

## Islington Patient Group meeting

13 November 2019

Resource for London

*Chair: Mark Austin, Healthwatch volunteer and Islington resident*

1. **General Practice in Islington: Overview - Presentation by Becky Kingsnorth, Deputy Director of Primary Care, Islington CCG and Dr Imogen Bloor**
  - This presentation gave an overview of General Practice in Islington, covering the what services are currently available in GP practices, accessing extended hours services (through iHub, open 6.30pm-8pm Monday to Friday and 8am-8pm Saturday and Sunday, based at three local practices that all residents can access), Primary Care Networks (networks of GP practices working together to meet the needs of their local residents) and Social Prescribing (being offered access to activities that can improve our well-being).
  - These services aim to increase GP capacity and offer better access to patients.
  - iHub (extended hours service) this service offers appointments until 8pm on weekdays and from 8am to 8pm at the weekend across **three** sites in Islington. The GP or Nurse is able to access your patient records, with your consent. To access this service you can either request an iHub appointment through your GP practice reception OR you can call your practice when it's closed and you will automatically be put through to the iHub service (as long as you call within the iHUB's service hours).
  - Primary Care Networks - All GP practices in Islington are grouped into four localities; north, central 1, central 2, and south. These groups then work together which should help to better manage their workload and share staff, resources and expertise. It is hoped that improved collaboration between a range of services will improve patient care. For more information:  
<https://www.kingsfund.org.uk/publications/primary-care-networks-explained>
  - Social Prescribing - Social Prescribing Link Workers will be located in local practices. Patients will be referred to them for support with a range of social, emotional or practical needs alongside their medical treatment. More information can be found in the presentation slides 5-14, attached.
  - What do patients tell us about their experience of General Practice? National GP Patient Survey: It was highlighted that although we've seen improvement as a borough for the ease of use of GP websites and experience of care when your practice is closed, Islington is still not quite at the national average. Commissioners hope to increase awareness of options for out of hours GP access. It was highlighted that Islington still has the highest satisfaction ratings across Barnet, Camden, Enfield and Haringey, the boroughs with whom we collectively commission some services. These five commissioning groups will be merging in April 2020.

## 2. New local initiatives:

### i. Social prescribing: Michael O'Dwyer, Age UK and Healthwatch Islington

- You can be referred to this service by a professional (e.g. GP) or you can self-refer. Contact details on slide 21.
- Healthwatch Islington added that Help on Your Doorstep also offer Social Prescribing services.
- Most voluntary sector organisation offer social prescribing though they may not call it that. Healthwatch Islington researched showed BME communities are unaware of this offer.

### ii. Pharmacy developments: Nikesh Patel, Islington Pharmacist

- Nikesh works across the Central Primary Care Network (PCN) covering Highbury Grange and Islington Central Medical Centre in the role of Clinical Pharmacist (rather than a community pharmacist).
- As a Clinical Pharmacist Nikesh is involved in patient facing activities such as, medicine reviews for patients, looking at optimising and reducing medication and supporting other practices around asthma, hypertension, diabetes and mental health.
- He has also begun to do some home visits for palliative care patients.
- He is also involved in non-patient facing activities such as, helping to introduce a risk register for medicine and monitoring risky medicines, which has led to an improvement in patient safety and has been rolled out across other local practices.
- As a Clinical Pharmacist Nikesh also helps GP's to manage out of stock medicine, by contacting patients and helping to provide alternative medicines options.
- This role is helping to reduce GP's workload.
- Part of the plan for Clinical Pharmacists is for them to become prescribers too, which would take some of the load off GP's in regard to repeat prescriptions.
- Clinical Pharmacists will also support patients with medication changes involved in the transition from secondary to primary care.
- Clinical pharmacists also work alongside nurses and medical secretaries to provide medical triage which is helping to manage demand for GP appointments.
- You could also book an appointment with a Clinical Pharmacist, to discuss medication, these are longer than your usual GP appointment.
- This role illustrates the value of the team. Roles like this which support GP's mean that patients see the right professional at the right time in the right place for them. In the future this model will be extended to involve paramedics etc.

### iii. GP appointments: Dr Katie Coleman

- Dr Coleman presented on the work her practice (City Road Medical Centre) has done to increase the accessibility of appointments with GP's.
- The practice was aware the accessing appointments is the hottest topic for the general public and is always in the headlines. The national average is a two week wait for a non-emergency appointment with a doctor.
- 3 to 4 years at City Road Medical Practice (CRMP) patients would queue every morning for an appointment. The NHS Choices rating for the practice was low because of the long waits (2 stars).
- The practice wanted to improve these issues, so they collected data around who wasn't getting an appointment and what the demand was like for those who were getting appointments, and why patients were coming to see a doctor.
- This led to a good understanding of the demand for appointments.
  - 50 - 60% of patients wanted to be seen either today or tomorrow
  - On top of that the practice didn't have enough resources to plan planned care appointments either.
  - They also knew that patients would coming into the practice for an appointment with issues that could have been managed over the phone.
- To ensure there were enough appointments in the practice they changed their structure. For example, the practice knew that the highest demand for appointments was on a Monday, so they made sure they had more staff working on a Monday.
- They then trained reception staff to ask patients why they needed an appointment which helped to identify which professional the patient should see OR the patient is given a telephone appointment with a GP (this usually happens within the hour).
- Telephone appointments can deal with most issues, but if the GP or patient feels they need to be seen in person, an appointment will be arranged for a convenient time for the patient.
- As a result, staff are more able to say yes to patients' requests for appointments and support, increasing staff satisfaction.
- Everyday there are now plenty of appointments available And Administrators now have the capacity to organise planned care appointments.
- The Practice has been operating in this way for almost 3 years and their NHS Choices rating has gone from 2 stars to 4 stars.
- The practice has also introduced on-line consultations, on-line symptom checkers and email queries.
- The system might not suit everyone, especially those who struggle on the phone or use a translator - although the practice does use language line, but there are plenty of face to face appointments on the day for these patients.

#### iv. NHS App and online appointments: Healthwatch Islington

- Healthwatch Islington (HWI) gave a short presentation about on-line access to appointment booking, repeat prescription requests and medical records.
- Every practice in the borough now offers on-line booking.
- You will need to register for online services with your practice - usually in person and you may need to show photo ID.
- You can then use a computer or download an app to access these services on a smartphone or tablet.
- Slides 32-37 show more detail.

### 3. Feedback from the table discussion

- **Table 1** - Social Prescribing - we had some questions about whether its connecting people to the services they need. Low chance that people will self-refer?
- **Table 2** - Everyone who speaks at these meetings could do with wearing a name badge.
  - When these new people come into post (e.g. Pharmacists) there needs to be clear info on the website to make it clear to patients how they can be accessed/ how they work.
- **Table 3** -social connectivity is really important and relies on us knowing a lot and keeping connected.
- **Table 4** -with community activities one of the main things is finding out what is actually set up and taking place. This needs to be a constant thing and it will cost money.
- **Table 5** - found today informative
- **Table 6** - the categories of GP services (2 requires improvements) appointments being tightened up would help us achieve higher CQC categories - why didn't we achieve higher? Can't the patients help us to achieve a higher standard? Tell us what the issues are regarding the standard, so we can help them improve.
- **Table 7** - I liked what you said about quicker appointments, I think that's one of the main issues for Deaf patients.
  - When we will be contacted is a difficult thing. I can't call my practice before the interpreting service opens at 9am. I don't think these services are accessible for deaf patients. Information is not readily available in British Sign Language, if the video link service is not available or broken I may have to wait a week to be seen!
- **Table 8** - We discussed access to Age UK and how to access that etc.
- **Emma Whitby, Healthwatch Islington** - how can we make sure all these changes to health services are well communicated and resourced. From January to March 2020 we will be visiting GP practices to support the communication of this information. We will also be sharing it with our partners.

4. Questions

Pharmacy	<p><b>When you went to the hospital you got a letter to tell you what the results were. This doesn't happen now.</b></p>	<p>[Pharmacist] This may be a model in a particular specialty, for example where patients are engaged in self-care. Patients should be copied into any letter sent to their GP when they are discharged from hospital care. If a patient has just attended for a diagnostic test generally this would be communicated to the GP who would discuss the results with them.</p>
	<p><b>How can pharmacy appointments be booked? Can their services be listed on the website for relevant practices?</b></p>	<p>[Pharmacist] Usually, patients can phone up the surgery and request to be seen by the Pharmacist. This can arranged as face-to-face or telephone appointments. The practice staff should be aware of the sessions available for patients to be booked in. Yes, the practices can list services offered by the Practice Based Pharmacist. Currently, this is being worked on by my practices. [CCG] This is a good idea. Practices manage their own websites but we can encourage them to include some information about these appointments on their website. Practices may book appointments for patients with pharmacists in different ways</p>
	<p>I think, as a Deaf service user and in terms of pharmacies, if I run out of something and I want to go to the pharmacy (ran out of asthma medication and was very breathless) I think I should have a medical ID so I can go to a pharmacy and they can then give me something then and there.</p>	<p>[Pharmacist] taking a copy of your repeat prescription with you or taking an empty pack with you. Can get a medical ID alert bracelet with your medication on it. If you took your inhaler with you then that's adequate proof for a pharmacist to give you your medication. [Doctor] My understanding is that a community pharmacist can give you your medication in an emergency and then they can contact your GP. On the NHS App you could share your medication with a professional and they can then give you what you need.</p>

	<p><b>Access to signvideo is urgent. If a deaf service user runs out of medication at the weekend, what should they do?</b></p>	<p>[Pharmacist] In this case, a patient can visit their local pharmacy and have an 'emergency supply' if their regular medications. This is subject to an assessment by the Pharmacist. For deaf patient, it would be advised for them to carry a copy of their repeat medication slip and/or the empty medication container with the dispensing label visible. It would be a good idea for patients to carry a letter of some description that could indicate the nature of their visit to the pharmacy for an emergency supply of their medication.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social Prescribing</p>	<p><b>With all the closures of services for older people (referring to the closure of the Drivers Centre) the health of older people could be in jeopardy.</b></p>	<p>Age UK Islington is still very much committed to the provision of social activities and this will remain a key objective for the organisation. We will continue to provide support for all service users following the Council's decision, to maintain social connection. This will include helping people to find alternative activities that meet their needs and interests, within our existing extensive network of Get Togethers, or at centres nearby.</p>
	<p><b>How best to ensure that a person is aware of the range of services available without a referral?</b></p>	<p>[Age UK] Through providing information and guided choices, to support someone to make the right decision that suits them. [CCG] I recall this as a question of how to be aware of all services without being referred for a social prescribing service. We are encouraging practices to include the MiDOS search tool on their website. Behind the scenes there is work underway to increase the range of services that are included within the tool and ensure that information is always kept up to date. This is being led by Healthy London Partnerships and Islington is one of their early sites for testing their work. SAMH - have a directory of services for Mental Health</p>

<p><b>Is it possible to book an appointment with a social prescriber as a patient?</b></p>	<p>[Age UK] Age UK are covering 14 surgeries in the Central and South networks. You can book an appointment with a social prescriber through your GP or GP reception staff to be seen on site, or at another location in the community. You can also contact the Social Prescriber team yourself and have a conversation about accessing the service.</p>
<p><b>How will social prescribers be supported?</b></p>	<p>[Age UK] Social Prescribers, whilst having an honorary contract with the GP federation will have the same support structures as any other Age UK Islington or HOYD employee. Also clinical support supplied by a named GP at the practices.</p>
<p><b>How will volunteers who may also be able to act as social prescribers be updated on what is available to prescribe to?</b></p>	<p>[Age UK] All volunteers have access to our Knowledge base and how to guides within our database and are supported by existing members of staff.</p>
<p><b>Why do you have to use the telephone to access this service? How can you ensure you are accessible to deaf service users?</b></p>	<p>[Age UK] You don't just have to use the telephone. We can communicate with people via text or email. With face to face appointments we would ensure we would book a BSL worker. Also when referring we would ensure that the suppliers/organisations have the facilities to support deaf patients. [ CCG] we will discuss accessibility with new services but there is an expectation that services are accessible to all</p>



Changes to the CCG	<p><b>[Chair of Keep our NHS Public] This is just the icing on the cake. There is a big structural change happening at the CCG level and I'm shocked it's not on the agenda. The CCG is going to be abolished and merged with other localities. How are you responding to the abolition of Islington CCG and merger with others (NCL)? We've written to all GP practices to vote against this constitutional change to abolish Islington CCG and to create a new combined NCL CCG. I have a letter we can share with you if you're interested.</b></p>	<p><b>[HWI Chief Exec] We are currently in purdah which prevents us from talking about some plans. HWI were asked to write a letter of support for this change but we couldn't see how the structural change will improve patient experience. [CCG] You're quite right, lots of people have commented on this change. The idea behind this, in the NHS Long Term Plan, is that the fewer CCG's there are the better strategic planning will be. Our role will still be to work closely in Islington and with local partners who we already work with closely. We will also still have a very clear borough presence with a team based locally. We spoke to GP practices as part of this process.</b></p>
	<p><b>What will happen to these Islington Patient Group meetings when the 5 CCG's merge into 1?</b></p>	<p>This is in discussion</p>
	<p><b>I know you have different agendas, but deaf people are still very far behind. I'm not happy with that these networks are already set up - it's happened (without consultation with deaf service users) but I'm very disappointed. You should have consulted deaf and disabled service users.</b></p>	<p><b>[Doctor] We consulted our patient experience group at every step of the process. I'm aware that signing and video consultations are not currently available but I hope it will be in the future. [CCG] the networks and this additional workforce are national developments, though they support our general approach in Islington.</b></p>
Primary Care Networks	<p><b>How do you make sure primary care networks provide the same level of services as each other? Variation between GP's could be a problem.</b></p>	<p><b>[CCG] While primary care networks may, through focusing on their particular population, develop new ways of providing services, as a CCG it is our responsibility to make sure that the needs of the full population of Islington are met. We will be seeking to identify things that work well within a primary care network and make that available borough-wide.</b></p>



	<b>In terms of the NHS long term plan, could you tell us more about moving mental Health provision (psychotherapists, counsellors etc.) into practices?</b>	[CCG] Islington has a Practice Based Mental Health team based in GP practices which will see patients and also see patients jointly with a GP where appropriate. We also have some mental health nurses proactively inviting patients with Serious Mental Illness to have health checks to ensure that their physical health needs are being met.
	<b>In terms of these changing roles as part of the NHS Long Term Plan and the Primary Care Networks, Mental Health professionals are also in primary care settings, could something be said on this? If patients with Mental Health conditions are not confident seeing their GP, having Mental Health practitioners in the practice might give them greater confidence that they will be taken seriously.</b>	[CCG] these roles we have national funding behind them. In Islington we have Mental Health teams and Mental Health nurses who undertake health checks for patients with mental health.
City Road Medical Practice Model	<b>What percentage of patients do you deal with on the phone who you don't need to see face to face?</b>	[Doctor] Each clinician works slightly differently, however on average 60-70% of problems are dealt with on the phone and the rest need to be seen face to face
	<b>If CRMP's method has worked, which practices have copied/ are copying it?</b>	[Doctor] We have had lots of visits from practices across Islington, however it is a big change for most practices and so to date we haven't seen any practices locally follow suite. There is one practice in Islington who offers telephone triage by pharmacists and they have seen improvements as well. The Telephone first approach is used by a few thousand practices across the country, but it is far from mainstream as yet
Primary Care Services	<b>Is it correct that the iHub service has access to patient records outside of normal GP opening hours?</b>	[CCG] Yes it does.
	<b>Are you supporting more staff (e.g. GP's and nurses) to access deaf awareness training?</b>	[CCG] We promote education opportunities to practices but we have no dedicated programme for this

<p><b>If services are online, how long can patients expect to wait for a reply?</b></p>	<p>[Doctor] At City Road medical centre if an online symptom checker is used and sent to the practice, we typically respond to it within 4 hours but often faster.</p>
<p><b>[Chair of St. John's Way PPG] With the increasing problems; increasing needs, aging population, obesity crisis etc. it seems that an absolute lack of consultation is now allowed. How anxious are the GP's in this room (and other professionals) that either medical or other symptoms will be left undiscovered with this mucking around with texts and not seeing patients face to face. E.g. Type 1 diabetes might be missed if you don't see a GP who could refer you for tests.</b></p>	<p>[Doctor] That is an absolutely valid anxiety. However, by bringing in additional staff (e.g. Paramedics and pharmacists) will only add strength to the primary care team and actually access to face to face appointments should improve. Those with the greatest need and complexity should be able to see their GP and they should have more time as they're supported by their multidisciplinary team.</p>
<p><b>Do you do appointments via video link?</b></p>	<p>[Doctor] GPs are keen to, but it's not straightforward. For this practices need to have a certain bandwidth and not every practice in Islington has this yet. We also have to think about the safety of sharing personal information online. There is not currently a timeframe for this.</p>