

# **Health Scrutiny Committee**

## **Themed Review 2021-22**

### **Primary Care**

#### **Chair's Introduction**

We've always been grateful to our keyworkers on the frontline, but Covid-19 has highlighted just how important all NHS staff are. Although doctors and nurses working on ICU wards in hospitals became the symbol of the pandemic, it's important to remember the knock-on effects for GPs and other healthcare staff in local surgeries. They never stopped working for a moment – despite the challenges they faced in changing their working processes virtually overnight. They always put the welfare and needs of their patients first.

In the last 12 months, I have regularly picked up casework from constituents who are experiencing issues with their primary care services. As the pandemic has continued, this has particularly related to issues accessing GP appointments. As Chair of Health Scrutiny, I wanted to look further at how primary care in Waltham Forest operates; what kind of initiatives GPs introduced as a response to the pandemic; what has worked well, and what hasn't worked so well; what kind of issues residents were experiencing; and what excellent primary care would look like in the future.

I have been Chair of this Committee since before the pandemic: as a Committee, we understood that the NHS's whole approach to care was about to change. In January 2019, the NHS Long-Term Plan was published, and we discussed how the changes set out would impact Waltham Forest. What started life as the Sustainability and Transformation Partnership morphed into the Integrated Care System. Integrated care at a local level came into its own during the pandemic, as the Council and Barts worked flexibly to implement a discharge procedure that kept hospital beds free and enabled Covid-positive patients to receive the best care possible. During the Covid-19 vaccination programme, the Council worked extremely closely with its GP partners, not only to carry out vaccinations but to speak to residents and instil trust. I look forward to seeing more of this close working in the new world of integrated care, and I truly hope this translates into benefits for patients.

I would like to thank the officers and witnesses who contributed to this review; particularly Dr Ken Aswani, Sue Boon, Mark Lobban and Jenny Mazarelo. I would also like to thank Healthwatch for their tireless work in liaising with patients and raising their experiences and concerns. Finally, I would like to thank Cllr Naheed Asghar, for her leadership and dedication.

## **Summary of recommendations**

The Committee recommends:

- That GP surgeries endeavour to be flexible, ensuring patients can access primary care in the way most appropriate for them
- That, where alternative means of interacting with Primary Care exist, for example collecting repeat prescriptions at pharmacies or using GP email addresses, these are clearly communicated to patients
- That the Council works closely with its NHS partners to promote public health campaigns aimed at preventing patients requiring primary care services
- That, in the short term, the Council uses its resources to ensure residents know their options around accessing primary care, whether face-to-face, telephone or digital
- That the Council works with Healthwatch to ensure they have the capacity to survey residents and gather data on how they are experiencing primary care
- That the CCG/ICS monitors how GP practices triage patients and works with them to refine and roll out the most effective triage methodology
- That the Council (including public health, housing and other relevant services) works closely with primary care to ensure GPs and other healthcare professionals are able to signpost patients to services that would help improve their overall standard of health
- That the new model ensures that patients are reassured they are seeing the right healthcare professional for their needs
- That digital integration is prioritised in the new model, ensuring primary care platforms are well integrated with secondary care, community care and social care services
- That the historic underinvestment in Waltham Forest compared to other NEL boroughs with respect to primary care services is noted and prioritised for correction by the new ICS

## **Background**

The Health Scrutiny Committee did not scope a themed review when the meeting cycle commenced in July 2021. However, acting on the concerns of residents and against a growing national context of pressures on GP services, the Committee decided to focus on primary care in the final three meetings of the cycle. The recommendations above represent the culmination of this review; however, the work will no doubt continue into the next year, as Covid-19 remains present and the pressures on primary care have yet to be solved.

Primary care is often referred to as the ‘front door’ of the NHS – for many patients it represents the first point of access when they have a health problem. For the most part, this is through their General Practitioner (GP), but primary care also refers to pharmacists, dentists and optometrists. GP services have been severely affected by the Covid-19 pandemic – by the pandemic itself, the knock-on effect of the lockdowns, and the vaccination programme which took resource away from primary care.

GP services are private businesses, usually run by two or more partners, which are contracted by the NHS to run primary care services in the area – formally, this is done by NHS England but in most areas the local clinical commissioning group (CCG) carries out this role. Most practices have standard contracts: these agree the geographical area the practice will cover and outline the services that it is expected to provide. Some of these services are mandatory, and some can be opted into. GP practices can join together to become a federated network; they can also become part of a primary care network (which includes other primary care services such as pharmacies), allowing them to work at scale. Waltham Forest has seven primary care networks which span the borough.

Commissioning in Waltham Forest was previously carried out by Waltham Forest Clinical Commissioning Group (CCG); however, in April 2021, eight boroughs merged to form the North East London CCG, which is the forerunner to the Integrated Care System, due to gain statutory footing later in 2022 when the Health and Care Bill becomes law. Within this much larger CCG, Waltham Forest is part of the Tower Hamlets, Newham and Waltham Forest (TNW) footprint.

The voice of patients in all health services is heard through Healthwatch, a statutory service commissioned and paid for by the local authority, but independent. Healthwatch canvasses patients for their experiences of all health services, including GP care. A Healthwatch member is co-opted onto the Health Scrutiny Committee, ensuring that direct experiences from patients are represented.

## **Methodology**

The Committee used its meetings in December 2021, February 2022 and April 2022 to review the local and national context, speak to witnesses and make recommendations.

### **8 December 2021<sup>1</sup>**

---

<sup>1</sup> <https://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MIId=5294&Ver=4>

The topic at this meeting was access to GP appointments and the way this had changed since the Covid-19 pandemic. The report was introduced by Dr Ken Aswani, Clinical Lead for Waltham Forest in NEL CCG, and William Cunningham-Davis, Director of Primary Care Transformation TNW partnership, NEL CCG. Mr Cunningham-Davis noted that there was a variety of methods in which patients could now communicate with GP practices and hold appointments: this may be online – including via email – on the phone, or face-to-face. Although the Committee agreed it was good for patients to have options, they noted that there was inconsistency between different GP surgeries and primary care networks; they also said that it wasn't easy to know which option was available for the patient. The Committee raised concerns about patients missing phone calls from the GP, and the lack of a holistic approach to patients' health when they only had a ten-minute appointment. Dr Aswani reassured the Committee that patients were triaged by GPs, who would be able to find the best solution to seeing a patient; for example, if they had many health conditions, it may be better to see them face to face. He also said that their policy was for the GP to call twice – at different times in the day – and then to leave a message if the patient didn't pick up the phone, with the hope this would be enough to reach them. The Committee asked about the demographics of patients and particularly those living longer who may not be as familiar with digital technology. Dr Aswani agreed that a range of options were needed to access GPs, not just digital – in response to a question about the workforce, he said that maintaining face-to-face appointments was an attractive prospect when recruiting GPs.

The Committee asked about access to diagnostics, and Dr Aswani said that some diagnostic tests had become more accessible, including X-rays and blood work. He said that there was continued investment in community diagnostics. The Committee was concerned about the prospect of patients having to defer treatment; Mr Cunningham-Davis said that GPs would review the person's all-round health before making a decision about deferring treatment.

Shareen Cambridge, from Healthwatch Waltham Forest, said that although there was positive work going on around access, there were still people who were unable to get through to surgeries in the first place, particularly elderly people. She said that access to services must be shaped by the needs of patients and service users.

## **23 February 2022<sup>2</sup>**

At this meeting, the Committee again looked at access, specifically in the wake of the Covid-19 pandemic. The report was brought by Dr Aswani and Jenny Mazarelo, Deputy Director of Primary Care transformation in NEL CCG, who emphasised the importance of delivering care as part of a multi-disciplinary team. Additionally, the

---

<sup>2</sup> <https://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MIId=5295&Ver=4>

Committee invited Sophie De Val to attend the meeting, an independent researcher who had recently carried out research for Healthwatch Waltham Forest. Her research related to how disabled people access primary care services.

Ms Mazarelo's report noted that central Government policy had been inconsistent; at the early stages of the pandemic, the then-Health and Social Care Secretary Matt Hancock had advised GPs to maintain remote appointments even after the pandemic had passed. However, in the months since, there had been pressure on GPs to move back to face-to-face appointments, at a challenging time and when GPs were expected to play a key role in delivering the Covid-19 vaccination programme.

The report noted that although general satisfaction with the ease of making an appointment had decreased between 2019 and 2021, satisfaction with the type of appointment offered had gone up. Ms Mazarelo said that during the pandemic, patients were triaged either by telephone or through an online form, which was a major shift. Around 40% of patients were then referred on to a face-to-face appointment. The report noted that patient satisfaction with the information about this process had gone down; Ms Mazarelo said that GP practices had had to update their websites and the move to triaging was a significant cultural shift for patients and staff that would take time to bed in.

Ms De Val said that it was difficult to say how widespread access problems were because it was hard to gather the data. She noted that Healthwatch had significant challenges in advocating for patients due to their limited capacity. In response to a question from the Committee, Ms De Val said that it would be helpful if the Council could support Healthwatch to foster links between organisations, so that resources could be better shared and stakeholders were aware of the available networks.

The Committee asked about triaging patients. Was there evidence that showed it was more effective to triage face-to-face rather than digitally or over the phone? Ms Mazarelo said that at the early stages, it was effective. Dr Aswani noted that triaging in general practice was still quite a new phenomenon, because whenever someone came in person they would traditionally be treated immediately. He said that this was something that would continue to be monitored to see if it was effective.

The Committee asked about remote monitoring of patients. Dr Aswani said this was something that had improved considerably, as there were many more health readings patients could do at home, such as monitoring blood pressure and oxygen saturation.

The Committee asked about health inequalities, and Dr Aswani noted that the move towards more integrated care would be a significant factor in reducing health

inequalities. They also discussed the importance of taking a proactive approach to health rather than reactive.

## **27 April 2022<sup>3</sup>**

The Committee analysed the multi-disciplinary approach to primary care and a new model for integrated primary care. The report was presented by Dr Janakan Crofton, local GP and clinical lead in Waltham Forest for the 'care closer to home' programme, which is part of the model. Dr Crofton described the vision for true community care that would be proactive rather than reactive; he said that in the future, primary care at a GP surgery would comprise a whole team of healthcare professionals rather than a patient seeing one GP. Patients with long-term conditions would be assigned a care coordinator, who would link up primary, secondary and social care as necessary, and advocate for the patient on their behalf. Appointments would be as long as necessary to provide a holistic view of the patient rather than seeing health concerns through a single issue lens.

The Committee were enthused by the possibilities of this new approach. They asked about expectations from patients, particularly with regard to continuity of care. Dr Crofton answered that continuity was important but may look slightly different – for example, it may include a team of healthcare professionals who were known to the patient, rather than the same GP each time. Sharing notes between services was vital, so that the patient wouldn't need to repeat their story at each appointment.

With regard to this, the Committee asked about digital integration. Dr Crofton said that in NEL CCG, digital integration was good, and that primary care was well linked into Barts, NELFT and community services. It would be vital to continue this progress and it should be a priority for the ICS.

The Committee noted that the report made reference to historic underfunding of services in Waltham Forest compared to other boroughs in north-east London. Dr Crofton agreed that this was an issue, and said that the new ICS had a commitment to 'levelling up' the whole NEL area. He said that the integrated model was a good example of this. The new Whipps Cross hospital would include a hub for frailty services which would link in closely with primary care.

## **Key findings**

The Committee recommends:

- That GP surgeries endeavour to be flexible, ensuring patients can access primary care in the way most appropriate for them

---

<sup>3</sup> <https://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MIId=5296&Ver=4>

- That, where alternative means of interacting with Primary Care exist, for example collecting repeat prescriptions at pharmacies or using GP email addresses, these are clearly communicated to patients
- That the Council works closely with its NHS partners to promote public health campaigns aimed at preventing patients requiring primary care services
- That, in the short term, the Council uses its resources to ensure residents know their options around accessing primary care, whether face-to-face, telephone or digital
- That the Council works with Healthwatch to ensure they have the capacity to survey residents and gather data on how they are experiencing primary care
- That the CCG/ICS monitors how GP practices triage patients and works with them to refine and roll out the most effective triage methodology

The initial focus of this short themed review was around access. The effect of the Covid-19 pandemic had been felt in primary care at different times and in different ways; at the outset, there was an immediate shift to change the way in which care was provided; as it became clear that the pandemic would remain a long-term issue, primary care services had to work to embed the processes that had worked well and cease the processes that had been less successful.

Some elements are clearly here to stay: despite the challenges in implementing it so rapidly quickly, the approach to triaging patients before setting up a face-to-face appointment has been very successful.

The two key issues that stood out from this review are these: firstly, the importance of patients being able to understand which types of appointments are available and how they can access these; and secondly, that these options and any alternatives are widely advertised. Although this responsibility lies primarily with the individual GP surgery, there is clearly scope for other partners to assist with ensuring that patients get the right care at the right time. As the borough moves towards integrated care, with primary care a key aspect of this, the emphasis will be on a holistic approach to a person's health.

“We weren’t very healthy coming into the pandemic... we need to restore the ability of local government to act and deal with the fact that we weren’t very healthy.” – Professor Sir Michael Marmot, Association of Directors of Public Health conference, March 2022

Wide-ranging healthcare reforms will be implemented over the coming years, as the Health and Care Bill becomes law. The Integrated Care System will gain a statutory footing in July 2022. Practically, there is already good integrated care practice taking place in Waltham Forest and the other north-east London boroughs. In some

respects this has trickled down to patients already. In others, however, the benefits of integrated care are yet to be seen. Local authorities have a role to play in their statutory adult and children's social care roles; there is also a key role for public health to play in supporting preventative care.

“Not only do we need to put the power of every part of the NHS behind prevention, we also need to put the power of the NHS budget behind it too.” – Sajid Javid, Secretary of State for Health and Social Care, Association of Directors of Public Health conference, March 2022

The Council has already commissioned some research from Professor Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London, and Director of the UCL Institute of Health Equity. Sir Michael will work with borough-wide stakeholders to deliver an independent piece of research that will focus on understanding health inequalities and how the Council can work with partners to tackle these. The outcome of this research will be presented at Health Scrutiny and feed into decisions that the Council takes with its partners over the next year. As primary care is often the ‘front door’ to healthcare for many people, working with partners to embed these practices into GPs in the borough will be crucial.

“Once we know why and which citizens end up in the GP chair or hospital ward we can look backwards to offer interventions which are aimed at tackling the circumstances that are contributing to their ill health.” – Debbie Stark, South West NHS regional director of public health, March 2022

The Committee recommends:

- That the Council (including public health, housing and other relevant services) works closely with primary care to ensure GPs and other healthcare professionals are able to signpost patients to services that would help improve their overall standard of health
- That the new model ensures that patients are reassured they are seeing the right healthcare professional for their needs
- That digital integration is prioritised in the new model, ensuring primary care platforms are well integrated with secondary care, community care and social care services
- That the historic underinvestment in Waltham Forest compared to other NEL boroughs with respect to primary care services is noted and prioritised for correction by the new ICS

The final part of this review focused on the new integrated model of primary care, which will prioritise multi-disciplinary working. Primary care will become a true team, led by GPs, with patients able to speak to whichever healthcare professional is most relevant. Patients with long-term conditions will have a care coordinator who can

advocate for the patient and link them in with available services in the community that may help with long-term management. For example, a patient with diabetes attending regular check ups may show signs of being on a downward trajectory managing their condition. Rather than receiving medical treatment, it may be more appropriate for them to be referred to a community service, such as swimming classes or healthy weight management. Working in a truly integrated model, with the local authority and social care as well as health partners, will be crucial in ensuring patients live well for longer.

## **Conclusion**

The Covid-19 pandemic happened during a moment of vast, wide-ranging change for the NHS. The NHS Long-Term Plan had been published in January 2019<sup>4</sup>, and stakeholders had long been preparing for a move towards more integrated care, to be formalised in legislation. With the arrival of the pandemic, however, processes had to change literally overnight. As health services look towards the end of the pandemic and decisions are made about patient needs, this is an ideal time to take stock of what has worked well and what hasn't.

Primary care was especially challenged during the pandemic. The demand was still present, and indeed, GPs had concerns that patients may be putting off contacting their physician in order to avoid catching Covid-19 and to avoid straining the NHS. It was therefore imperative that there were as many ways to access appointments as possible, and that the stretched resources of GPs could be used in the right way. Embedding triaging into these processes has been a success story, and in fact points to a wider lesson to be learnt: 60% of patients triaged over the phone or via email didn't then require a face-to-face appointment. There is clearly a need for patients to understand how to access the right care and at the right time.

These are short-term priorities. Looking ahead to the longer term, the CCG and primary care professionals are clearly ambitious for a new model of care. There is general agreement – borne out of the NHS Long-Term Plan and the learnings from Covid-19 – that one ten-minute appointment is no longer an appropriate way to assess patients, particularly elderly people and those managing long-term conditions. Equally, it's not always appropriate for people to be seen by a GP when their problem could be better approached by a nurse, occupational therapist or link worker. It is challenging to fully grasp how patients and staff will be able to make the shift to a vastly new model of interacting with primary care; however, the way in which GP surgeries ably adapted to new ways of working in the first Covid-19 lockdown is encouraging. It shows that there is an appetite and potential for flexibility. They must now ensure that new ways of working are clearly communicated to patients; that they trust they'll receive the same standard of care as previously;

---

<sup>4</sup> <https://www.gov.uk/government/news/nhs-long-term-plan-launched>

and that integrated care in theory becomes a reality that delivers long-lasting benefits.