



## **Locality Engagement Forum**

### **GP, Pharmacy and Primary Care Mental Health Session (28/4/2022) Report**

On the 28<sup>th</sup> April 2022 Gary Dover Assistant Chief Officer, Primary Care and Early Intervention Glasgow City HSCP welcomed 26 attendees to the final of three Locality Engagement Forum's (LEF's) online Citywide Engagement Sessions. This session focused on Glasgow City Health and Social Care Partnership (HSCP) Primary Care Services priorities with presentations, along with an open discussion on supports and services in the community. The points raised through discussion, needs highlighted and concerns noted will contribute to the new Glasgow City HSCP Strategic Plan 2023, which is presently being reviewed and updated.

#### **Introduction**

Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention Glasgow City HSCP.

Gary explained that Primary Care services are provided by, among others, GPs, Dentists, Optometrists, District Nurses, Health Visitors and Physiotherapists. Within Primary Care our strategy is to enable these professionals to fulfil the role that they are uniquely qualified for and to maximise access for local people to ensure they get the right person at the right time and in the right place. Primary Care was often the first point of contact for most health concerns and 90% of health care episodes start and finish in primary and community care. Gary said that the HSCP wanted to involve patients, and service users in designing, developing and delivering health care services and today's discussion sessions will help us to achieve this goal.

#### **Presentation - General Practice in 2022.**

John O'Dowd, 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 and growing levels of both financial and health inequality. Covid is still a problem 3,194 cases known yesterday 1,529 people in hospital and 123 admissions with Covid yesterday. There has been a 70% rise in demand for GP appointments compared with 2019, this at a time when there are growing concerns about GP recruitment, early retirement and retention.



## Points/Questions

- Q. Participant waited 23 minutes for the GP phone to be answered.
- A. Some GP Practices have moved to a new private provider which allows patients to send messages securely to the GP. These will be answered by the GP. However it's recognised that not all patients can use this system because they don't have access to the internet, ability or equipment. Using the secure messaging service allows us to respond in a variety of ways – by text, phone consultation or a face to face appointment.
- Q. Recognise that there is a shortage of full time settled GPs but not a shortage of Locums GPs. There are GPs but not willing to commit to a particular practice or work full time.
- A. Locum GPs don't tend to work long hours and don't fill all the vacancies and gaps in GP Practices. It's also very difficult to attract Salaried, Partner or Associate Partner GPs. John advised that it's not about the money – it's to do with job satisfaction, long hours and the pressure of the job. It was noted that it took 10 years to recover services after the Spanish Flu so we are expecting a similar thing to occur post Covid.
- Q. Reception staff are not medically trained and they decide who gets to see a GP. Waited two weeks to get a phone back appointment
- A. Our administrative support staff are very well trained and have the skills to understand if an appointment is urgent or non-urgent. Many of our reception staff go on to be fully qualified as a Health Care Assistant
- Q. It took half an hour to get through on the phone and when I got through – there were no appointments left. Tried to get an appointment for 5 days in a row – very frustrating. Why can't you book an appointment in advance?
- A. Yes you can book an appointment in advance at many GP Practices. We have 'scheduled care', 'advanced scheduled care' and 'on the day care'.
- Q Attendee phoned GP again and again and again and still can't get an appointment with GP.
- A. In theory you should get a service within 48 hours – it may not always be the GP but a health care professional will contact you within 48 hours. It was acknowledged that not all GP Practices were making the 48hr target. John explained the difference between 'routine' appointments and 'urgent care' appointment which is the first available appointment. Some health care appointments start off on the phone but may escalate to a face to face appointment or a referral to a specialist service.
- Q. Attendee tried to speak to the GP but was unable to get a phone consultation. Then they wrote to the GP Practice but still can't get an appointment. My GP Practice has three part time partners – no-one is full time.

- A. You have done the right thing – try writing to the Practice Manager to get an appointment. John advised very few GP's work full time hours because of the stress and work pressures and agreed it was important to build a relationship with patients which helps tailor their treatment.

### **Presentation - Pharmacotherapy Services**

Andrew Beattie, Lead Clinical Pharmacist Glasgow City HSCP, NE

Andrew explained that Pharmacotherapy was the managing of acute and repeat prescriptions, and the use of serial prescribing delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. The focus will be on high-risk medicines and high-risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care is being delivered principally by pharmacists. This will help manage the demand within GP practices and developing a sustainable service. Andrew also spoke about the increased financial spending and staff resources that have been allocated in recent years that has led to expansion throughout the service.

### **Points and Questions**

- Q. Participant was recently looking for a 'hospital discharge letter' and was unable to get through to the GP. They were not aware that you could get the discharge letter from the Community Pharmacist
- A. Discharge letter is sent to the GP to a 'clinical mail box'. Community pharmacist can access the clinical portal which allows them to see if a patient has attended hospital/hospital appointment and check what is recommended so they can advise patients on medication. However printing out a hospital discharge letter would still be through the GP.
- Q. Some small pharmacists have no room for a consultation space and don't want to train to be a prescribing pharmacist
- A. You are right there is a cohort of pharmacists don't want to be independent prescribers, who can prescribe any medicine. We utilise patient group directions to allow all pharmacists to prescribe specific medicine for specific common clinical conditions such as cellulitis and urine infection. Unfortunately, not all shops/units will be able to expand premises to deliver clinics but the majority do have consulting space available.
- Q. For some conditions like complex/specific mental health conditions - GPs are at a loss as to what to prescribe the patients. Some drugs were deemed too addictive. Some would counter other drugs - this situation was picked up by my pharmacist and the GP had to prescribe another drug. Community pharmacists liaise regularly with GPs and GPs seek specialist guidance/advice from Pharmacists. The Centralise Medicine Information Service also is a useful resource.

Comment: Every GP should have access to a GP Pharmacy and patient should be able to get general medicine review.

- A. Participant advised to ask for a review of medicines.
- Q. Do most pharmacists offer a delivery service? Participant has had prescription delivered for 3 years and it is now stopping because of new parking restrictions at the Pharmacy shop. They raised it with the pharmacist but was advised the service was no longer offered. Could I change pharmacy to a pharmacist that delivers prescriptions?
- A. Yes you could change pharmacist. This is not an NHS funded service some pharmacist may charge for the delivery service and some provide it free. Contact details of this participants to be forwarded by Jamie Westwood.

### **Presentation - Mental Health Development in Primary Care**

Fiona Moss, Head of Health Improvement and Equality Glasgow City HSCP

Fiona began the presentation by describing the work of the National Primary Care and Mental Health working Group which recommended the establishment of Mental Health and Wellbeing in Primary Care Services, within areas served by a group of GP practices, providing assessments advice and support for people who require a mental health or wellbeing response. Fiona went on to explain how these services were now being delivered at a local level as of the Primary Care Improvement Plan with support from the third sector.

### **Points and Questions**

- Q. Last year during lockdown a participant was removed from a clinic service and the GP is not very knowledgeable about mental health support services, community support options or medicine they needed. They felt that the older adult was not a priority. Would like to know what services are available to support people with their specific condition and age.
- A. The demands on GP service are very high just now. We need to look at developing new services – working with people to find out needs and designing services and support to meet those needs so that things are easier for people affected by poor mental health. Support and services so people are able to move on, out of services and get on with their lives.  
  
Making it easier to move in and out of services would help people. Being able to access services when they need it.
- Q. Participant was on told it was a 12 week waiting list to access counselling/therapy but it is 10 months on the waiting list.
- A. Fiona advised that it is a 10 week waiting time for Lifelink services but other specialist mental health services/therapies may be longer. The Youth Health

Service is working closely with Children and Adolescence Service (CAMHS) to address service demands

- Q. Participant experienced poor mental health and found it difficult to find out what support and services are available. Not many services are self-referral and you have to be referred by a GP (can't get an appointment) or a 3<sup>rd</sup> sector organisation (which you may not have)
- A. We try to make navigating the information system as easy as possible and it's something we keep working on. Not all services have direct self-referral and this is a barrier – we need to improve information and access.

Gary assured contributors that individual feedback/contacts would be followed up and that the presentations would be circulated with the report of the session. Gary finished by thanking presenters and participants for their involvement and for their valuable contributions.