

COVID recovery in General Practice: Healthwatch Harrow and Harrow Primary care summit

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Introduction and overview

- The health and care system in Harrow, along with the rest of the country, is experiencing very high demand for services. This is being driven by a number of factors:
 - A backlog of patients not accessing services over the COVID-19 pandemic period, who are now coming forward for services, many with conditions that are more complex because of a delay in seeking treatment;
 - Continued responsibilities of health and care services in the COVID-19 response; ongoing treatment for patients with COVID-19 and post COVID-19 conditions and ongoing delivering of the vaccination programme;
 - The ongoing need to ensure effective infection and prevention control measures which has an impact of the model of care delivery.
- As a health and care system we are listening to our citizens and finding ways to address the challenges that the system currently is facing.

Illustration of demand: North West London audit of primary care activity

Some key messages: we are doing a lot, and have embraced new ways of working



- The survey recorded that 64,311 calls are triaged per week (for a list size of 1,198,524). That is equivalent to 5% of the list.



- Of that, the survey showed that triage resulted in 8,675 video consultations, which is a conversation of approximately 13%.



- Scaling the survey responses across NW London, that implies general practice in NW London is dealing with 128,780 triage calls per week, and converting those into approximately 17,000 video consultations



- This is a huge amount of activity, and it represents a major shift in ways of working: general practice has seen a **step-change in the use of new technologies as a way to support residents through the past 18 months**

We are hearing the pain of GP Practices and the pain of patients

GPs are working hard but it is genuinely difficult to access support right now

A large number of people are accessing GP services but what about those who aren't?

"I don't feel in control at the moment of what's going on in my practice"

We need to support the PCNs to build resilience

Stress is adding to the burden, we are not solving problems just moving them around

There have been some positives but the perception is people can't get to see their GP

Partners must work with other agencies and stakeholders to encourage fair representation at all levels of frontline services.

"Triage" feels like a waste of everyone's time and leads to frustrations around accessing care

There is inconsistency in approaches to face-to-face and home visits (the same pre-Covid)

District nurses are our "eyes and ears"

We need a consistent message for each surgery and PCN

There are a number of myths around access to primary care we need to address

We need to work together to manage better "Did Not Attend" (DNAs)

Our communities are very different – we need principles, not a "standardised" offer

Not just about GPs, it is also nurses, navigators, pharmacists - no single person is the answer

How are we planning for and addressing population growth in Harrow?

How do we ensure GPs are up-to-date with the latest developments

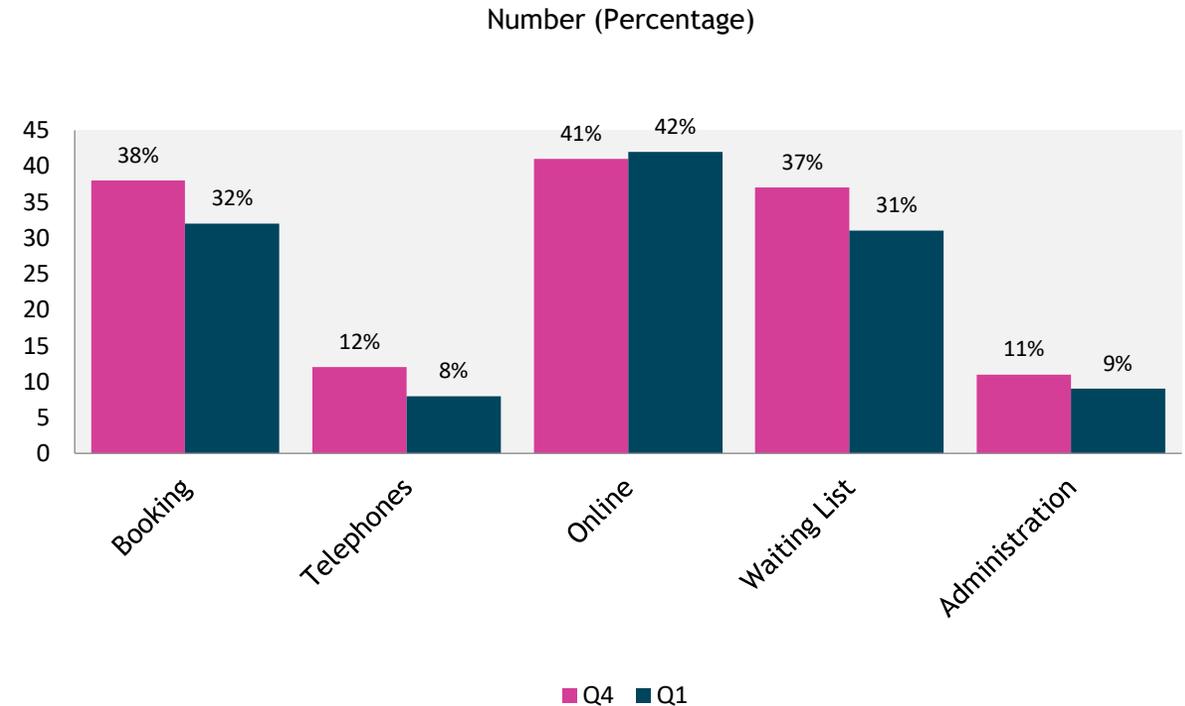
How can we transform the experience of accessing care (phone, online etc.)

Black community leaders feel ignored by the current system and do not feel that they are a priority

Local leaders and health partners have assumed what black communities need rather than basing it on evidence-based research

Healthwatch Harrow engagement and reports confirm the strain in the system

- Q2 Trend Analysis Reports will be produced mid October, which will provide more detailed information. However, 3 key themes are emerging:
 - Poor levels of GP Access
 - Knock on effect at A&E (6/7 hour waits now common)
 - Impact on staff working conditions and morale.
- On compiling the quarterly report for Q1 2021/22 (April – June 2021) we note that compared with the previous quarter, satisfaction levels on access related themes have markedly decreased, to stand at an all-time low.
- Patients have found it increasingly difficult to secure appointments, with congested telephones and generally longer waiting times reported. Those using online services are marginally more satisfied, however the overall rate remains below 50%.



GP Access – Satisfaction Level by PCN

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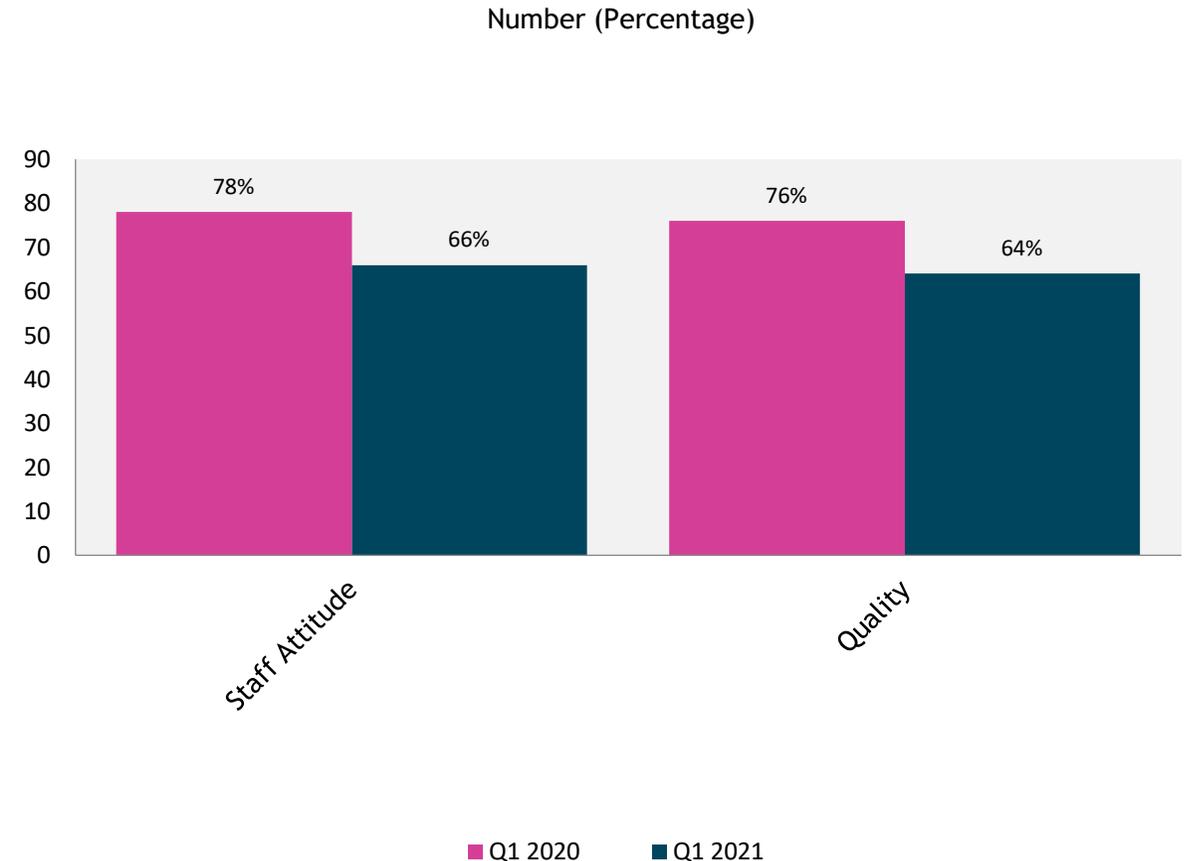
When comparing access related feedback across Primary Care Networks (PCNs) we find that 2 underperform the borough average of 25%.

Questions this raises:

- What is the role of PCNs in reducing variation in the experience of accessing an appointment across a locality?
- What is the role of PPGs, in identifying and flagging issues?
- How do we ensure clear and consistent messaging from all PCN's and GP's, particularly around ways of accessing your GP.

Impact on our local hospital

- **Waiting Times:** There are reports of 6 and 7 hour waits at Northwick Park A&E department. However, a longer term analysis shows that satisfaction levels on waiting times specifically have not declined over the last 12 months.
- **Staff Morale:** When comparing staffing indicators with the previous year, we find that patients are 12% more likely to experience poor attitude, and also 12% more likely to complain about outcomes.



These are challenges we need to address as a health and care system

- A primary care summit was held early in September, bringing together local GPs, with patients, community services, local authority and hospital services to look collectively at how we do things differently to address these unprecedented levels of demand in the system.
- This was the first in a series of discussions on active system change, focused around three themes.

Improved access (telephone, face to face)

- What actions can practices, PCNs and boroughs take to improve access: (telephone and face to face)

Improving reactive care (same day care)

- How do practices, PCNs and boroughs organise themselves differently to improve reactive care

Recovering proactive care

- What actions can practices, PCNs and boroughs take to support recovery of proactive care for people with long term conditions and complex care

Areas for action emerging from the summit

Improved Access

- Invest in training for non-clinical staff and developing non-clinical roles to free up clinical time
- Support patients /communities to understand the different services available and how to access the services appropriately – simplify the access points
- Looking at models of same day primary care access, as an alternative to the urgent care pathway
- Undertake a mapping of the practice telephony infrastructure and how phones are staffed - look at how to support practices to with better infrastructure and training for e.g. customer services

Improving Reactive Care

- Better use of technology – telephony, clinical systems
- Flexible & agile workforce across primary, acute and secondary care
- Support patients with behavioural change and about the different services available
- Resources to follow the patient so that there is capacity to look after unscheduled demand closer to the patient

Proactive Care

- Targeted and meaningful engagement with our communities
- Explore new approaches to addressing the workforce challenges
- Improve communication and collaborative working especially between primary and secondary care
- Undertake a mapping exercise across all providers to understand the full end to end pathways, coordinate efforts and reduce duplication
- Greater focus on the prevention agenda – LTC (obesity, tobacco, exercise)

Cross cutting themes:

Workforce, communication and engagement, new ways of working and access

Summary

- Harrow is experiencing pressures from demand from services across our health and care services, as is the rest of the country;
- We are listening to and taking seriously the experience of our patients and citizens in access to services;
- Positive and robust discussions are now underway across our health and care system to address the challenges faced through new ways of working, including:
 - Developing PCN Patient engagement structures;
 - Developing links to Practice PPGs to ensure involvement and input into PCN planning and prioritisation;
 - Engagement and planning for provision of extended access services from 1st April 2022