 -16k+ patients. Fewer partners (3 F/T), 2 salaried GPs, locum GPs, 2 nurses+ANP, 7 pharmacists & 3 prescribing clerks, physician associate, 2 HCAs, 3 physios, enhanced nurse, social prescribing link workers, business manager, practice manager, admin call centre, admin referral team, online consultation triage staff

Escalating workload in the community – shift of work out of hospital into community, caring for ageing population, multiple complex co-morbidity, caring for patients in own homes avoiding hospital admission, earlier discharge, reduced outpatient follow ups

A GP's working day

Booked clinics – 10-minute consultations- 16-20 patients a,m & p.m

Extra urgent patients

Patient queries and online consults, telephoning patients

Calls from hospital, community healthcare professionals

Repeat and Urgent prescriptions

Reading and coding hospital correspondence

Going through pathology results and taking necessary action

Home visits

Completing medical reports, safeguarding reports

Management of practice

Most GP partners take work home/work in days off

Locums – more defined workload

GP workforce reduction

1800 FEWER whole time GPs in England than 2015, despite Government promise for 5000 additional GPs by 2021

Number of patients cared for per GP higher than ever before (with population increases/fewer GPs)

Fewer GPs working full time – job scope and intensity escalated

GPs categories: partners, (own and run practices) salaried, locums, portfolio GPs

GP Partner numbers reducing -> salaried GPs and locums increasing > increased workload for remaining partners as responsible clinicians > partner resignations

Punitive pension rules resulting in higher taxation end of careers -> early retirement of GPs

77% of GPs feel unable to provide safe care, due to excessive workload, lack of time

UK GP consultation time = 10 minutes – shortest in the EU and greatest stress of GPs amongst EU nations

Increasing abuse and violence against GPs and staff

Problems in recruitment and retention -> burnout and 1/3 plan to retire early

LACK OF ACCESS TO GPs IS A RESULT OF INSUFFICIENT/DECREASING CAPACITY AND INCREASED DEMAND

Increased inappropriate workload demand in general practice

GP appointments/times taken up for:

- Chasing up hospital appointments – biggest backlog of hospital care ever
- Letters to expedite appointments
- Issuing hospital prescriptions and hospital requested investigations
- Chasing up hospital test results
- Re-referral for non-attendance hospital appointments
- Patients asked to see GP for queries regarding hospital clinic or care
- 40% GPs say 20% appts wasted on waiting list queries – increased ++ with NHS backlog crisis
- Admin. letters e.g. for school, benefits, employers, visas
- Appointments better suited to other professionals, e.g. dentists, community pharmacies, health visitor, optician

Managing demand at Honeypot Medical Centre

Increase use of online consultations, allowing triage and active signposting to appropriate services/healthcare professionals

Workforce skillmix FCPs, pharmacists, Physician associate, ANP, mental health worker, social prescribers, healthcare assistants

All repeat prescribing by clinical pharmacists

E-hub team to triage online consultations, call-recall immunisations, screening

Patient self management, in partnership with PPG

Working with community pharmacies directing appropriate patients

Upskilling staff on simple clinical management previously done by GPs

Appendix 3 - Dr Kamal Hussein & Dr Hannah Bundock - Healthsense PCN

Dr Kamal Hussain

- GP, Simpson House Medical Centre, Harrow
- Clinical Director, Healthsense PCN
(Primary Care Network)



Ways to Access Your Surgery

- In person
- Telephone
- Correspondence
- Online Consultations

Online Consultations

Nearly every practice in Harrow uses the same system: PATCHS

Accessed via GP websites

Patients need to register to use the service

Mostly it is only available to use 8.30-6.30pm (this varies)

Receptionists can help patients register and complete a request with the patient if they are having difficulties

Options Available to your Practice

Book

Book an appointment

- Routine vs urgent
- Telephone, face to face, home visit, online consultation/message
- Choice of Clinicians

Complete

Complete a request

- Prescription request
- Results of tests
- Administrative help eg forms, letters, referrals

Signpost

Signpost to most appropriate service

- A+E
- Chemist
- Self-help

PCN
Enhanced
Access

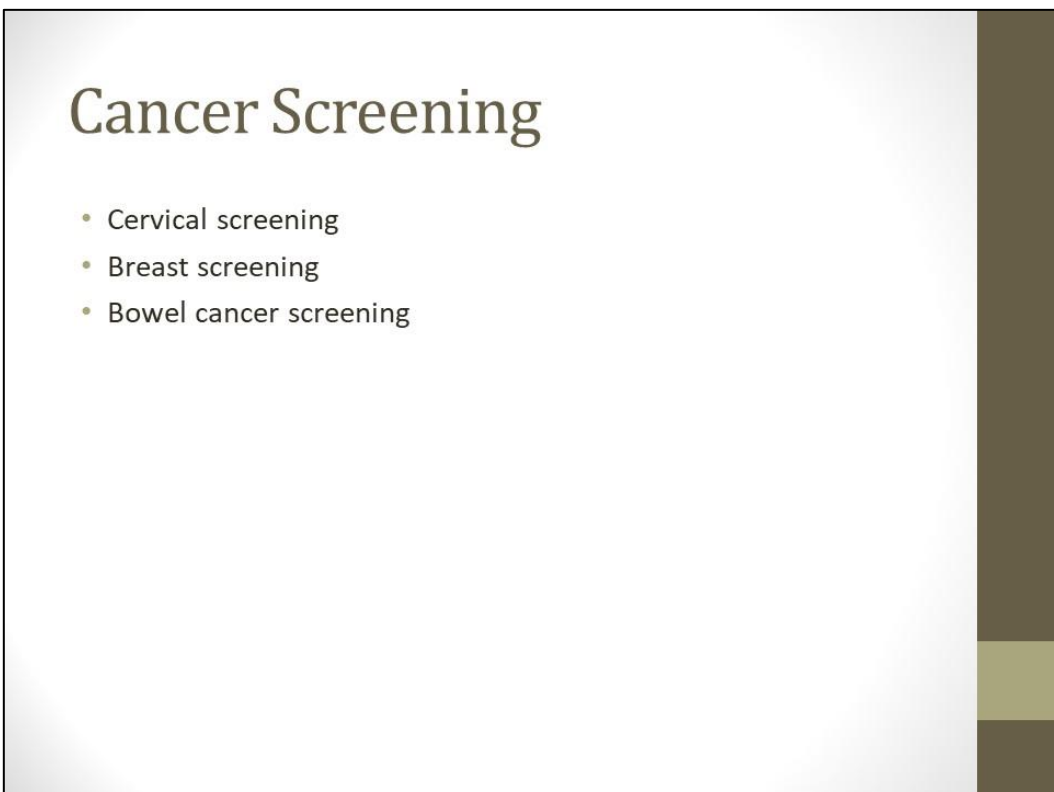
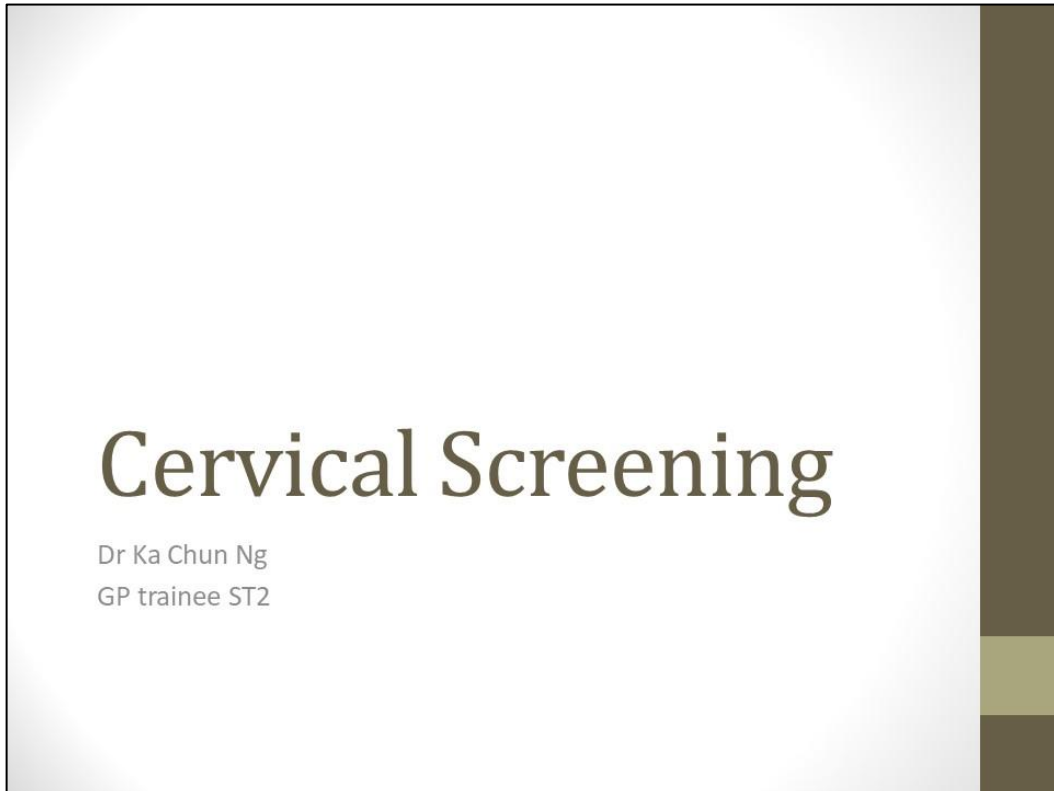
Goes live 1st October

Appointments between 6.30pm-
8pm Mon-Fri

Also on Saturday 9am-5pm

How and where will these
appointments be accessed?

Appendix 4 - Dr Ka Chung NG - Cervical Cancer Screening



Cervical Screening

- 25-49 yo-3 yearly
 - 50-64 yo-5 yearly
 - Emails/letters/text messages/phone calls
- Usually done by a female nurse or doctor
-Less than 5 minutes
-Little uncomfortable but shouldn't be painful



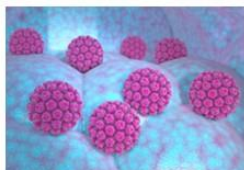
Cervical Screening

-Almost all cervical cancers are caused by a virus (HPV)

-Stages of easily treatable changes before becoming cancerous

Not for cervical cancer diagnosis

Detect and treat HPV and cell changes before they become cancer



Why is it important?

- Prevents 83% of cervical cancer cases
- Saves lives
- Avoids the need for more invasive treatments in future

Who should attend?

You still need a smear even if...

- **You have had the HPV vaccine**
 - It does not protect you from all types of HPV
- **You have had the same partner, or not had sex, for a long time**
 - You/your partner can have HPV for a long time without knowing it
- **You are Lesbian or bisexual**
 - Any sexual activities e.g. Oral sex, sharing sex toys or just skin contact of genitals can spread HPV
- **You are a Trans man with a cervix or had had a partial hysterectomy that did not remove all of your cervix**
 - Any person who has a cervix can develop cervical cancer

Who should attend?

- **You have never had any kind of sexual contact with a man or woman**
- Low theoretical risk but not no risk
- Invited but some may decide not to go for cervical screening
- Ensure the nurse/doctor is aware you have never been sexually active

Summary

- Cervical screening is offered nationally to all women between 25-49 3-yearly and 50-64 5-yearly
- Most women are advised to take part
- It is not embarrassing
- Cervical screening saves lives

Appendix 5 - Andrew Prentice - Bowel Cancer Screening

**NHS BOWEL CANCER SCREENING
PROGRAMME**

Andrew Prentice
Health Improvement Principal
St. Mark's Hospital



- **FACTS**
- **SYMPTOMS**
- **RISKS**
- **BARRIERS**
- **PREVENTION**



Facts

Bowel cancer statistics

Cases

42,886



New cases of bowel cancer each year, 2016-2018 average, UK.

Deaths

16,808



Deaths from bowel cancer, 2017-2019, UK.

Survival

53%



Survive bowel cancer for 10 or more years, 2013-2017, England

Prevention



54%

Preventable cases of bowel cancer, UK



SIGNS & SYMPTOMS



- Blood in stools
- A change in bowel habits
- A feeling of need to strain the back passage even after emptying the bowels
- Persistent abdominal discomfort (pain, gas, cramp)
- A lump in the stomach
- Unexplained weight loss
- Weakness/Fatigue/Breathlessness caused by anemia

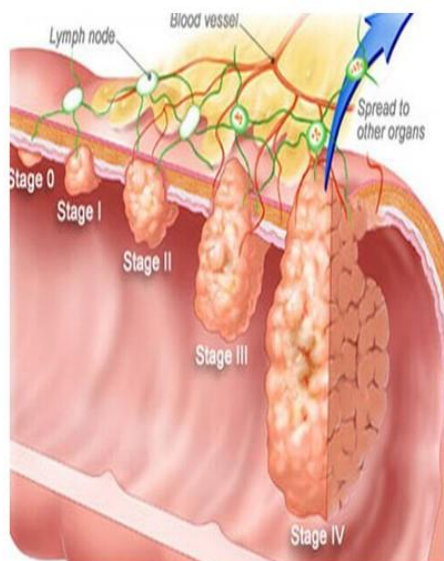


NHS Bowel Screening Programme

- Is an asymptomatic screening programme
- We want people to take part before symptoms are apparent



Screening *is* Prevention



Stage 0 – The cancer is found only in the innermost lining of the rectum or colon.

Stage I – The cancer has not spread beyond the inner wall of the rectum or colon.

Stage II – The cancer has spread into the muscle layer of the rectum or colon.

Stage III – The cancer has spread to at least one lymph node in the area.

Stage IV – The cancer has spread to distant sites in the body, such as the bones, liver, or lungs.

Adenoma detection rate by gender and age

- Over 90% of CRCs develop from adenomas
- An estimated 33% to 50% of all adults will develop an adenoma during their lifetime
- By age 50 – 20% will have an adenoma
- By age 80 – 50%



RISKS

Healthmatters Improving the prevention and diagnosis of bowel cancer

2. Reducing the risk of bowel cancer

Just over half (54%) of bowel cancer cases in the UK are linked to lifestyle risk factors.

Reducing the amount of alcohol consumed, quitting smoking and being physically active can reduce the risk of bowel cancer.

Diet plays a major role in bowel cancer risk. The evidence has been steadily growing around the risks of eating large amounts of red meat and processed meats, such as sausages, bacon and salami.

Limiting the amount of red meat consumed to 500g or less (cooked weight) per week and avoiding processed meats as much as possible can help lower the risk.

In the UK each year, 54% of bowel cancer cases are linked to major lifestyle and other risk factors



BARRIERS



Protecting and improving the nation's health

Healthmatters Improving the prevention and diagnosis of bowel cancer

3. Barriers to participation in bowel screening

The aim of screening is to lower the burden of cancer in the population by discovering disease in its early stages.

In England, screening is offered every two years for men and women aged 60 to 74.

PHE has a target of 75% of eligible people taking up invitations for bowel cancer screening. The most recent uptake figure from PHE stands at 56%.

In some parts of the country uptake is as low as 33%. Seven out of ten of the worst areas in the country are in London. 44% of clinical commissioning groups (CCGs) in England are below the national average.



PREVENTION



Protecting and improving the nation's health

Healthmatters Improving the prevention and diagnosis of bowel cancer

2. Reducing the risk of bowel cancer

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PREVENTION

- Avoid Risks Factors.
- At age 56 -75, everyone registered with a GP is automatically invited every 2 years for NHSBCSP for FIT home test kit
- Age lowering to 50-75yr
- At 75yrs and above self referral.
- Early diagnosis leads to effective treatment.

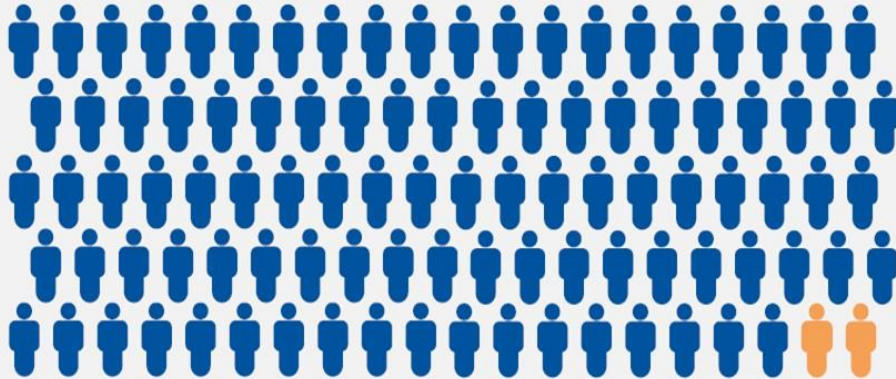


FIT Faecal Immunochemical testing



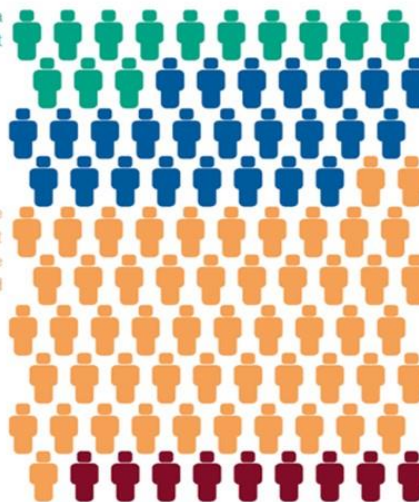
For every 100 people who completed the test kit.....

98 do not need further tests



2 will need further tests

13 will have a normal result



25 will have minor findings needing no treatment

53 will have adenomas that need to be removed

9 will have cancer

Results for every 100 people having colonoscopy after an abnormal FIT kit result
It would require 5,000 people to complete the home test kit to result in 100 people needing a colonoscopy

ST. Mark's Hospital

Specialist hospital dealing with gastrointestinal diseases
making valuable contribution in achieving early
diagnosis of bowel cancer & saving lives.

Awarded World Centre of Excellence



Contact Us

- **Helpline & Self referrals** **0800 707 6060**

- **Andrew Prentice Health Promotion** **0208 869 3376**

Email:

andrewprentice@nhs.net

www.stmarksbowelscreen.co.uk



Appendix 6 - List of GP Practices in Harrow and their PCN

GP Practice	Primary Care Networks
Aspri Medical Centre	Health Alliance PCN
Bacon Lane Surgery	Harrow East PCN
Belmont Health Centre	Health Alliance PCN
The Circle Practice	Health Alliance PCN
Civic Medical Centre	Harrow Collaborative Network
Elliott Hall Medical Centre	Sphere PCN
Enderley Road Medical Centre	Healthsense
The Enterprise Practice	Health Alliance PCN
First Choice Medical	Harrow Collaborative Network
GP Direct	Sphere PCN
Hatch End Medical Centre	Sphere PCN
Headstone Lane Medical Centre	Harrow Collaborative Network
Headstone Road Surgery	Harrow Collaborative Network
Honeypot Medical Centre	Harrow East PCN
Kenton Bridge Medical Centre - Dr Golden	Healthsense
Kenton Bridge Medical Centre - Dr Raja	Healthsense
Kenton Clinic	Harrow Collaborative Network
Kings Road Medical Centre	Harrow Collaborative Network
Mollison Way Surgery	Harrow East PCN
Northwick Surgery	Sphere PCN
Pinn Medical Centre	Healthsense
Pinner Road Surgery	Harrow Collaborative Network
Pinner View Medical Centre	Harrow Collaborative Network
Ridgeway Surgery	Healthsense
Roxbourne Medical Centre	Healthsense
Savita Medical Centre	Harrow Collaborative Network
Shaftesbury Medical Centre	Harrow Collaborative Network
Simpson House Medical Centre	Healthsense
St Peters Medical Centre	Sphere PCN
Stanmore Medical Centre	Health Alliance PCN
Streatfield Health Centre	Sphere PCN
Streatfield Medical Centre	Health Alliance PCN
Zain Medical Centre	Harrow Collaborative Network



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