Healthwatch Harrow Your Conversation Event

Wednesday 17th March 2021, 1pm-2.30pm

In March 2021 Healthwatch Harrow held a Public Conversation to which the residents of Harrow were invited to ask their questions to our panel members in relation to health and social care services in Harrow. The meeting was chaired by Ash Verma, Chair of Healthwatch Harrow and our panel members were:

James Benson, Chief Operating Officer, Central London Community Healthcare NHS Trust

Alex Buckmire, Research & Development Director, Voluntary Action Harrow Co-operative (VAHC)

Lisa Henschen, Acting Borough Director, and primary care services lead for Harrow CCG

Shaun Riley, Assistant Director of Health and Well-being for Adult Social Care, Harrow Council

Tanya Paxton, the Borough Director for Mental Health, the Central North West London NHS Foundation Trust

The event was attended by approximately 50 people and provided an excellent opportunity for residents to directly ask questions of key service providers. The key areas of comment / concern were as follows:

- Inequalities of Patient Access to GP Surgeries – new ways of working need to address that online does not suit everyone - going forward 30% of consultations will be online and triage will continue via phone
- Long term COVID – there is a need to further understand what it is, its impact and any measures that need to be put in place to address
- Single Point of Contact for Mental Health Referrals – greater clarity required around how the service operates and contact points both emergency and non emergency
- Day Opportunities – the impact on loneliness, isolation and mental health drives the need for investment in building resilience and preventative services – a whole system approach
- Recognition of how well the vaccine programme is being delivered in Harrow
- Social Prescribing has been highly effective in providing support / help to those people who have lower social care needs, by linking people with organisations that can help. The Social Prescribing team work with all the GP surgeries.

This following contains the questions and the responses given:

Questions & Answers:

How will GP surgeries reopen / operate in Harrow, going forward?
Lisa: GP services have felt very different for over a year and also for GP delivering. A triage first model was introduced where patients were assessed over the telephone as to whether they need a face-to-face appointment. GP's have continued to provide face-to-face appointments throughout the pandemic when patients needed to be seen. The focus on infection risks both to primary care staff and also to patients were minimised – whatever could be dealt with by telephone or e-consultation were managed that way. The big change to GP services was when the vaccination programme started, and they were asked to re-prioritise how they were seeing patients due to the need to respond to the pandemic and the need to free up GP time to vaccinate as many patients as possible in the highest risk category. Patients were seen for urgent care needs and essential routine services such as child immunisation, cervical screening, cancer, stroke management and other urgent cancer referrals. For long-term condition care, where patients were reviewed on a 6 month basis this was moved to a 12 month review, (where it was safe to do so), to free up staff time For April we are expecting to return to normal – providing that the trajectory around covid will decrease. The 3 GP led vaccination centres will be come 1 which will free up the workforce to provide core GP services. Additional pharmacies will be coming on board and GP's will be delivering vaccination more at the weekend in a GP setting rather than centres. With new ways of working, we will need to address some of the concerns that patients have and the inequalities of accessing GP services. Some patients have really enjoyed e-consultation and telephone consultation with their GP - more efficient for GP which has freed up some of the GP's time.

Patient access, not everyone is comfortable doing consultations online and also language issues/difficulties – What might be planned for those situations?
Lisa: We are looking at about 30% of consultations to be online, initially and will be reviewed. For repeat medication or a simple problem this can be dealt with by online consultation. GP would also review this and call patients in for a face-to-face meeting if need be. Still doing triage over the phone – so do not need computers. The change is not seeing a GP face-to-face. Various programmes are in place to support patients accessing different technology. Technology should not be a barrier and if patients are experiencing that – please feedback. Online and use of computer should not be the only way that patients can get access to their GP.

What do we mean by long covid and what is that we can do to help people with this?

Lisa: This needs to be addressed and to put in place ways of identifying patients with long covid and looking at the service offer.

James: We don't necessarily know the long-term impact of covid there are patients with variety of different presentations, individuals with underlying respiratory issues, difficulty breathing on exertion, some patients have long term fatigue that impact on mental health.

There is also a big impact having covid in general, communities have been impacted because of it, the NHS is supporting this and addressing the needs of the population by is putting in place hospital-based assessment process for anyone who is very unwell and then rolling out **Multi-disciplinary teams** in the community to work with primary care to understand and provide services to individuals with covid. Clinical needs would be one-on-one conversation. To look at fatigue management and underlying health looks like.

Deepti: There are 2 aspects of the impact of covid – patients with long covid and how they adjust to a different way of being. There is potential funding with clinical health psychology to help patients manage pain and manage adjusting to a new way of life and the uncertainty. Talks have just started and with IAPT services we going to shift focus on that. Other aspect is the impact of the covid number of mental health patients coming into the service – an increase of new patients in acute services, much older and unexpected.

James: We know the patients that have had covid, but there are people who have had covid and may have underlying health conditions that we don't know about. We need to ask all our residents if they are unwell to make an appointment with their GP. What are their underlying health care needs- are they different from before? We don't want to medicalise everything there is a lot of other things that we can do to rehabilitate our residents.

Shaun: Adult social care - we are looking at re-designing our re-enablement offer to consider how we support people with long covid. Also we discussed this with the social work team so they are more aware of the issues with long covid and to support carers and citizens more.

Tanya: Also, the impact of covid personally, these people are able to refer themselves to our talking therapies services and have an assessment and an individual session. There isn't a waiting list at the moment.

Adults with social skills problems - how is that being addressed, in relation to mental health?

Deepti: Part of the long-term mental health plan, issue around mild learning disabilities, ASD and other diagnoses. We have gone to our forum for moving these issues forward. In our Mental health services at Bentley House, we have put in lots of new groups and zoom has made it easier. We are supporting patients who don't have access to IT to access our groups, and we have included a social skills group.

Single Point Access – why is not working?

Tanya – We have a centralised SPA for any mental health referrals for those **urgent and emergency cases** that the GP can refer to. If a GP is particularly concerned about a patient that they need to be seen within 4 hours or 24 hours, we will endeavour to do that. We were meeting the targets - that element of SPA is working.

If a referral is considered not to be seen within a quick time frame, then the patient and referrer is contacted and they can be referred to the community hubs who will take the assessments, they should see the patient within 28 days for an assessment. (this month the targets appear to have been met). Need to be mindful that from last year the impact on mental health services has been significant with lockdown – isolation and depression. We regularly contacted those patients who were already in our services, keeping in contact. Our referrals remained reasonably low. When lockdown came out our referrals did go up and we struggled briefly to meet the 28 day target.

Deepti: You can make a direct referral through the IAPT service, the SPA service has changed, it was previously centralised, now changed to an emergency number for people who need to be seen within 4 or 24 hours, (not automatically seen but will be able talk to someone). Access to Bentley house and the mental health hub (3 hubs) – generally referred by GP.

Question from Audience: There is a gap, my last social worker walked out as unable to access the Civic centre, I had no support, 7 months without a social worker. Audience member will be contacted by appropriate panel member

Oky: – The social prescribing team work closely with Bentley House - we have not had any problems referring into SPA or IAPT. We are all doing the best we can and we have been stretched. It's important to recognise that we have all been affected by the pandemic

ASH: we all have been affected by covid there are also professionals that are affected by this pandemic

Deven: We have talked about building resilience and preventative services but haven't invested in this. We have an opportunity to have a whole system approach with using terms of SPA for mental health or SPA for social care - a lot of issues around loneliness and isolation and we need to address and help people to manage their mental health and issues. I don't' see investment in preventative services and people don't want to be labelled, they don't' want to keep repeating their story. We need to re-imagine the way we work and look at how we work collaboratively in partnership. Take the journey from the individual rather than the system.

Deepti – Just to confirm the CNWL SPA number is only for mental health.

Social Prescribing – what is it and is it effective?

James: Highly effective, people need help and support, Social Prescribing is the link for getting people in contact with other needs.

Oky: – Social Prescribing was launched March/April 2020 and we work with all the GP surgeries in Harrow and have reached a target of 1000 referrals by December 2020 and

has evolved with the pandemic by including food shopping/medication delivery. Partnership working in the borough with charities, NHS and Harrow Public health.

Shaun: Adult social care invested in Social Prescribing which is an opportunity of service to plug the gaps, lower social care needs that could make a difference.

Alex – Social Prescribing is an incredible service that connect patients with voluntary and community services. Still need to be mindful of the resourcing behind this. Voluntary and community services are in high demand and struggling with funding for services.

Shaun: As we open up the services, we will be asking citizens and carers how we develop the services after covid. Looking to re-start face-to-face day services late June. Take people out into the community such as libraries and parks – within government guidelines.

James – Residents with learning disabilities have been in a high-risk group. We need to consider what we are doing to allow us to come out of lockdown – encourage people to take the vaccination which will benefit us all.

Question from Audience: Majority of front liners staff and patients have been vaccinated – most of us are coming up to a second dose. Why can't the staff wear PPE/shields?

James – Staff are wearing shields/PPE. Vaccination means that we are less likely to become unwell if we get covid. We don't yet know if it reduces the ability to spread covid – the challenge is taking out the vulnerable population into parks and other places they may contract covid. We are unable to bring people together for day services as this is against the law. Unable to bubble staff and patients together.

Deven: Government guidelines do have exemptions and allow for the most vulnerable to receive face-to-face support and like CWNL, Harrow Mencap have continued to provide a range of services throughout the pandemic. We need to have a strategy for all day opportunities/resources – people have been accessing them. Need to work more collaboratively as there are models out there that are resilient and have supported people in difficult times.

James: – Going forward looking to incorporate day opportunities across the board utilising what is out there in the volunteer and private sector

Hard to reach communities – how are their needs be identified and how will they be met going forward?

James: – From a health point of view we have a specific piece of work looking at Diabetes - how we access all of our residents to access the diabetes service which is one of our key objectives of our health partnership.

Shaun: – Our social work has changed to a strength based social work – we are working with a small number of voluntary organisations and making contact with them and support and faith groups to ensure that the citizens in hard-to-reach communities are known and know how to make contact with social services. We are linking with social prescribers and larger voluntary sectors to present social care.

Alex:- At the moment we have a covid awareness fund that goes out to the community and voluntary sector and allows groups to apply for money to share good practice and information around covid (following rules, getting vaccine). Weekly meetings are targeting hard to reach communities and have funded a lot over the month. Running an event with Public Health teaching people to have conversation with friends and family about the vaccine.

Tanya:- IAPT services are advertising their services to reach hard-to-reach communities we meet with our voluntary services. Looking at a communications post to ensure that we are getting out there.

Lisa: Re-start services in a way that works for everyone and who are experiencing health inequalities – how do they want to access the services and how can we change the way they are provided now. Vaccination - when they come forward, an opportunity to engage them in health checks screening services - a positive experience of accessing healthcare

Question from Audience:- **If you have to move to another part of the borough (Harrow East/West) and you already have confidence in a team, why do you need to change your named person?**

Tanya: Will always look at the continuity and so would take that it in consideration. Sometimes it is appropriate that we have to change the named person – we no longer work as Harrow East/West

Question from Audience: **Was a GP invited to this event?**

HWH:- we invited Genevieve Small but she was double booked and Lisa has stepped into this event to cover this.

Question from Audience: -**What are GPs doing to get their patients to come forward for the jab**

Lisa: Our GPS have done so much – Harrow has one of the highest rates of vaccination in London, they have made videos in different languages, attended forums and individual calls with patients. Lower uptake has been from the black or black British ethnic community. Clinicians from that ethnic background have particularly come forward and listened to concerns also supported by local authority and voluntary community sector.

James: The GPS in Harrow have been outstanding to encouraging people to take the vaccine. Harrow has been consistently above the pack for the entire population

Question from the Audience: **What are the services designed for and how do they work best - how can we do it?**

Lisa: Let's keep the conversation going - Trust and continuity is important in people's care. Online consulting has a place for a particular issue when they are straightforward. Long term conditions would need to keep continuity and have a named clinician.

James: Clinicians are anxious about what we have gained and what we have lost. How do we create a relationship with a GP so that we can use different services – whether its face-to-face or digital.

Alex: Moving forward partnership collaborating with the local authority, CCG, GP and voluntary sector has been good because we have been brought in to discussions around

the design of the services early - if we can have that consultation moving forward at an early stage. There are some organisations that offer programmes around using digital services