



Citywide Online Locality Forum Engagement Session: Changes in Primary Care Services

Thursday 30 September 2021 from 2.00pm - 4.00pm

Background

The Scottish Government introduced a new contract for GPs in 2018 in response to growing pressures within primary care such as growing demands on the service and concerns about GP recruitment, early retirement and retention. The aim of the new contract was to enable GPs to operate as expert medical generalists. This would be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams.

Progress has been achieved towards meeting the requirements of the new GP contract despite the significant challenges posed by the COVID-19 pandemic during 2020/21. The Primary Care Improvement engagement session provided an update on progress for Pharmacy, Optometry, GP services as well as a snapshot of the priorities for 2021/22 and beyond.

Physical distancing during the COVID-19 pandemic has created challenges for traditional ways of seeking the views and experiences of people who access health and care services. The decision was taken to hold virtual session using Microsoft Teams platform. A flyer was produced with information about the session and contact details. This was distributed through community mailing lists, facebook, and twitter. Over forty people from the community, Third sector, Locality Engagement Forums and HSCP staff joined the session on 30th September 2021.

The main aim of the session was to gather feedback and comments from a question and answer session on the development of the Primary Care Improvement Plan. Feedback would then inform the planning and provision of future primary care services.

Introduction – Primary Care Improvement Plan

Ann Forsyth (Glasgow City HSCP Primary Care Programme Manager) welcomed everyone to the Primary Care Improvement Plan Engagement Session. She was pleased with both the numbers attending and the wide range of individuals, community groups and third sector representatives.



Ann explained that there has been substantial change in primary care services and in the ways in which patients are able to access those services. The changes arise from the agreement of the new GP contract; its implementation through a series of Primary Care Improvement Plans; the development of new ways of working for other primary care contractors such as optometrists and pharmacists, and the impact of the current COVID-19 pandemic. There is variation in the way that changes are being implemented, in part because the contractors are independent and choose how to make changes in their own businesses.

Ann said the presentations at the engagement session would focus on the progress of the Primary Care Improvement Plan, specific changes and developments in general practice, optometry and community pharmacy services and information in relation to the vaccination programme.

Presentation: Alan Harrison (NHSGGC Lead Pharmacist Community Care)

Alan spoke about the overall aim of providing pharmaceutical services and care in local communities. The range of services includes Nicotine Replacement service, Emergency Hormonal Contraception service, Pharmacy First and Bridging Contraception service.

Future service provision will include vaccination programs, blood pressure checks, urine samples, taking of blood samples and clinically identified long term conditions being managed at the community pharmacy through independent prescribers.

Pharmacy: Q and A

Question 1: An individual went to the pharmacy for something but was then told to go to the doctor; when they went to the Doctor they were sent back to the pharmacy. This isn't running smoothly.

Answer: These are some of the challenges we face with the delivery. We continue to work with our colleagues in primary care and health care so that communication goes both ways. During the COVID-19 pandemic this has been difficult and messages have been missed. When this is raised with us we work with colleagues to ensure that this is minimised and reduce patients running to different places. We will continue to listen and support to help you get the right care and support services.

Question 2: Some pharmacies are too small and don't have space for consultation.

Answer: Some pharmacies are too small; however some have developed their premises and now have spaces for investigation and consultation room. We are working with pharmacies to assist them in adapting their facilities to accommodate new services.

Question 3: Pharmacists can carry out a review of the care and support for those taking medication for long term conditions, without involving a Doctor. If a patient is not happy with the new arrangements can they ask for a second review?

Answer: Yes, they can go back and have discussions with their Pharmacist, and if they still have concerns they can contact their GP and ask for them to be part of a further review of their medication and support.

Question 4: There are an increasing number of services being offered through Pharmacies however not all practices offer the full range of services. Is there a list that identifies what services are available from each practice, and if so can the list be made available to local support groups who could then advise their clients?

Answer: The four National Core services are a contractual requirement for all pharmacies to deliver. Pharmacies can opt out of local enhanced services. There is a list which is shared with GPs however the information is not made available to the public. Alan agreed it might be worth considering widening out who receives the information in future.

Question 4: I have found that the uptake of the Pharmacy delivery is not highly popular amongst the BME communities. I have informed some families that I am engaging with about the pickup and delivery service, as this will help families with a simple way of getting their medications. Is there information available to communities, in different languages, about the pickup and delivery services and how it works?

Answer: Pharmacies are not required to provide a delivery or collection service though many, if not most, choose to do so. It is therefore for individual pharmacies to make information available to their customers about whether and how this service is provided.

Question 5: A number of times the pharmacist has not been able to fill the repeat prescription with all the items – why is this? Surely if you know the items required for repeat prescriptions the pharmacist should have them in stock.

Answer: Pharmacies carry stocks of a wide range of medicines and they may not always have stocks of some medicines that are used infrequently. However, these can usually be ordered from wholesalers and delivered within 24 hours. However, recently a number of factors (relating to medicine manufacture, changes to patents etc) have come together with the result that there have been more shortages of supply generally than is usually the case. In these cases, patients will be offered a suitable alternative.

Question 6: Communication from hospital to GP to pharmacist needs to get better. A person was recently discharged from hospital and the prescription was not delivered to the pharmacist quickly; the person had to wait a number of days to pick up the prescription.

Answer: The sharing of information when someone has been in hospital has always been challenging, and it is recognised that delays can occur. We are currently working on a pilot programme under which once a patient has left hospital, information will be sent direct to their community pharmacy and the patient will be able to collect any new or changed medication timeously.

Presentation: Frank Munro (Lead Optometrist Glasgow City South)

Frank explained the optometrist role in helping to meet the demand for eye care services, particularly in the context of an increasingly ageing population and in order to relieve the pressure on hospital eye services.

This reflects developments already being experienced throughout the sector, including technological advances that enable new ways of delivering eye care. There are now increasing opportunities for some practitioners to provide certain diagnostic and eye health management services outwith hospitals, in order to effectively respond to changing patient need, particularly with regard to long-term eye conditions.

Optometry: Q and A

Question 1: I used to have a yearly check, however due to Covid this has not been possible and this is a worry as my family have a history of Glacoma.

Answer: During Covid there were restrictions on the patient groups we could see, and currently there is a backlog. However everyone over the age of forty is entitled to ask for a review especially those who have a family history of Glacoma related conditions.

Presentation: John O'Dowd (GP and Clinical Director, Glasgow City HSCP)

John highlighted some of the main challenges facing health and social care providers including: the ageing population with higher levels of chronic disease complications; cancers; growing levels of both financial and health inequality. He advised that the impact of COVID-19 will continue be felt over the next five to ten years.

There is a lack of experienced and suitably qualified practitioners with more doctors preferring to train and work in hospitals settings seeing specific types of problems, rather than working as generalists, seeing a wide range of problems. The problems being experienced in Glasgow are replicated throughout Scotland and require both national and local solutions.

Question 1: What do you see going forward for social prescribing?

Answer: John would like to see more social prescribing which is usually accessed through Link Workers and in partnership with Glasgow Life. However what we find is that after gym induction and a number of free sessions, the patient is asked to join the Glasgow Club and often people can't afford it or can't sustain attending the gym. John would like to see more community sustainable activities such as walking groups, community gardening etc as communities are probably better at this.

Comment: Alan MacGuinness advised that Lambhill Stables offers social prescribing activities and he has tried to link-in with GP's in his local area but trying to get the initial contact and buy in from patients is difficult and would like a voice in promoting social prescribing.

John Mc Dowd asked Alan to email him and in the chat box Joan McDonald (Health Improvement) also offered to follow up with Alan.

Question 2: Why have GPs stopped doing minor injury procedures?

Answer: GPs had done minor injury procedures previously but with the new GP contract, most practices cut back on doing minor injury work as it cut into surgery/consulting time. GPs refer minor injuries/procedures to hospital/out-patient services, but John advised that with the COVID-19 pandemic many of these referral are not being progressed.

Question 3: Seeing a GP face to face is much more preferable than telephone calls or sending photos. When are the GPs going to start seeing more patients face to face rather than a phone back?

Answer: Prior to the COVID-19 pandemic, many practices were offering telephone appointments and since the start of the pandemic, their use has increased, along with some video consultations. Throughout the pandemic, GPs and other health professionals have continued to see patients face to face where this is clinically necessary, and will continue to do so as recovery from the pandemic continues.

The use of telephone and video consulting has been vital to maintaining safety as practices would generally not have the space to maintain social distancing if most or all patients were attending in person. It is likely that there will continue to be higher numbers of telephone and video consultations in the future, and for many patients and many conditions, these are safe and convenient ways to consult, and crucially they reduce the chances of passing on COVID-19 to the most vulnerable patients that we see.

Individual practices will adapt their systems to ensure that they are providing appropriate and safe ways for their patients to consult them, but patients will always be seen face to face when this is clinically necessary.

Question 4: Patients are being asked to describe ailments, lumps and bumps over the phone which is unsatisfactory way of determining a health concern, or being asked to send photos or face time GP as a consultation. Many older people or those affected by learning disability or cognitive impairment etc don't have ability or own a smart phone or IT equipment. Participant worries that the lack of correct and speedy diagnosis will delay treatment or getting the right treatment.

Answer: As described in the response to the previous question, the use of telephone appointments has increased since the start of the COVID-19 pandemic, along with some video consultations. However, GPs and other health professionals have continued to see patients face to face where this is clinically necessary, and will continue to do so. Often, patients are asked questions before an appointment is made; this is done at the request of the GP and helps them to make a decision about the type of appointment needed.

In cases where patients have been able to send photographs, this has been extremely helpful to GPs. The information that is provided is confidential, and practices have been advised on the correct processes for including photographs within the patient's record.

Many patients are happy with the photo and telephone consultation arrangements, but we agree that it does not suit all problems or all patients. We would expect practices to be aware that some people will find the use of IT in this way to be difficult and that some people will not have the necessary equipment, and to ensure their systems enable all their patients to have an appropriate and timely consultation, so that issues are dealt with as promptly as possible.

Question 5: What arrangements are in place to ensure vulnerable patients are seen by an appropriate health professional? One participant described his experience with his GP service - waiting twenty minutes on the phone before getting through to the GP reception, no one available for four days and was frustrated just trying to get an appointment.

Answer: GP practices are expected to have arrangements in place to ensure that patients contacting them are seen appropriately. Following the peaks of the pandemic earlier in the year, practices have been reporting marked increases, typically by a quarter or a third, in the number of contacts they have from patients.

At the same time, as for many other organisations, practices have themselves been struggling with staff absences due to COVID-19 or the need to self-isolate, and have been working very hard to accommodate all those who are contacting them. We appreciate how difficult this time has been, and it has also been very frustrating for practices who always want to deliver the highest standard of care that is possible.

Question 6: We are told that you can complain to the Practice if they fail to meet contractual obligations but if you do not know what the practice contractual obligations are how do you know when to complain?

Answer: If you are not satisfied with the service that you have received from your practice, you can provide feedback to them or make a complaint. If you are not happy with their response you can complain to the Scottish Public Service Ombudsman.

Question 7: GPs are allowed three working days to sign a prescription if you call on a Friday sometimes you do not get your medication until the Wednesday.

Answer: Practices determine their own systems for providing repeat prescriptions safely and timeously. The process of requesting, printing, signing and relaying a prescription is not always simple or straightforward.

Patients do not always ask for their repeat medications, but for new medicines or ones they had many years ago. In these cases practices need to ask a GP to review the notes and the GP may want to speak to the patient before issuing a prescription.

In addition, pharmacies are working extremely hard and have seen similar increases in patients with minor ailments and big increases in prescription numbers, resulting in even more delay. Practices are doing their best to respond to the high demands that COVID-19 has generated.

Vaccination Programme Presentation

Ann Forsyth (Glasgow City HSCP Primary Care Programme Manager) provided information on the Vaccination Programme which continues to be rolled out across Greater Glasgow & Clyde Board area. More information can be found at: [NHSGGC : COVID Vaccinations](#)

Question 1: Maureen Hunter (Stroke Association) - not every GP Practice has a Link worker to work with patients with long term conditions and offer emotional and practical support. Many third sector organisations such as the Stroke Association offer both practical and emotional support. How do we get to GPs with this information?

Answer: Ann Forsyth asked Maureen to get in touch with her and she would distribute information to GPs and put it on Your Support, Your Way Glasgow and on HSCP website.

Question 2: There is the proposal of a joint flu and COVID-19 vaccination - how is this being communicated to the communities in their own languages? Is this information going to communities through local GPs? Are the flu and the Covid vaccination being combined into single dose or are they separate vaccination?

Answer: Flu and Covid vaccinations are now being provided at vaccination centres by NHS Greater Glasgow and Clyde rather than by individual GPs or practices. People eligible for one or both of the vaccines will receive a letter advising of their appointment, and the letter includes information about how to access information in other languages.

The vaccines are given separately and will be given on the same day if the Covid booster is due. There needs to be a six month gap between the person's second Covid jab and their booster jab. The NHS Greater Glasgow and Clyde team is working closely with local communities to be sure that people are aware of the vaccination programme and how they can access it.

Thanks and close

Ann brought the meeting to a close and thanked Alan, Frank and John for their presentations and participants for their contributions and questions. She hoped that everyone had learned more about the plans and future developments in Primary Care.

Everyone who attended today would receive the presentations, a full report of the engagement session and invitations to future sessions keeping them fully involved and informed about all future developments HSCP services.

