healthwatch Croydon

Meet the changemakers… and get involved

Ear, Nose and Throat

Questions and answers

Tuesday 13 March 2018 18.00-20.30

Jurys Inn, Wellesley Road, Croydon

In association with

One Croydon
Your Health and Care partnership

NHS Croydon Clinical Commissioning Group

Facilitator - Gordon Kay, Healthwatch Croydon
Commissioner - Paul Cooper, Commissioner for Ear Nose and Throat
Clinical Lead - Dr Shahab Karim

SESSION 1

Paul: Currently if you have hearing loss and over 60, you can go to audiology. If you're under 60 you go to an Ear Nose and Throat (ENT) service at the hospital or community service. Over 60 can have a direct referral but under 60s currently can't. Not sure that anyone was led. It was a discussed in the steering group that this is not an ideal pathway. There shouldn't be this age determination. Hearing loss is becoming more prevalent at ages under 60 so there shouldn't be this difference in treatment.

Clinicians felt that people with hearing loss who were traditionally triaged to an ENT specialist could also go to audiology directly, who could request imaging if it was required. This is trying to solve the problem that patients with hearing loss would go to a community service or secondary care ENT before going to audiology, and in 95% of cases they wouldn't have needed to see an ENT specialist. It would be an unnecessary extra step that increases their waiting time and meant that their details and history were being handed between providers unnecessarily.

This would help to streamline the pathway and have potentially better results. While waiting to see a specialist, patients could have a prescription such as a hearing aid. In South London, the ENT resource is stretched, the waiting time is long, and there aren't enough doctors to do the work. Making best use of clinicians' time and resources is paramount, and this solution also addresses that issue.

Shahab: We're changing the urgent services too. If you go to the GP with an urgent condition you must wait for a few weeks for referral, or you get referred to St George's in Tooting, which is outside the borough. We want to have urgent services available in Croydon for people with an urgent condition. We're bringing that capacity within the intermediate services within GP services, of which there are 3 in the borough. You can go to your GP, and they can refer you urgently to these clinics.

Croydon resident 1 (also a pharmacist): Will the intermediate services which currently exist for under 60s now go to St George's? It sounds like a good idea which will relieve pressure.

Shahab: Sometimes they are referred to an audiologist, get sent to the GP, and then have to go back to the audiologist. It wastes time. We're improving audiology services too, to be able to perform assessment without sending you back to the GP. The audiologist can request scanning and anything abnormal can be picked up, and only then do they get referred to the ENT consultant if they need to. That relieves pressure on consultants, so they can deal with urgent cases.

Croydon resident 2: Do you know the timespan for the transfer from St George's to Croydon to come into effect?

Paul: The commissioning of the urgent service is currently in negotiation, and we hope that it will be in place by 1st April.

Shahab: It's in the final stages. We've agreed that the intermediate service will provide it and that it has the capacity to do so. We're preparing an information leaflet to be circulated to GPs so they know about the referral process.

Croydon resident 2: Shirley has a hub that will be in operation. Are they involved in these services? Will they have anything like a rehab centre attached?

Paul: The locations are selected by the provider, currently Communitas.

Gordon: How do they select it?

Paul: We will re-procure the service. That will be one of our questions for bidders.

Croydon resident 1 (also a pharmacist): You have three centres and six networks in Croydon. So only three are covered.

Shahab: It depends on the size of the surgery and whether they have space. If they have more patients, they have more clinics. They might have rooms to run clinics, but they might not be able to give space to ENT clinics. There are a lot of limiting factors.

Gordon: Is the focus on GP surgeries who are specialists?

Shahab: The GP surgery will just be hosting them. The intermediate services have their own specialist ENT consultant.

Croydon resident 2: It's all about where you're located. How do we make sure it's not just about who you know that determines whether you get treated?

Paul: We're planning communications to be sent to GPs so they know it exists around Croydon and can refer people.

Shahab: There are 6 networks, but we can't have 6 different ENT clinics.

Croydon resident 21: You need to balance it.

Croydon resident 3 (also a pharmacist): A lot of patients would go to the pharmacy before using this service. Pharmacies are not being trained to do ENT examinations. As a commissioner you're missing a big group of people who are seeing the highest footfall in Croydon. It's not GPs, it's pharmacies.

Croydon resident 2: As a patient, I had a cold once and went to this pharmacy which was really good. I spoke to the pharmacy and they made something up for me to have. She gave me a leaflet, but I didn't have the need for that at the time. There are a lot of people doing really great things.

Croydon resident 1 (also a pharmacist): It's about supply and demand. In the past there hasn't been that kind of service available. If the need is there it's about getting services in the localities. There's a private service at the moment.

Paul: How much do you charge for irrigation?

Croydon resident 3 (also a pharmacist): £50-80. It's £250 in a hospital.

Paul: We don't pay £250 or anywhere near that amount.

Croydon resident 3 (also a pharmacist): If a person comes in and presents issues, as a pharmacist I should know who I can refer them to. By the time the patient gets to the service, it has taken so much time already. It would save time to have them directly referred from the pharmacy.

Croydon resident 1 (also a pharmacist): It would work if the NHS services allow us to do that. For bowel cancer we had a service where we could refer them under the protocol. If we saw the symptoms we can tell the patients where to go directly, rather than going through the GP. There's always a cost involved, but that would have escalated, and the patient might not have got the treatment in time. If we work under the protocol, we can know when to refer and where.

Paul: Does that depend on the size of the pharmacy?

Croydon resident 1 (also a pharmacist): No. They all have at least one consultation room. We do things like asthma inhaler techniques, blood pressure testing, and so on.

Croydon resident 3 (also a pharmacist): I did that pharmacist service mentioned in the video. It could be something very simple that would save the referral process.

Croydon resident 1 (also a pharmacist): This is about the different practices working together for the good of the patient. Pharmacies are a big part of the service that is being ignored. Patients walk into the pharmacist all the time.

Gordon: They might do that before going to the doctor. Is there no referral process at the moment?

Croydon resident 1 (also a pharmacist): It's a missed opportunity. You can triage them as soon as they walk into the pharmacy if you know where to refer them based on their condition. Through the 111 service, less than 1% are referred to pharmacies while more can be.

Croydon resident 2: It's about building relationships with the pharmacies. You go there for paracetamol and things like that. I go to the pharmacy to have my flu injection every October. My doctor doesn't like it, but he has too much of a waiting list.

Croydon resident 1 (also a pharmacist): We could do that as well as other services. It's a way of getting patients through the system quicker. If we know the symptoms we can do the referral.

Croydon resident 1 (also a pharmacist): I like the point that it shouldn't be different services for over and under 60. It should be the same for all ages.

Croydon resident 2: I would still prefer to stick to 65 and over. It's wider, but there is a duty to the 65-year-olds.

Gordon: Any more questions?

Croydon resident 1 (also a pharmacist): I presume one of the reasons for the intermediate at first was the cost. Does it make a difference now that more money goes to the second tier?

Paul: There is potentially a lower cost, because you're using an audiologist rather than an ENT specialist or a GP-led service. You have the right level of qualification and the specialist for the right condition.

Croydon resident 2: I like the way you're moving from St George's to Croydon University.

Croydon resident 1 (also a pharmacist): You've got our support on that one.

SESSION 2

Shahab: The current system is separated into two age brackets, the over 60s and the under 60's. With people now being affected by hearing loss at a younger age due to everyday life, it is being planned to put everyone through one pathway for hearing aids and assessment services. Under the current system, the process from checking to diagnosis to treatment is too long as it transitions through too many departments. Under new plans the audiologist will have the ability to order scans, MRIs, offer micro suctioning by nurses and other minor treatments minimalising referrals for non-emergent cases. This would limit waiting lists and speed up treatment by halving the waiting time. For this to happen, the audiologist will need new training to adapt to their new responsibilities. Micro suctioning will be a more available option however, ultimately it will be the GP's choice.

There will also be a change to Urgent Care Unit services. The current system sends all urgent cases to St. Georges Hospital Tooting, plans are in their final stages of talks to open the service at Croydon University Hospital unless they are complex issues which will continue to be sent to St. Georges. With this in place, patients should be seen within 72-hour to meet the target.

Croydon resident 3: What about everyone else?

Paul: Croydon is the limiting factor with space, this will need to be considered when putting the urgent care in place.

Croydon resident 3: Is there a home base service?

Paul: No, there is currently no home base serve nor is there plans for a home base service. However, there is an outreach service run by a community charity called the Croydon Hearing Resource Centre.

Croydon resident 3: Do you campaign for hearing health?

Paul: we are a part of the Together for Health Campaign in Croydon which believes in prevention and shared values. There are apps available for smart phones for Tinnitus and screening for people to be on top of their own hearing health.