

# Lambeth Together Care Partnership Board Public Forum

Thursday 9 May 2024



## Question 1 from Jane Mandlik, SELSON:

For over a year, SELSON (South East London Save Our NHS) have been trying to get the SEL Integrated Care Board/Integrated Care Partnership (ICB/ICP) to publish monitoring data for the South East London Pathology Network contract. This has been refused, based on commercial confidentiality. In the meantime, we have been approached by workers in the primary care sector who are very concerned about the poor quality of service delivered by the contract.

Are you confident that Lambeth residents are receiving a good quality pathology service and if so, what is the basis for your confidence?



## Answer to Question 1

*Gladys Lawson, MD for Pathology, Guys and St Thomas' NHS Foundation Trust*

Having spoken to colleagues in the Pathology department, there is some confusion as to why the data could not be shared. We have reviewed the contract, and we are able to share information but because we are in the middle of a transformation process, moving GPs into a hub for example, they have advised it would be better shared once the process is complete, within the next 2-3 months and when there is a baseline in place.

We want to be able to give accurate data, not data that may change a few weeks later. My role is to ensure that we share this information with the public and with the Trust and that it is accurate.

I will speak to the ICB Colleagues as to why the data has not been shared previously. The turnaround times are usually 24 hours so I will need to get further clarification on that.



## Question 2 from Maureen Simpson and Nicola Kingston:

We have been told that you will have an update about the sharp digital divide we have witnessed, caused by the way patients access blood tests from Synnovis via Swiftqueue. We are interested to hear what progress has been made, as a result of Dr Jenny Parker, the Clinical Director of our Brixton and Clapham Park Primary Care Network (PCN) being in touch with Dr Di Aitken?

Our recommendations are that:

1. Synnovis change the system to allow space so that every site enables at least one walk in patient per hour - assessed on the basis of need.
2. That staff are instructed by their management that they should help patients book a blood test, until walk ins are made available, and that they should not tell them to return to their surgeries.
3. That staff are instructed immediately to record all patients who are turned away, with a record which enables equality impact to be assessed.
4. That surgeries are funded to carry out blood tests for patients who are not happy to book their own digital appointments.

***Adds: Maureen visited St Thomas this month, and Nicola visited Gracefield Gardens yesterday, they report seeing staff turning patients away if they do not have a correct digital booking. Maureen and Nicola have asked this question at previous Public Forums. They wish to know where there is accountability for the negative equality impact of this system. From a discussion at the Brixton and Clapham Park PCN Patient Group, they understand that Dr Aitken will have an update. They consider that Sarah Austin's (from GSTT) earlier response is incorrect, there is no instant access solution, and that the answer does not lie with getting a telephone system working.***

## Answer to Question 2

*Dr Di Aitken, Co-Chair*

There has been considerable correspondence between GP Leads about this matter. Penelope Jarrett, our Board member who is also Chair of the Local Medical Committee, has written that this is very concerning as GP Practices were assured when the system was introduced, that a percentage of appointments would be kept back for those unable to use the online system or who require an urgent test.

I would be happy to work with Gladys Lawson from GSTT on this matter further. Maureen touched on the impact this has on general practice and this is a high-volume service where there are already struggles with demand. Please keep the examples coming in.

*Alice Jarvis, Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust (GSTT)*

We are hearing what you are saying and the specific examples you have given. Gladys will explain in more detail the steps that Synnovis have put in place, but what we are hearing is that there is still more work to do.



## Answer to Question 2 cont.

Gladys Lawson, MD for Pathology, GSTT

Having spoken to one of the Directors at Synnovis about this, their response was the issue was with patients who did not have a request form. Understanding that this is not the case from you today, I will be going back to them with these specific examples as they assured me this was only concerning patients who did not have a request form and were not aware of what tests were required.

Synnovis have said that they do have slots that they keep back for walk-ins. But now I have your examples, I will go back to them and tell them this is clearly not the case, and we need to monitor this. I will be asking for an audit to be completed, with reasons behind why a patient is turned away each time.

Also, the poster and signage in use at Phlebotomy should say that if you do not have a form, you will still be seen. They have this at St Thomas' Hospital, and I have asked whether is at all the other sites so that is something else I will take away and investigate.

I will link with Nicola, Maureen and George to capture all information.



## Question 3 from Deniece Campbell

I am an unpaid carer and a patient participation group member of Vassal Medical Centre and a volunteer social prescriber. I was also a carer that took part in the Race Equality Foundation report on access to healthcare for ethnic minorities with a learning disability. I spoke at a previous Care Partnership board last year to highlight the lack of awareness and promotion of the annual health checks for learning disabled people in Lambeth. For example, in my practice, patient carers are not aware that there is a learning disabled register for the people that they care for.

I wanted an update on how Lambeth ICB [sic] is going to ensure that GP practices promote the awareness of their register.

I also wanted to know if learning disabilities will be a feature at the upcoming Lambeth Inspire event.



## Answer to Question 3

Jane Bowie, Director of Integrated Commissioning (Adults)

This has been a focus area for Lambeth, working across the ICB 9NHS South East London Integrated Care Board) and with our colleagues in primary care networks (PCNs) to ensure that people are aware of the health check for people who are on the register, but most importantly what the value of the health check is as well.

Helen Bolger, Lead Commissioner

GP practices have put in place several different methods and ways of communicating with patients to invite those who are eligible for an annual health check.

From a numbers point of view, the uptake across Lambeth is very positive with a target set of 75% health checks to be completed. Last financial year, Lambeth achieved 83%, with more people eligible and more people taking up the health check than ever before. We are aware that there are a number who don't receive their health checks, and there are activities ongoing such as, for example, engagement with the Lambeth Learning Disability Assembly, communication at a South East London level that includes a Big Health Week every year with an element of promotion of the annual health check, etc. but there is always scope to improve.





## Answer to Question 3 cont.

Mairead Healy, Healthwatch Lambeth

Healthwatch completed some work in 2021 on behalf of the Council, which looked at the experiences of people with learning disabilities around the uptake of vaccinations and annual health checks. A lot of the outcomes correlate to the report, such as information around understanding why the checks were needed and being unclear about their entitlements. What we found vital was the support around the patient.

We host the Lambeth Learning Disability Assembly, and we would be happy to speak to them about a further piece of work around this.

George Verghese, GP, PCN Clinical Director

This is an area that Lambeth is taking very seriously and with a target of 83.1% for all people eligible for a learning disabilities health check to have one completed, is no mean feat.

Regarding Deniece's point about carers being aware, I feel that is an area we can work on going forward. We don't publicise it as a learning disability health check, we call it an annual physical health check as we don't want to stigmatise people around learning disabilities, but that may be something to think about.



## Answer to Question 3 cont.

Jane Bowie, Director of Integrated Commissioning (Adults)

Please let us know if you have any ideas or suggestions, we would like to work with you, to make services as accessible for people as we can.

Dr Di Aitken, Co-Chair

The Lambeth Inspire Event has yet to confirm its attendees, however learning disabilities is on the list, and I will speak to my colleague in Public Health who is taking the lead, and I will link with them. I have previously taken this back to the strategy group also.



## Question 4 from Odilon Couzin:

Indoor Air Quality (IAQ): Most of us spend 80% or more of our time indoors, but it seems IAQ is not on the health and care radar. I have been asking this in the context of schools, but it also applies to public buildings, offices, etc. There is no debate about the impact of air pollution. I cannot understand why it is shunted over to Public Health and basically ignored by everyone else.



## Answer to Question 4

Andrew McCabe, Climate Change and Sustainability Project Office, Lambeth

On indoor air quality we are:

Encouraging schools to participate in the Schools Air Quality Monitoring for Health and Education project that provides indoor air quality monitors to schools and connecting them with Retrofit Action or Tomorrow who will support the schools to keep collecting air quality data after the project has completed.

- Businesses have a legal obligation to ‘ensure that every enclosed workplace is ventilated by a sufficient quantity of fresh or purified air’ and the council’s Food, Health and Safety Team can provide advice to employers to on health and safety in the workplace and investigate complaints about safety or environmental nuisance in the workplace.
- The Council is working to decarbonise both our residential estate and our housing stock. As part of that work we are removing gas boilers and gas hobs, which eliminates a significant source of indoor nitrogen dioxide.
- The Council carries out a significant amount of work on smoking cessation, which can be a major source of indoor air pollution in homes.
- The Council has carried out a communications campaign targeting homes in the private rented sector with the lowest energy performance, to advise them on the support available to tackle damp and mould.
- The Council’s housing team have committed to use water-based paints for indoor refurbishments on Council housing estates, and audit materials used for refurbishment for potential negative indoor air quality impacts, reducing exposure to formaldehyde and other toxins wherever possible.



## Question 5 from Odilon Couzin:

Naloxone (for overdose reversal): I have done an informal survey of my local police and none of them have even heard of Naloxone, let alone been trained to use it. Rather than wait for the glacial movement of policy, can Lambeth take the lead and offer training and Naloxone to our local police and other first responders?



## Answer to Question 5

Dr Ese Iyasere, Lambeth Council Public Health:

We are actively collaborating with partners and stakeholders to implement a comprehensive substance misuse programme focused on prevention and harm reduction. As part of our efforts, we have engaged in discussions with the Police through our Combatting Drugs Partnership.

Following a thorough examination of demand data, the Police have concluded that equipping Metropolitan Police officers with Naloxone is currently unnecessary. Their analysis indicates that instances where Naloxone would be needed are infrequent among police encounters. Instead, the London Ambulance Service (LAS) typically takes the lead in responding to situations requiring Naloxone intervention.

However, there is a proactive provision of Naloxone within Metropolitan Police custody suites. This measure ensures that individuals under police custody receive appropriate medical attention in the event of opioid-related emergencies.

Our engagement with the Police regarding the carriage and administration of Naloxone will continue as we strive to enhance our response to substance misuse issues.



## Answer to Question 5 cont.

Additionally, members of the Lambeth Service User Council, a component of the Lambeth Addiction Consortium comprising individuals with lived experience, are trained to administer Naloxone. Furthermore, we have facilitated harm minimisation training, including Naloxone usage, for frontline officers in Community Safety and Resilience. This training aims to contribute to the "Making Every Contact Count" (MECC) initiative and enhance the referral process to treatment services. The training initiative remains ongoing.

We are committed to maintaining these collaborative efforts to address substance misuse effectively and ensure the safety and well-being of our communities.

