Kingston Primary Care Forum
Wednesday 18th July 2018 6pm-7.30pm
Guildhall

Attended by:

Kingston and Richmond CCG: Ashley Hayward, Caroline O'Neill, Jo Austin
8 members of the public

Please refer to the slide packs for a copy of the full agenda and all supporting information.

1. Social Prescribing

Ashley Hayward, Primary Care Commissioning Manager for Kingston and Richmond CCGs presented an update of the social prescribing model in Kingston. Copy of presentation attached.

Feedback:
- Some people won't be able to access this if there isn't a phone number included in the single point of access information– particularly older people.
- Social Prescribing could be really helpful to people, but should be consistent across the borough to benefit everyone.

Action: find out more information including:
- How does this relate to the Macmillan project? Is that finished now or is this in addition?
- Is IT for social prescribing joined up between Kingston and Richmond?
- How will the boroughs share ideas / user the same tools?
- How will this help with preventative care?

2. e-referrals

Ashley Hayward shared the attached patient leaflet for GPs to use for feedback.

Feedback:

- The letter has a lot of options for patients and relies on GPs to tailor it. A consistent approach so all GPs operate in the same way would work better for the public.
- Concern that people who are not digitally literate will fall through the cracks as they won't be able to check the progress of their referral. [AH response: GPs are expected to understand this and identify their most vulnerable patients, there is also a phone number people can use]
- The phone number should be clearly advertised and the leaflet should also reflect when it is appropriate to ring and how long you should expect to wait for an appointment.
- People sometimes wait weeks for a first appointment and their condition can deteriorate in that period. E-referral doesn't seem to help with that.
- Some concern that patients choosing their own specialists will stretch capacity even further. A participant has raised a FOI request to St Thomas' to ask if the introduction of e-referral has impacted on their waiting times. [AH: shouldn't make a difference as patients have always had a choice, this is simply about the improving the method of referral]
- Some GPs have got used to using kinesis and feel it works better than e-referral, they have asked NHS Digital to smooth the glitches before they transfer to using it. The CCG has responded by extending the deadline to the switch over.
- Some concern that this becomes a system to system process rather focusing on the patient – could key information be missed? [AH response: clinical decision to refer and a hospital consultant will be reviewing information and checking the referral, can spend more time with patients delivering care if the referral system is streamlined and trackable]
- The CCG logos are on the leaflet which implies that the leaflet comes from the CCG rather than the practice. As it refers to "hearing from us" etc. this is a bit misleading and could mean people are waiting to hear from the CCG.
- Question whether patients really mind about the method of referral – for many, this is an operational issue between providers. What patients need to know what to expect in terms of getting the appointment and when/how/who they should contact if they don't hear anything.
- There was a strong feeling that GPs don't have the IT infrastructure to deal with e-referrals. [AH: GPs have a central help desk with support on software and bespoke IT support]

Action: find out more about the following and feedback

- Why can't all practices use the same process eg. all book appointments on the spot and confirm by letter/email/text?

- What is the new deadline for the e-referral form to be used?
- Can we look at how choosing a provider is communicated to patients? Do all GPs discuss this with patients? Do they have time? Should the onus be on the GP to understand the whole system? [AH: all GPs are trained in patient choice. GPs should discuss expectations, for instance some specialists might have a long wait. If we get feedback/complaints indicating this is an issue, we must share this with the Primary Care team]
- AH to use feedback to revise leaflet – did we agree on an updated version being circulated??

6. Updates from the forum

Feedback from patients who have used the new Patient Access software was negative. One patient had spent "two hours battling" with no success and the following day had an email out of the blue congratulating her on her registration.

Others had similar stories: "things that used to take 2 clicks, now take 22". "Loss of functionality". Having to load screen after screen and when finally in, the information that used to be there has gone. Notes column didn't allow for more than 150 characters which isn't enough. If this is being turned into an app NHS need to make sure they don't migrate all the problems too.

Screens in waiting room – some are excellent, some are awful. Can GP Chambers discuss a consistent approach such as all using XXX package and personalising it to their practice?

Pharmacy4U are a private company offering prescription delivery advertising (and charging) for a service which is available on the NHS – how can we mitigate the damage such a company could cause? – decided to invite the LPC to the next meeting.

IT in health seems challenging – one participant had taken his wife to Epsom St Hellier on the understanding they could access her notes from Kingston. This wasn't the case and the consultant she saw had to spend an hour trying to access her records.

Feeling that health education could be improved to prevent illness and illnesses getting worse (such a social prescribing, health and care plan and public health etc.)

Date and time of the next forum is Wednesday 10th October from 6pm at the Guildhall, Kingston.

For more information please contact kingstonccg.engage@swlondon.nhs.uk