healthwatch Enfield

Healthwatch Enfield and the Enfield GP Federation Online meeting

Question and Answer session

11th June 2020

Presenters:

Dr Alpesh Patel, Executive Director and Co-Chair of the Enfield GP Federation

Dr Sarit Ghosh, Clinical Director and Co-Chair, Enfield GP Federation

Dr Sanjay Patel, Clinical Director, Enfield GP Federation

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Q 1 - Now that you are in Partnerships, how are you liaising with your Patient Participation Group (PPG)/patients?

A - With regards to PPG's, it would be up to each individual GP practice to ensure they are consulting with their PPG's using the most suitable communication routes that are available. If people have questions or concerns about their practice, then we would advise that they contact the practice directly. Response times will be different for each GP practice.

Q 2 - How soon do GP's think they will be able to see patients for face to face appointments?

A - The National guidance at present is to manage patients where, appropriate, by telephone or video call, to ensure safeguards for patients and staff. Where it is felt that clinical care is needed face to face, e.g. a vaccination or smear test, then practices will, in discussion with the patient, make the appropriate arrangements. GP's are not asking people to come to the surgery, unless it is necessary, and this is likely to continue for the foreseeable future.

Q 3 - How will things pan out when we eventually get to attend the surgery? Will there be sanitizing stations. Will we have to wear masks ourselves when entering the surgery?

A - People who need a face to face visit need to be clear of the benefits of attending the surgery and the associated risks. Limiting and minimising physical contact is safer for all. This may also vary from practice to practice based on the size of the surgery. Evidence shows that up to 70% of patients may not need to be physically examined. Newer roles are being introduced by practices such as a clinical pharmacist, who may be able to deal with patient enquiries more quickly without the need to see a GP. Care will be taken to ensure that infection prevention and control processes are adhered to, that may include appointments being scheduled to minimizing waiting areas becoming occupied in a way that breaches the infection prevention guidance. It may also be that as soon as any physical examination is completed, rather than staying in the surgery for discussion, the patient leaves and the doctor continues the discussion on the phone, once the patient has left the surgery.

Q 4 - The young people that I care for are non-verbal. When can we attend the GP for general/annual GP health check-up?

- **A-** Practices are having to think of ways to communicate remotely with all patients with learning difficulties, general health issues and long-term conditions. This is either directly with the patients or through their carers, and where appropriate invite them to the surgery, if necessary. If a patient is ill and believes they need to be physically seen by a doctor, a joint decision would need to be made to decide whether it's in the best interest of the person to visit the surgery. When a face to face visit does take place, it will be for a much shorter time than usual to make sure the risk of COVID is reduced.
- B- Regarding annual health check-ups, much of the conversation can be undertaken over the phone either with the carer or the individual if they are happy with this approach. They can then attend the surgery just for things such as the blood test/blood pressure check and weigh in.

Q 5 - How have you supported your deaf patients during the lock-down and have you come across any problems?

A – GP's can use "Language Line" an interpreting service at their practice; other options include using online video conferencing platforms and telephone consultations which allows relatives or family members to add information on behalf of the patient. The response would then be tailored to how the patient wanted that interaction to take place. Patients could be updated about their concerns within 24-48 hours when using the online or telephone options to contact their GP.

Q 6 - When will GP or Nurses be able to safely carry our internal/physical examinations? This could be e.g. smear tests"

A - Urgent recall smear tests should already be taking place. Recently we have been advised that practices can also undertake routine smears.

Q 7 - How are you working with diagnostic services; phlebotomy (blood testing service); radiology (X-rays); pathology – (testing for diseases); and will these referrals be done online? How will I know it's safe to have the tests and how will I get the results?

A - Hospitals are reviewing processes and procedures to ensure scrupulous infection prevention and control, though a return to pre-Covid levels of activity will take some time and individual contacts may take longer. This is particularly true when hospital staff will be putting on and taking off personal protective equipment, and suitable cleaning of clinical environments between patients is required.

Commissioners recognise that access to blood testing is a real issue. This has been escalated to a senior level to try and unlock a standard of service that is similar to pre Covid levels, as quickly as they can.

In terms of other testing, patients should still be able to access chest x-rays, ECG's, though the way they are requested may be slightly different, the volume of appointments hospitals used to offer before COVID haven't got back to where they would normally be, because of the new ways of working.

Q 8 - Why is there no home blood testing service in this area, leading to people missing out on vital tests or being forced to put themselves at risk by going to the hospital to have it done (when a highly vulnerable person)?

A - GP's have been advised that this service is available in a very limited way. This is due to staff being re-deployed to provide support on hospital wards. The commissioners are actively exploring ways to increase the availability of home blood testing. GP's can request a home visit for a blood test but there will be long wait, it could be 2-3 times longer than normal. An important consideration for home visiting health workers relates to an inability to control the environment (peoples' homes) they are going to & from, and this poses an additional risk as they may visit a number of people's homes.

Q 9 - Why were people with long standing conditions like Diabetes and Hypertension not advised to be shielded for 12 weeks?

A - The criteria about who should shield were defined by NHS England. They used the available information to guide their decision at that time.

Q 10- Given the recent news about BAME people, should we (if e.g. Black, Bangladeshi/male etc. also be shielding if over 50/60 with diabetes?

A - Public Health England published a report detailing a number of factors that influence outcomes for patients suffering with Covid 19. The link was shared in the meeting chat:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891116/disparities_review.pdf

Q 11 - With regards to virtual/telephone consultations, what provisions are being made for those patients with mental health issues that may inhibit their ability to access appointments with their GP's in this manner? Indeed, some find it difficult to engage in a consultation is this manner.

A - Mental Health covers a broad spectrum of conditions and each of the practices will use different approaches. People with mental health issues could struggle with e-consult or phone consultations, so each practice has to make that decision with their patients. During the pandemic, the Council has access to the names of patients who have severe mental health or additional needs. The Council then arranged welfare calls to check up on this vulnerable group.

Q 12 - Do GPs have a Transition pathway that they use when looking to transfer a young person from Children services to Adult services?

A- Different hospitals have different cut offs in age bands and specialist services, for example, some services cut off at 16 years old and others at 18. Some services will have joint clinics and transitions procedures but this is not consistent. GP provision will be determined by what is on offer by the hospital and community services.

Q 13 - I'm shielding and I've been told to wash all my groceries or leave for 72 hours until the virus dies. Is this correct? And am I going to have to keep doing this until the infection has gone?

A - This is not clear, one article suggests SARS-CoV-2 (Covid 19) was more stable on plastic and stainless steel than on copper and cardboard, and viable virus was detected up to 72 hours after application to these surfaces. On copper, no viable SARS-CoV-2 was measured after 4 hours. On cardboard, no viable SARS-CoV-2 was measured after 24 hours: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_Infection_prevention_and_control_guidance_complete.pdf New England Journal of Medicine April 2020.

Q 14 - Parents have been worried about the reported inflammatory symptoms in children connected with COVID19?

A - NHS England and North Central London Clinical commissioning group contacted GPs at the end of April to inform them about this illness and the associated symptoms to look out for in children. It should be noted that it is extremely rare. It's important too, if you are concerned, to follow up this, and any medical concerns with 111 or your GP.