



# Healthwatch Wandsworth Assembly

March 2024

**healthwatch**

# Summary

## Background

Healthwatch Wandsworth holds assembly events to discuss developments in health and social care with the Wandsworth community. On 14<sup>th</sup> March 2024, we held an online assembly focused on accessing non-urgent care. This report outlines what we heard from our speakers and attendees. We covered the following topics:

- An introduction to dentistry, pharmacy, self-referral, and community support
- An introduction to GP services
- Collaboration and integration

For each topic, we presented information and had guest speakers facilitate a question and answer (Q&A) session. Here is a summary of the key points discussed:

## Introduction to dentistry, pharmacy, self-referral, and community support

Healthwatch Wandsworth shared information on:

- The new government dental recovery plan and how to get a dental appointment.
- How pharmacists can support the local community and the health conditions pharmacists can provide medical advice for.
- What direct access to health care is and how it works.
- How initiatives in the community can help keep people well.

Our guest speaker, Thomas Herweijer, NHS South West London ICB, shared the results of community-based initiatives in South West London including the role of Community Champions and how GPs support the work of Community Champions.

## Introduction to GP services

Healthwatch Wandsworth discussed how to make GP appointments, the staff available to offer support at GP surgeries, and digital health services.

During the Q&A session, the following guest speakers answered questions about GP services in Wandsworth:

- Dr Nicola Jones, GP with Brocklebank Practice, Convenor of the Wandsworth Place Committee, and Clinical Director of Primary Care for South West London ICB

- Dr Devin Gray, GP with Putney Mead Group
- Andraya Catlyn, Digital Care Coordinator for Wandsworth

The questions focused on physician associates, triage and continuity of care, communication between primary care and secondary care, and digital exclusion.

## Collaboration and integration

Healthwatch Wandsworth shared that, last year, people said they want to see more sharing of records, more collaboration between health and care services, and better continuity of care. The NHS South West London Integrated Care Board (ICB), which is responsible for developing the NHS budget and creating plans for meeting the health and care needs of South West London, are now starting to plan how this could work. They are doing this with a focus on integrated neighbourhood teams, as well as a shift from re-active care to proactive care.

Our speakers included James Walker, Deputy Director of Primary Care Transformation for Merton and Wandsworth, NHS South West London ICB; and Mark Steed, Associate Director of Operations, Battersea Healthcare CIC. They discussed what good collaboration and integration looks like. They also discussed the upcoming Proactive Care contract. Then, they answered questions from attendees about including patients and carers in plans for collaboration and integration.

## Conclusions

Overall, the discussions highlighted the following topics across non-emergency care:

- Triage patients to ensure safe care and continuity of care that can be achieved through triage. Making sure that this system of triage is well known amongst the community.
- Having more information about how people can access care (particularly direct access when a GP appointment is not needed and dental care).
- Allowing for different methods of booking an appointment, whether this be over the phone, online, or in person. This helps ensure members of the community are not left behind through digital exclusion as efforts shift towards digital health care systems.
- Fostering seamless collaboration across clinicians, services, service users, carers, and relevant organisations in order to support patients across the health care system.
- Ensuring the work of community-based initiatives are known to GPs and service users alike to make the most of prevention services and to support people in leading a healthy life.

## Table of Contents

|                        |    |
|------------------------|----|
| Summary.....           | 1  |
| Introduction.....      | 4  |
| What we discussed..... | 5  |
| Polling Data .....     | 10 |
| Conclusion .....       | 13 |

# Introduction

On 14<sup>th</sup> March 2024, we held an online assembly to discuss access to non-urgent care with Wandsworth community members and health and social care professionals.

## Why focus on accessing non-urgent care now?

Healthwatch Wandsworth previously held an online event in March 2023 discussing GP services. We discussed the following questions:

- What does good access look like?
- What does good coordination and continuity of care look like?
- How can we promote wellness through prevention?

From these discussions in 2023, the following points were raised:

- Accessing health care remains a common topic for people in the community. Members of the community are questioning how to get a GP appointment, the availability of GP appointments, and how people can access appointments, whether through the phone or online.
- Following on from this point, improved access to health care is essential moving forward.
- Continuity of care, or seeing the same GP across visits, is important across the community, specifically for those with long term conditions or chronic conditions.
- The community would like transparency about how things work at surgeries. This relates to patients having a better understanding of their regular GP's schedule, and having options available to them should their regular GP be unavailable.
- Attendees discussed increasing awareness of community-based services to support the community with keeping well.
- Seamless collaboration across clinicians and services to support patients beyond their GP. Record sharing is particularly important so patients don't need to explain their history multiple times.

The 2024 Healthwatch Wandsworth Assembly was an opportunity to follow up on these points, share experiences, and help plan for the future. We covered the following topics:

- Introduction to dentistry, pharmacy, self-referral, and community support
- Introduction to GP services
- Collaboration and integration

For each topic, Healthwatch Wandsworth provided background information. Then, we had a speaker share further insights on the topics and answer questions from the attendees.

# What we discussed

## Introduction to dentistry, pharmacy, self-referral, and community support

Healthwatch Wandsworth provided information on:

- **Dental services:** We shared information on the new government dental recovery plan, how to get an appointment with a dentist, and dental charges.
- **Pharmacy services:** We discussed how pharmacists can support the local community and provided information on the conditions pharmacists can provide medical advice on.
- **Direct access:** We shared what direct access to health care is and how it works with the attendees. Clients can go straight to certain services such as talking therapies, sexual health services, health checks, and minor eye conditions without a GP referral.
- **Community-based help:** We shared how initiatives in the community can help keep people well through prevention and health management. We spotlighted the work of community champions, health and wellbeing workers, social prescribers, and integrated neighbourhood teams.

Thomas Herweijer, NHS South West London ICB, shared the results of community-based initiatives in South West London alongside examples of community-based help. He discussed the importance of focusing on prevention. Part of this means improving the environment to combat wider negative determinants of health. Grassroots organisations have a big role to play in this as they are often well trusted and have a thorough understanding of people's priorities.

Then, Thomas provided the following information on Community Champions.

- Community Champions are individuals or a group of community members who use their local knowledge of an area, including the culture, concerns and sentiments of people living in the community, to empower people and promote health and wellbeing in their local community.
- They are volunteers who sit alongside other connector roles supporting people in the community such as social prescribing link workers, health coaches, and care co-ordinators.
- They conduct health and wellness checks, do work around prevention, raise awareness, and make sure people get the right support, whether this be by

going to the GP, citizens advice bureaus, community-based events, or other supports that are available in the community.

- Community Champions may also be called Community Health and Wellbeing coaches, or Community Connectors. Certain health priorities are coming to light through this work, including digital exclusion and mental health.

In the Q&A segment, one of the attendees asked how the work of the Community Champions is known by GPs and patients in the local surgeries. Thomas responded that some surgeries are more engaged, and for some areas, the programme is less relevant. There is a feedback loop with practices to make sure that events are advertised and communicated to residents.

## Introduction to GP services

Healthwatch Wandsworth shared information on:

- **Making appointments:** 140,000 more GP appointments were delivered in November 2023 in South West London compared to November 2019<sup>1</sup>. Members of the community can make appointments online or over the phone. Each surgery is different and may also have other methods of scheduling appointments.
- **The staff available to offer support:** There are several medical staff available to support service users in GP surgeries including nurse practitioners, paramedics, pharmacists, and physiotherapists.
- **Digital health services:** The NHS app has several capabilities including booking appointments, ordering prescriptions, and viewing health records. There is a new Digital Care Coordinator in Wandsworth who will work closely with organisations to support, facilitate, and educate the community on the use of digital healthcare services.

We then introduced our guests who work in GP services:

- Dr Nicola Jones, GP with Brocklebank Practice, Convenor of the Wandsworth Place Committee, and Clinical Director of a Primary Care Network for South West London ICB
- Dr Devin Gray, GP with Putney Mead Group
- Andraya Catlyn, Digital Care Coordinator for Wandsworth

They responded to questions from attendees during a Q & A session. The Q&A session began with the following two questions:

- [I have the understanding that] physician associates cannot prescribe or issue referrals, so you end up booking an appointment with a doctor anyway. Can you refuse to see a physician associate if this is the appointment you were given?

---

<sup>1</sup> NHS South West London. 'Tens of thousands more people a month receive GP appointments compared to before the pandemic'. Accessed 10 March 2024. <https://www.southwestlondon.icb.nhs.uk/news/tens-of-thousands-more-people-a-month-receive-gp-appointments-compared-to-before-the-pandemic/>

- Continuity of care is a big issue for the elderly, patients with mental health concerns, and patients with complex issues. [It is my understanding that through a] system of triage, patients do not get to decide who they see. There was a University of Cambridge study where continuity of care significantly reduced doctor's care loads and patients felt safer seeing the same doctor. Is this possible within a system of triage?

Dr Nicola Jones led the response to these questions by stating that physician associates are a hot topic. If a patient feels that any member of staff is not appropriate for them to see, patients should be able to explain what they are thinking, and practices should be responsive to that. Nicola shared that the practices may not have all the information to be able to make what the patient feels is the right decision. On the other hand, the GP workforce is stretched, and they aim to handle a high volume of requests safely. It might not be safe for patients to wait for an appointment with their preferred person. Therefore, while GPs value continuity of care, it is important to be safe and to be assessed in an appropriate amount of time, even if the assessment is not conducted by the patient's preferred person, as this provides more information before they hand you on to another person.

Dr Devin Gray followed up Nicola's response by clarifying that physician associates can conduct referrals; however, there may be an issue with a particular practice. Additionally, the idea of triage means that the right people are seeing the right professionals. In a triage system, GP's schedules do not get filled on a first come, first serve basis and every request is reviewed by a GP. It is much easier to honour requests for continuity in a triage system. GPs in Putney are moving towards a total triage system.

An attendee shared that, when working in intermediate care, matching very vulnerable people to their preferred GP reduced emergency admissions. Nicola agreed that this is a fantastic approach and that it would be positive to develop that approach further so more people could benefit from it.

The next question was posed by a service user in the borough who noted that services users in wheelchairs are not able to check their weight in surgeries due to not having the appropriate equipment. Moreover, lots of pharmacies have a 'step up' entry way without a ramp.

Nicola responded by saying that it is important everyone can access healthcare as this is a principle of equity. She went on to share that the physical environment of the practice may be a constraint in having the appropriate equipment. However, if this is this case and it is only possible for wheelchair users to be weighed in hospitals, this information must be shared. For further information, the CQC regulates practices' accessibility.

Another attendee shared that when you are dealing with secondary care<sup>2</sup>, there can be breakdowns in communication with GPs and hospitals. Letters with vital information can often be lost in the system.

Devin shared that she met with digital leads, and that this has been noted as a frustration of patients and service providers alike. The overarching aim is to

---

<sup>2</sup> Primary care is the point at which you access care in the health system. This includes GPs, dentists, and community health care. Secondary care is specialist health care that often requires a GP referral.

bridge primary and secondary care. Nicola followed this up by sharing that the person who has the letter has the responsibility to send it. The online medical record will then indicate whether the letter has been seen by your GP; this serves as an indicator for the client to know if the letter has been received.

At this point, Andraya Catlyn was introduced. She shared that she is one of four new digital care coordinators for South West London, and that she has been assigned to Wandsworth. While Wandsworth is well above the national average of NHS app uptake, thousands of more people could benefit from using the NHS app.

Another attendee noted that while patients are taking control of their notes online, not everyone has the capability or wherewithal to do that. Therefore, how do we bridge that gap?

Devin discussed the constant tension between making things more efficient and easier to access without leaving people behind. Andraya Catlyn has set up digital drop-ins to address digital exclusion. While these drop-ins will help, some people may never have the ability to access services online. In these cases, if online access works well for some, then it frees up capacity for those who cannot use digital health care, allowing them to access non-virtual methods such as speaking with a receptionist.

An attendee closed the segment by noting that while triage and continuity of care are really exciting, he feels that the majority of patients do not know about the triage system or that they can ask for their preferred GP.

Devin responded by saying there is improved understanding across the borough of how people can access their GP. Most GPs use a tool that allows service users to request a specific healthcare professional. The session chair closed out the discussion by noting that communication is a problem across the health care system. Because this is an ongoing issue, it is important to think through the challenges of maintaining ongoing communication with patients about what is changing in the health care system.

## **Collaboration and integration**

Healthwatch Wandsworth shared that, last year, people said they want to see more sharing of records, more collaboration between health and care services, and better continuity of care. The NHS South West London ICB is starting to plan how this could work. There is a focus on neighbourhoods and integrated neighbourhood teams, as well as a shift from re-active care to proactive care. The NHS is also working on a joined up approach and shared care records, so people only tell their story once.

Healthwatch Wandsworth then introduced our guest speakers James Walker, Deputy Director of Primary Care Transformation for Merton and Wandsworth, NHS South West London ICB; and Mark Steed, Associate Director of Operations, Battersea Healthcare CIC.

James shared the following:

- Good integration is measured by the service not being confusing or repetitive and not having unnecessary delays in the system.

- Primary care should be aligned and knitted within secondary care and voluntary services to create a comprehensive network that understands service users as people.
- The outcomes that are important to clients should be built into the care.
- It is important to create a shift towards proactive care and have upfront discussions to help prevention.
- Responses to people's needs should be in a constructive and considerate manner that is meaningful and benefits the patients, not just the professionals.
- It is key that no decision is made about patients without patients.
- Service users should be seen by health care staff quicker.
- People are living longer, but often with multiple health conditions. Therefore, there should be an aim to increase support in healthy life expectancy.

Mark shared the following:

- The Wandsworth GP federation, which is owned by all 38 GP practices in Wandsworth, is there to support GP practices.
- There was a contract put in place in 2015 called Planning All Care Together. Planning All Care Together identified the most vulnerable patients in Wandsworth who were likely to be admitted to secondary care and administered interventions in primary care to prevent those admissions.
- As of 1<sup>st</sup> of April 2024, there will be a contract called Proactive Care that identifies even more people that are vulnerable in order to offer early support. Moreover, this contract aims to tackle shared care records with a universal care plan that can be shared across all organisations.
- Lots of organisations in Wandsworth are doing great work individually, but if they can be brought together, they can do even better work.
- There is better data about who is admitted to hospital and where they are coming from, reducing the reliance on GP knowledge of patients to build cross-sector understanding.

Mark concluded his section by highlighting that NHS South West London ICB compares favourably with other NHS Integrated Care Boards (ICBs) and tends to perform the best across London. He said the next steps in developing the South West London Primary Care Strategy are engagement, borough plans, and thinking about governance.

Attendees started the Q&A session by asking:

- Will working together include care agencies? The most vulnerable people normally have a carer. Therefore, it is important that the next of kin, carer, and care agencies are known to service providers.

- A representative from Macmillan Cancer Support asked how their organisation can access this information. In other words, is this database accessible to this organisation? Moreover, how is this going to work with patients wanting to just make a phone call to get an appointment?

In response to these questions, James noted that there will not be a radical change on April 1st. Patients will continue to be able to access services in the same way, including by phone. James went on to say that it is very important that carers are acknowledged. Neighbourhood teams will include professionals alongside patient advocates. Where it is clinically justified, organisations like Macmillan Cancer Support will be included. Having a database of contacts will be essential to making this work.

Another attendee asked how the Patient Forum for Wandsworth works alongside this. James responded that collaboration and structured engagement with patients and members of the public is very important and that the Patient Forum should be truly representative of the borough. Mark added that the Wandsworth GP federation is considering a borough-wide patient engagement event in May or June 2024 to get feedback from patients on the work that has been done to date to understand how it can be developed further.

# Polling Data

## What attendees knew prior to the event

Throughout the assembly, Healthwatch Wandsworth conducted polls to understand the prior knowledge of the people who attended the event. The results for each question are included below.

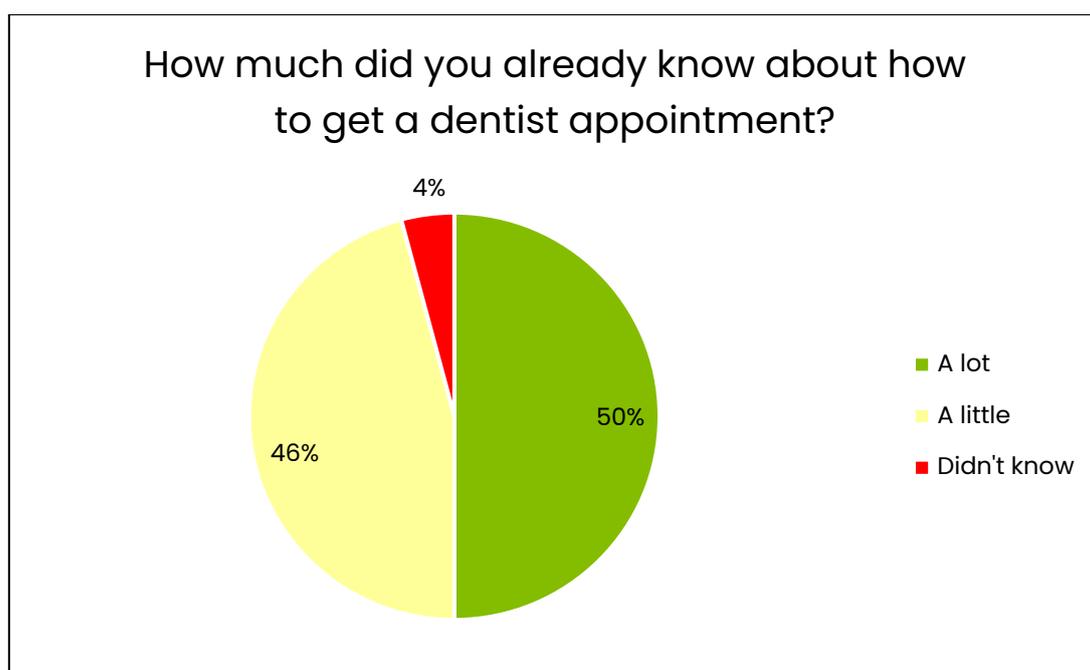


Figure 1. Graph displaying response data to the question 'How much did you already know about how to get a dentist appointment?' 24 attendees responded to this question. Half of the respondents knew a lot about dentist appointments prior to the assembly.



Figure 2. Graph displaying response data to the question 'How much did you already know about pharmacy services?' 24 attendees responded to this question. Well over half of the respondents knew a lot about pharmacy services prior to the assembly.

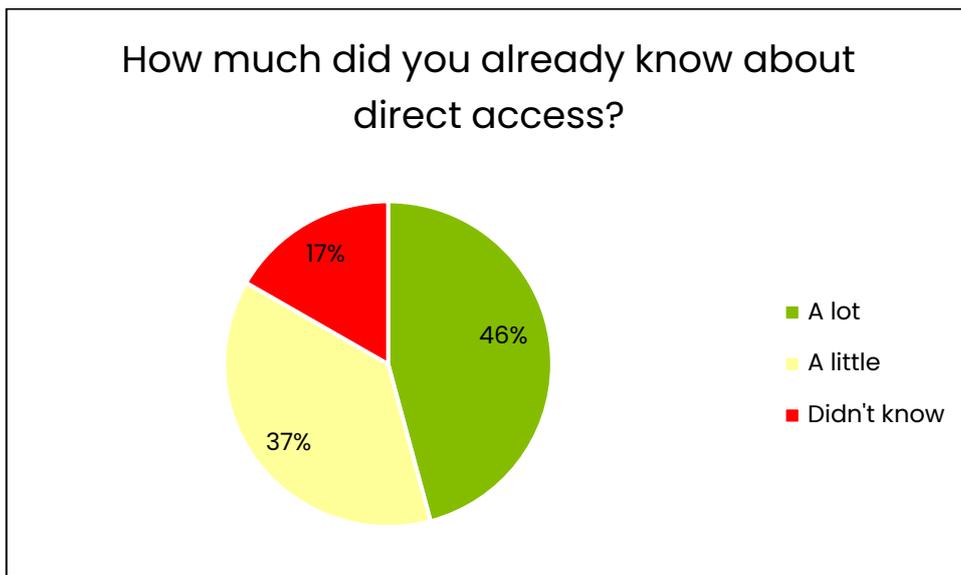


Figure 3. Graph displaying response data to the question 'How much did you already know about direct access?' 24 attendees responded to this question. Just under half of the respondents knew a lot about direct access prior to the assembly.

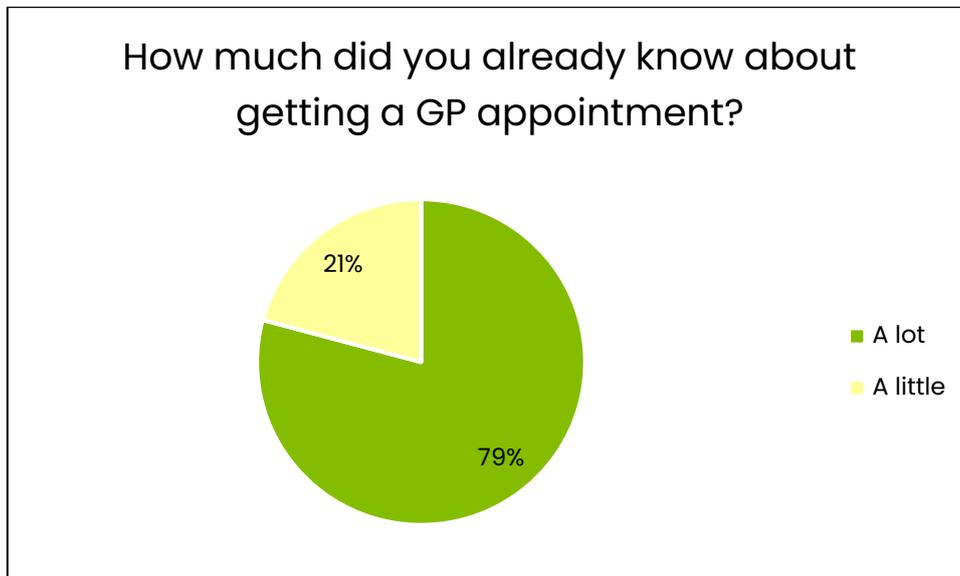


Figure 4. Graph displaying response data to the question ‘How much did you already know about getting a GP appointment?’ 24 attendees responded to this question. Three quarters of the respondents knew a lot about getting a GP appointment prior to the assembly.

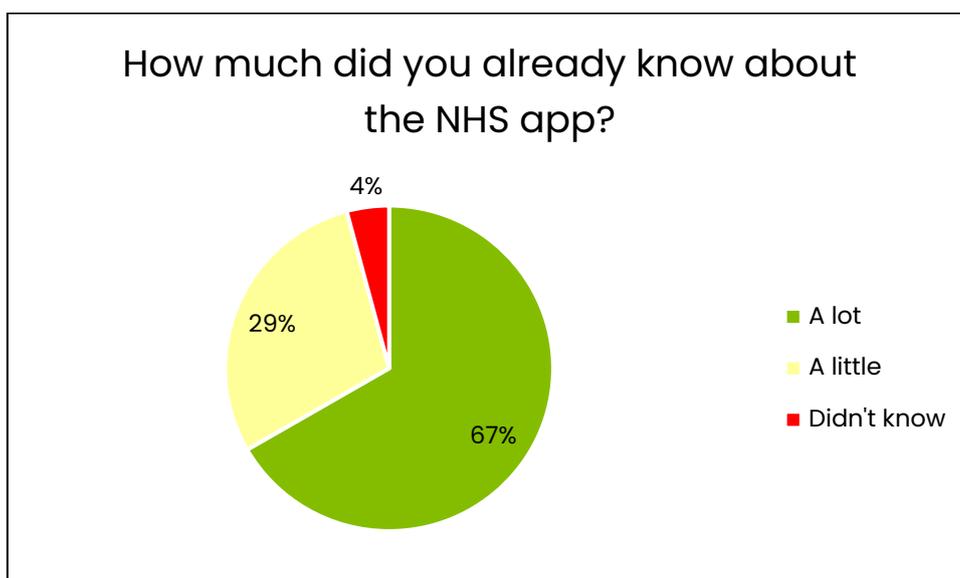


Figure 5. Graph displaying response data to the question ‘How much did you already know about the NHS app?’ 24 attendees responded to this question. Well over half of the respondents knew a lot about the NHS app prior to the assembly.

Overall, the attendees knew the most about how to get a GP appointment (79% knew a lot). This was followed by the NHS app and pharmacy services with 67% knowing a lot about these topics. 50% of attendees knew a lot about how to get a dentist appointment.

Despite the majority of respondents knowing a lot about these topics, only 46% of the respondents knew a lot about direct access, with the majority knowing only a little bit or not having any prior knowledge of this topic.

## What attendees want to know more about

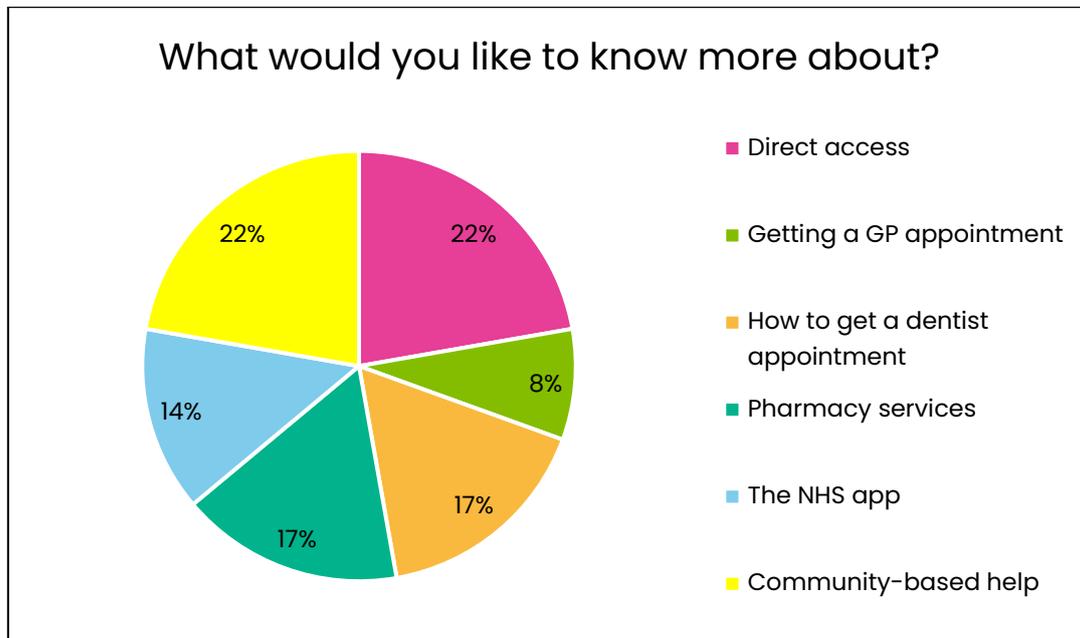


Figure 6. Graph displaying response data to the question ‘What would you like to know more about?’ 24 attendees responded to this question, and attendees were able to pick multiple responses.

The majority of attendees (22%) want to know more about community-based help. Another 22% of attendees are interested in learning more about direct access. As only 46% knew a lot about direct access prior to the assembly, these numbers are in alignment.

The lowest number of people (8%) were interested in learning more about getting a GP appointment, which aligns with the fact that 79% of attendees knew a lot about this topic.

## Conclusion

Overall, the discussions highlighted the following topics across non-emergency care that are important to local people:

- Triaging patients to ensure continuity of care, and making sure that this system of triage is well known amongst the community.
- Having more information about how people can access care (particularly direct access when a GP appointment is not needed and dental care).
- Allowing for different methods of booking a GP appointment, whether this be over the phone, online, or in person. This is part of ensuring members of the community are not left behind through digital exclusion as efforts shift towards digital health care systems.
- Facilitating seamless collaboration across clinicians, services, service users, carers, and relevant organisations to support patients throughout the health care system.

- Ensuring the work of community-based initiatives are known to GPs and service users alike to make the most of prevention services and to support people in leading a healthy life.



# healthwatch

Healthwatch Wandsworth  
3rd Floor Tooting Works  
89 Bickersteth Road  
Tooting, London  
SW17 9SH

[www.healthwatchwandsworth.co.uk](http://www.healthwatchwandsworth.co.uk)  
t: 07434633745  
e: [information@healthwatchwandsworth.co.uk](mailto:information@healthwatchwandsworth.co.uk)  
 @HWWands  
 [Facebook.com/hwwands](https://www.facebook.com/hwwands)