Haringey and Islington KONPs Deputation on GP Access to NCL JHOSC,

12 March 21

Haringey and Islington KONP are extremely concerned that the "temporary Covid GP Access policy" is becoming permanent policy in NCL and risks damaging health outcomes for vulnerable sectors of the population ie the elderly, the disabled, those with MH issues, people with Learning Difficulties and Autism, the BAME community and Migrants .

3 Issues for the JHOSC to consider:

- The clinical need for, and the right to face-to-face access to a GP/clinician
- That the policy of "digital first" is detrimental to the long term health and wellbeing of NCL residents, most particularly to vulnerable groups with protected characteristics, as defined by the Equality Act (2010)
- Problems of equity with GP access systems, now and in the future

KONP believe that this policy is not just a temporary Covid response but part of a permanent NHSE policy known as "digital first" under the NHS Long Term Plan. HKONP have twice raised concerns about this policy with NCL CCG since Nov 2020,

We now ask JHOSC to ensure NCL CCGs provide answers to each of the questions 1-7 set out at the end of this document.

Clinical Need for Face-to-Face Examination

We at KONP believe people have a "right "to face-to-face treatment, as the NHS constitution clearly states, i.e.

"You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences." (1)

If face-to-face appointments are reserved largely for the elderly or the digitally illiterate, this will compromise safe healthcare for large numbers of other patients. CCGs know that good clinicians often gather diagnostic clues from a patient's movements, skin tone, and speech patterns etc., which are not visible on a computer screen or via a phone. In addition, people of all ages whether vulnerable or not - particularly non-native English speakers – can find the digital interface makes it more difficult to speak openly to medical personnel. This all means that some important diagnostic clues are likely to be missed during online and telephone consultations.

Patient-GP rapport which is more easily established by face-to-face consultation and helps patients speak in confidence on sensitive subjects, for example, concerning mental health issues. Also importantly, a good doctor-patient rapport encourages treatment compliance.

The BMA has warned that doctors "[feel] that a greater use of … technology....could potentially be detrimental to some patients who require face to face appointments." (In September 2020, (2)

And furthermore, recent research published in the BMJ “reveals that increased continuity of care by doctors is associated with lower mortality rates” because at traditional face-to-face appointments, doctors can observe changes in their patients over time. BMJ ref..... (3).

.So KONP believe that this policy is a switch from a genuine widening of choice for clinicians and patients, to “digital first “will have long term costs for health outcomes and the wellbeing for patients of NCL

Health Inequalities Impact on vulnerable populations of “ digital first “access

This is an issue for significant minority groups, such as people with mental health issues, LD, the BAME community and migrants.

Although digital access to a GP undoubtedly suits some people - those with simple medical conditions who need a straightforward fix for an easily diagnosable problem and who are comfortable with using digital technology, we believe that for others this prioritising digital will reduce access.

Clearly not all patients, or their medical conditions, fit into simple categories. For example, elders - who as a group have the greatest health needs - are much less likely to be able to use digital technology to access their GP. Unequal access is already recognised as a prime cause of health inequality across different population groups.

KONP therefore asks that qualitative research be undertaken to determine if “digital first” creates a barrier to timely access to healthcare for patients. Bear in mind that late presentation and diagnosis tends to mean greater medical intervention is needed, and lead to worse health outcomes.

A lack of access of high-tech coincides with higher rates of poverty across all age groups. This is exacerbated within BAME communities where English is not the mother tongue, as well as in more insular or distinct groups, such as the Hasidic Jewish community, where the majority of households do not have a TV, smartphone or Internet at home (Jewish Post, 6/10/20).

KONP press the CCG to describe what action they are taking to assist the above groups to access primary care so that treatment is “appropriate ...and reflects their preferences”

Addressing digital exclusion- sources of support for digital access

Many people in the protected groups have relatives or friends who can help and support them to access their GP via digital technology. But it is not safe to assume that everyone is happy to speak openly about their health concerns in front of others, or that family or friends are necessarily benign.

For people who don’t have someone to help them navigate the internet, charities and local libraries (when they are open) are expected to provide access and to help people master the necessary technology. And we are aware of Public Voices project in training elders in digital technology –see later

Designing a system of access which depends on charity/PV to enable certain people to access health care goes against the NHS founding principle of appropriate care for all individuals at the point of need.

Discrimination/Health Impact Assessment of "digital first"

KONP do not believe the health inequalities of these protected groups have been addressed fully by the CCG**.**

We welcome the CCG doing a Health Impact Assessment for the elderly and people with LD but assessment must cover all protected/vulnerable groups.

Furthermore, NCL CCGs must be able to demonstrate that their policy of "digital first" will not discriminate against any group which has limited access to/facility with, the necessary technology, or people who are not fluent in English. Again this refers to the protected groups identified in the Equality Act (2010).

How will the detrimental effects will be addressed as they arise, because the health of vulnerable people is at stake here?

Because of existing social inequality KONP need written assurance that differential access to health care particularly across vulnerable groups will be closely monitored to ascertain any detrimental effects on long-term health outcomes and trends in death rates.

Monitoring is therefore necessary to ascertain that everyone who needs health care is indeed able to access their GP in the way that suits their capacities and their needs, as well as respects their privacy.

When and how will NCL CCGs publicise their findings?

Joint Initiative with Whittington Health North Middx and Barnet and Enfield and Haringey MHT on Digital Access

This pilot is "to understand how we can better support patients to access NHS services digitally and to help inform future commissioning approaches."(Rachel Lissauer CCG 14/1/21)

KONP therefore asks what analysis will be done of the needs of different vulnerable groups for face-to-face appointments and how will these needs be addressed? Have these Hospital Trusts contacted local authority/voluntary organisations which support the different groups for advice?

KONP suggest that in-depth monitoring of the "digital first" pilot study must demonstrate that sufficient time is allocated for face-to-face GP appointments. People who are ill must not be forced to wait a long time for an appointment, and potentially suffer worse health outcomes as a result.

When will a report into this be available?

Access to GPs Now: face-to-face/ telephone/e-Consult

We understand that in January 2021 the level of face-to-face access was 20/40% in Haringey. One HKONP member found themselves 14th in a phone queue and waited 48 minutes for an answer. This raises the question, what is the current availability of a) face-to-face and b) telephone appointments per head of population across NCL boroughs?

The problem of waiting a long time to get through to a GP/practice nurse will be prohibitively expensive for poorer people who tend to use a pay-as-you-go phone. How many patients cannot afford the time or money to wait this long on the phone?

How will CCGs enable these people to have *equitable* access to GP appointments?

Use of Public Voice volunteers in Haringey

We acknowledge the work the CCG is doing in Haringey via Public Voice to help people to gain digital access to primary care This input makes it appear that the “digital first” policy is to be permanent. Though

We have concerns with PVs project

- how this is being publicised? How will the CCG know they have adequately supported everyone in Haringey who needs assistance?
- Privacy - the presence of a ‘volunteer’ for what should be a private interaction may feel intrusive and insensitive.
- Issuing mobile phones and laptops in public libraries raises the question of privacy and confidentiality and whether people can successfully connect with GPs

A report on the efficiency and effectiveness of Public Voice project in reaching digitally excluded groups is needed. When will this be available?

Using e-consult

This system of access seems problematic .To be entitled to book online appointments is a big hurdle and one member of HKONP - with a good level of computer literacy - reports being unable to navigate e-consult, which indicates the programme’s poor design is a barrier to access.

At least a dedicated helpline is needed to offer support and, if that fails, patients must be allowed to contact the GP surgery directly. We understand from the CCGs engagement, only 14% of Haringey residents said they would use e-consult.

. What will be done to ensure e-consult is not overly complex and the lack of support addressed, if patients are to rely on e-Consult?

HKONP and IKONP have the following questions for the JHOSC:

1/ Can JHOSC seek assurances from NCL CCGs that face-to-face GP appointments will be reintroduced as the norm post lockdown?

2/ Will the CCG acknowledge patients' right to face-to-face appointments for both primary and secondary care post lockdown, and publicise this at every GP surgery and on their website?

3/ when will the results of the Health Impact assessment be available and will it cover all protected groups and include the elderly, disabled people, people with MH issues, people with LD and Autism, the BAME community, migrants and victims of domestic abuse?

4/ what action is the CCG taking to avoid any potential discrimination resulting from this policy on the above groups?

5/ How will NCL CCGs make sure that isolated, vulnerable people/elders who are digitally excluded will not disproportionately suffer if they cannot contact their GP by telephone in a timely manner?

6/ how will CCGs deal with problems of access to GPs now, and in using e-Consult?

7/ How will Haringey CCG address the privacy concerns raised by the use of Public Voice volunteers and/or public libraries as access points in Haringey?

8/ CCG to give more details Initiative on digital access from Whittington etc.

9/ What are the numbers of face to face appointments available now in NCL ?

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References

1/ NHS Constitution -"Access to health services" https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#patients-and-the-public-your-rights-and-the-nhs-pledges-to-you

2/ BMA https://www.bma.org.uk/bma-media-centre/evidence-on-digital-appointments-needs-scrutiny-says-bma-as-government-instructs-more-to-use-the-technology-in-the-nhs

3 BMJ https://bmjopen.bmj.com/content/8/6/e021161