

## Harrow Community Services Position Statement (June 2023)

### Background

In Harrow a range of outpatient services are currently being provided in the community through a contract with Harrow Health Community Interest Company (HHCIC). These are in addition to the hospital outpatient services provided for the same needs.

This contract has been in place for ten years and its latest extension is coming to an end on 30 September 2023.

Four services have been individually reviewed by clinicians, that are solely provided in Harrow through this contract. \*There are also three other services that are currently being engaged on as part of other wider NW London reviews.

- Community neurology
- Community gastroenterology
- Community children's out-patients (paediatrics)
- Community ear, nose and throat (ENT)

*\*Ophthalmology, Musculoskeletal and ADHD services are being reviewed separately across NW London.*

The services are mainly provided out of:

- The Pinn Medical Centre
- Alexandra Health & Social Care Centre
- a few clinics are provided at Stanmore Medical Centre and Belmont Health Centre
- Clinics are also held in other GP practices, depending on space/location needs.

Key priorities in each of these service reviews are:

- The principle of common access to services across all boroughs, while respecting specific local needs which may need appropriate variation
- Ensuring that all patients/residents in Harrow have equitable provision and access to these services - no matter where they live in the borough, or which GP practice they are registered with.

Other key elements of the reviews include:

- Review of referral data and clinical information
- Access/GPs referral routes
- Patient feedback on the current service
- Waiting times, compared to the same service provided local hospitals
- The patient journey (unnecessary appointments)
- Quality and value for money

## Our initial view on provision of each of these community services

We are currently engaging Harrow residents and service users on our view for future provision of the services. Our engagement started on 9 May and ends 20 June 2023. Initial feedback and how we have engaged and reached residents can be found later in this paper. A short summary of the views that we are engaging on can be found below the full versions of these summaries and the services provided can be found on the website [Harrow community outpatient services \(review and next steps\) :: North West London ICS \(nwondonicb.nhs.uk\)](https://www.nwondonicb.nhs.uk)

### 1. Community neurology (Headache clinic) summary

Our initial thought was that we would explore the re-procurement of a community headache service, however through further engagement with stakeholders our thinking has developed and we now wish to **explore using existing primary and secondary care services to see these patients**, for the following reasons:

- Some patients may be able to access care for simple headaches through community pharmacists
- There are agreed treatment guidelines published across the ICS to support GPs and other clinical staff in primary care in managing patients with headaches
- All of our GPs have access to specialists through our Advice and Guidance service
- Relatively small numbers of patients would be added to the hospital waiting list

### 2. Community gastroenterology summary

Our initial thoughts going forward are that we would like to **explore using existing primary and secondary care services to see these patients**, these are our reasons:

- The waiting times and clinical support for patients from hospital gastroenterology services are good.
- Small numbers of patients would be added to the current hospital waiting list around 400 a year.
- More patients could be seen by their GP within a week or two, with the use of **\*\*advice and guidance, meaning more patients will receive faster treatment (with one to two weeks) and have fewer onward referrals.**
- The current service also exacerbates inequalities for patients in the Northwick Park Hospital catchment area, as not all GPs refer into the community service.
- A single referral route for GPs that ensures patients are triaged by a consultant for advice and guidance or directly books them in for a hospital appointment, will provide a better experience for patients, in terms of less appointments to get the help they need.

*\*\*The advice and guidance service links GPs with specialist hospital clinicians (across NW London) who can provide them with advice and guidance on next steps for treatment and medication, to help support the patient with-in the practice. Meaning the patient does not need to wait to be seen in hospital. This service is continually being improved and was not in place when the community*

*outpatient services were established, patient usually receive advice within 3-10 days.*

### **3. Community children's out-patient's summary**

Our initial thoughts going forward are that we would like to **explore using existing primary and secondary care services to see these patients**, these are our reasons:

- Most children (60%) can be seen faster by their GP with advice and guidance from a specialist. This means children will get help within one to two weeks at their own GP practice, rather than waiting up to and over 18 weeks in the community service.
- For children who need hospital help, it would be faster to refer them directly to the hospital and wait for one appointment rather than two.
- There would also be one pathway for referrals for all Harrow GPs, ensuring equity across the borough and one simple referral route for all GPs.

### **4. Community ear, nose and throat (ENT)**

Our initial thought is that **we would like to further explore developing a new ear, nose and throat services across NW London**. This would be with a view to engage and develop a service that works for residents and builds on learning from the current community services.

- There is a need to provide community support for ear, nose and throat patients as waiting times in secondary care are significant. This is not just a problem in Harrow, but across NW London.

### **Engagement and initial feedback (up to 1 June – engagement continues till 20 June)**

As part of our engagement we have reached out to Harrow residents and service users through local authority, voluntary sector and NHS channels – including social media, public meetings and a range of community bulletins.

The full list of our outreach for this engagement so far can be found in appendix 1.

Feedback from residents and service users so far (up-to-6 June) has showed that on the whole patients are happy to be seen in community services for convenience, as long as the referral and waiting times are not too long and they are seen by a trained clinical specialist. Where improvements in waiting times can be made, this would be welcomed.

Another theme that has been fed back is that patients had not realised there were separate community services and that it is for their GP to refer them onto a clinically appropriate professional. Communication about who and where they are seen for onward care is important.

No preference was given as to how we provide community services in the future, as long as local services are available.

Some of the service user comments we have received so far can be found below:

- *"I agree with the idea of having a layer between hospital and GP in order to reduce the load on hospitals."*
  - *"It will be good if patient is seen within 10 weeks after first appointment."*
  - *"The ENT clinic in Alexandra Avenue is more convenient than waiting in the hospital and also much more pleasant experience."*
  - *"The referral system between the GP practice & clinics need to be improved for a quicker seamless transition."*
  - *It needs to be explained if you are going to be seen in a community service. It's confusing if not explained properly.*
  - *It's for my GP to decide where I go – not for me to decide – just need to get to the right specialist doctor."*
  - *"I would prefer to be seen and have advice from hospital doctor as they are more trained."*
  - *"This has been a very very good service and again cut down my waiting time and much more convenient to get too, less money paid in car parks and a much more pleasant experience."*
  - *"It is essential that these services continue in the community with more new and different services added I would hope. It clearly relieves the pressure on the hospitals, so it's better all round. As long as qualified doctors and specialists are available at the community hubs then the service is good."*
- "It takes days and months to get referred to this service. perhaps the number of clinicians and doctors can be increased to reduce the time lag."*

We also have feedback from the community services survey we shared in February of these four services tells us:

- More than **80% of service users** said the community service has **helped them manage their health needs**.
- More than 65% liked the service due ease of getting there, being close to home/not in hospital.
- Keeping these services local is important, with **86% of patients happy to be seen in their GP practice or in one of the current primary care premises in use**.
- 55% drive to their appointment, 28% walk and 14% travel by bus.
- The facilities were rated as good.



## **Next steps**

Our engagement on these views will continue till 20 June.

For now, these services will continue to be provided through the existing community pathways for Harrow residents and final decisions will be made on the future once the engagement programme has concluded.

## Appendix 1:

### Channels Used to Reach Harrow Residents

Action/dates	Audience	Reach
<b>Email sent:</b> 9 May 24 May 31 May 4 June	Community groups/community leaders and vol orgs	<b>135</b> community groups/public leaders and voluntary sector – ask to share with community. <b>200</b> community groups/public leaders – final reminder of online discussion session
<b>Email sent:</b> 9 May 1 June	Harrow Cllrs, MPs, Healthwatch, OSC Chair	
<b>Nextdoor posts</b> 9 May 20 May	Harrow residents	<b>Post 1</b> - opened by <b>692 people</b>  <b>Post 2</b> – opened by <b>609 people</b>
<b>Citizen's panel</b> 9 May 20 May	Residents signed up to provide feedback on NHS services	Reach 3500
<b>Harrow council residents newsletter</b> W/C 15 May	Harrow residents	Newsletter reach <b>70k people</b> <b>161</b> clicks to article
<b>Harrow council staff and schools bulletin</b> W/C 22 May	Council staff/residents	Shared on Facebook, yammer and to schools through the Gold Bulletin
<b>Social media NHS</b> Regular weekly posts	Residents – shares from LNWH and Harrow Council	Twitter 7 posts – reach <b>4283 people</b> Facebook 8 posts – reach <b>983 people</b> Instagram 7 posts - reach <b>414 people</b> (stats to 5 June)
<b>GP screens</b> From 9 May	Practice patients	All Harrow GP practices
<b>NHS website</b> From 9 May		Website hits NHS <b>323 views</b> (9 - 31 May)
<b>Press release</b> sent – followed up through twitter 11 May	Harrow Times Radio Harrow NHS and LA website and bulletins	Covered on NHS and LA websites and socials – followed up with press
<b>Organised public meetings</b> 16 May, 6 June	16 May – Victoria Hall 6 June - online meeting	Health watch and <b>2</b> local residents.  Eventbrite <b>145 visits</b> - <b>15 sign ups</b> - <b>9 attendees</b>
<b>Outreach through NHS engagement team – meetings attended</b>		11 May (20 attendees) <b>Harrow Community Touchpoint</b> 23 May (3 attendees) <b>Harrow Citizen Forum</b> 25 May <b>Conversation with Healthwatch Harrow managing director</b>

		1 June 2023 (20 attendees) <b>Harrow Community Touchpoint</b> 1 June (10 attendees) <b>Romanian community event</b>
Request for Harrow Health to share information with service users		February survey reached target audience and generated 199 survey responses.
<b>Stakeholders met individually</b> 2 May	Harrow OSC Chair	
<b>Children and parent specific outreach – information on children’s service only</b> W/C 22 May		Harrow public health shared with nursery teams – in addition outreach to: voluntary action Harrow, Hasvo, RCCT, Special needs community org, and patient carer groups.
<b>Survey responses</b>		9 May – 1 June <b>(6)</b> February <b>(199)</b>