





The Confederation, Hillingdon CIC

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PCN Access/Engagement F2F Forum

Held on Tuesday, 26 November 2024 from 13:00-15:00

Hillingdon Sports Centre

Attendees

Ken Bucker- Belmont
Steven Bishop- Central Uxbridge
Lisa Taylor- Healthwatch
Mohammed- Healthwatch
Frank Hamilton- The Confederation
Ifrah Shirwa- The Confederation
Samar Battikh- The Confederation
Kim Rice- Neighbourhood Director

Apologies

Carol Stone
Michael Chirnside
Susan Watson
Gurmeet Singh
Susan Curtis

Present

Number of Patients: 2

Number of Staff members: 3

Number of other Stakeholders: 2

NWL SUBMISSION LINK: <https://northwestlondonnhs.uk.engagementhq.com/embeds/projects/37069/survey-tools/41396>

- **Submission for face to face and online webinar no later than 13th December 2024**

Item	Topic	Action
3.	<p>Appointments</p> <p>Challenges in Meeting Demand:</p> <ul style="list-style-type: none">• Increasing demand is outpacing the availability of GPs.• Reasons for reduction in practices:<ul style="list-style-type: none">○ Dislike of the partnership model among GPs.○ GPs retiring, leaving the profession, and challenges in recruitment and training.○ Pressure in the market leading to practice closures. <p>Modes of Appointment:</p> <ul style="list-style-type: none">• Virtual vs. Face-to-Face (F2F):<ul style="list-style-type: none">○ Positive Aspects:<ul style="list-style-type: none">▪ NHS app effective for detailed and instant diabetic reviews.▪ Virtual appointments can be quicker and acceptable for minor concerns.○ Concerns:<ul style="list-style-type: none">▪ F2F appointments allow for better assessment of patient well-being.	



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	<ul style="list-style-type: none"> ▪ Most virtual appointments are conducted over the phone; increasing availability of video consultations could improve patient experience. ▪ Some conditions (e.g. post-surgery, physiotherapy) require F2F visits for effective care. ▪ Issues with technology (access and familiarity) limit virtual options for some patients. <p>Patient Booking Experiences:</p> <ul style="list-style-type: none"> • Positive feedback: <ul style="list-style-type: none"> ○ Patients generally report a positive experience with booking. ○ Same-day callbacks prevent long waits on the phone, enhancing convenience. ○ The ability to book preferred slots is appreciated. ○ Receptionists play a key role in shaping the patient experience during booking; their attitude and efficiency significantly impact satisfaction. • Challenges: <ul style="list-style-type: none"> ○ Registration processes (e.g., requiring NHS numbers) can be time-consuming. ○ Differences in practices' communication and messaging create inconsistency. ○ Patients' subjective definitions of "urgent" can affect expectations; clear communication about urgent appointments is essential. <p>Specific Needs:</p> <ul style="list-style-type: none"> • Urgent appointments vary based on individual perception. • Language barriers and cultural differences impact expectations and access. • Extended hours (e.g., weekend slots) are valued, especially by working individuals or carers. It's important to ensure equitable access for those needing specific times or support. <p>Extended Appointment Hours: Patients appreciate extended appointment hours, including Saturday and Sunday slots, especially beneficial for working individuals and carers. However, fairness concerns were raised about allocating evening slots for specific groups, such as retired patients. Suggestions include creating clear parameters for extended-hour appointments and promoting these options to younger demographics. Integration with triage processes could help prioritize access to these slots.</p>	
4.	<p>Continuity of Care</p> <ul style="list-style-type: none"> • Importance for Long-Term Conditions (LTCs): <ul style="list-style-type: none"> ○ Consistency with the same GP is preferred for serious conditions like diabetes or cancer. ○ Older generations express a strong preference for continuity of care. • Patient Preferences: <ul style="list-style-type: none"> ○ Willingness to wait for the preferred GP if the issue isn't urgent. ○ Flexibility to see other professionals for urgent issues, provided there is efficient information sharing to avoid repeating their history. • Challenges: <ul style="list-style-type: none"> ○ New GPs may not understand the patient's medical history, leading to gaps in care. ○ Inconsistent knowledge across a team of GPs when continuity isn't maintained. ○ Patients prefer a key GP supported by a multidisciplinary team (MDT) to share responsibilities and ensure familiarity in care delivery. 	
5.	<p>Different Professionals</p> <ul style="list-style-type: none"> • Public Awareness: <ul style="list-style-type: none"> ○ Limited understanding of roles like pharmacists, podiatrists, health coaches, and other ARRS staff. ○ Patients are aware of these roles but tend not to utilize them due to limited visibility and promotion. 	



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	<ul style="list-style-type: none"> ○ Suggestions include more visible promotion (e.g., posters, FAQs in waiting areas) to educate patients on when to see these professionals. ● Triage and Signposting: <ul style="list-style-type: none"> ○ Need for a central triage system to review patient backgrounds and match needs with appropriate professionals before booking appointments. ○ Digital tools (e.g., phone menu buttons) and in-practice displays could guide patients to the right resources. ● Access and Record Sharing: <ul style="list-style-type: none"> ○ Patients prefer seeing the most relevant professional for their condition but face challenges due to record-sharing issues within PCNs. ○ Better integration of patient records is needed to enable seamless care across practices. <p>Ranking of importance according to patients: 1- Same day 2- Contact centre 3- Self refer 4- Patients referred to Splw</p>	
7.	<p>Recommendations or Suggestions for Improvement</p> <p>Accessibility:</p> <ul style="list-style-type: none"> ● Digital tools need to account for: <ul style="list-style-type: none"> ○ Disabilities (e.g., visual impairments, sensory needs). ○ Language inclusivity for less common nationalities. ○ Digital exclusion for those without smartphones or tech skills. ○ Simplification of apps (e.g., consolidating Patient Access, PATCHS, NHS app). <p>Key Areas for Improvement:</p> <ol style="list-style-type: none"> 1. Central Triage System: <ul style="list-style-type: none"> ○ Implement a system where staff thoroughly review patient needs before booking, ensuring appropriate professional assignment. ○ Triage systems can include filters (e.g., "problems with feet – press this button") for more efficient signposting. 2. Enhanced Virtual Options: <ul style="list-style-type: none"> ○ Review the use of video consultations to improve virtual care beyond telephone appointments. ○ Evaluate NHS app usage and PATCHS implementation, focusing on targeted learning and uptake among eligible patients. 3. Promote Awareness of Professional Roles: <ul style="list-style-type: none"> ○ Increase visibility of ARRS roles within practices through posters, FAQs, and banners. ○ Educate patients on the capabilities and benefits of seeing these professionals. 4. Multidisciplinary Team (MDT) Model: <ul style="list-style-type: none"> ○ Develop an MDT approach where a key GP leads care for LTCs with support from a consistent team, reducing the strain on a single GP and improving care continuity. 5. Personalized Care and Technology Integration: <ul style="list-style-type: none"> ○ Build detailed patient profiles within systems to account for specific needs (e.g., communication preferences, disability accommodations). ○ Ensure systems are accessible and easy to navigate, with equal access for disadvantaged groups. ○ Consider adding more slots for evening and weekend appointments for those with higher needs. <p>Communication:</p> <ul style="list-style-type: none"> ● Effective communication is vital for managing patient expectations and understanding of available options. ● Consistency in messaging across practices ensures patients are aware of their rights and choices. 	



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	<ul style="list-style-type: none"> • Extended appointment hours and options for different professionals should be well-promoted, with clear parameters for specific populations (e.g., working patients). <p>Operational Improvements:</p> <ul style="list-style-type: none"> • Ensure longer appointments are available for complex cases when needed. • Empower receptionists to book longer slots based on patient needs. • Minimize the need for patients to repeatedly explain their history by improving record sharing and continuity of care. <p>Personalized Care and Patient Profiles: Patients emphasized the importance of personalized care, especially for those with disabilities or neurodiverse needs. Systems should capture individual patient preferences (e.g., large print or symptom gripsheets) to avoid patients repeatedly explaining their circumstances. High-risk patients should be prioritized, and flexibility for longer appointments should be available when necessary. Receptionists currently lack the authority to book longer slots, leaving this decision to GPs. Patients noted the need for understanding situations where they take longer to verbalize or address multiple concerns in a single visit.</p>	
8.	<p>Closure Feedback</p> <p>Discussion on dental appointments available at surgery.</p>	
9.	<p>Patient feedback: (patient was not able to attend but shared feedback on email below)</p> <p>1) Drs providing repeat prescription info to hospital/consultant appointments, especially in relation to Diabetic patients as they tend to have several. The benefit of this is that the booking teams will be aware of the issue before making an appointment and can possibly give them morning appointments, especially if involves changing their diets, e.g. for Colonoscopies, Endoscopies. I understood that this could be attached to the referral and would not take any extra work as the repeat prescription info was already on the system.</p> <p>2) The amount of DNA's and the cost to practices. I still feel that putting up daily/weekly information about how much these missed appointments cost is helpful. I actually now ring hospital patients who do not cancel their appointment and ask why they didn't attend.</p> <p>3) The answerphones - why don't they have a separate cancellation line - the most beneficial would be the first option, asking the patient to leave their name, dob and appt time/date. That way people might be able to get more urgent patients seen sooner.</p>	