

Questions from the Chat from Patient Zoom meeting 12.5.22

(answers from Dr Alan Selwyn in blue)

18:43:21 From Jitu : Please advise how would we know for the 4th booster jab is due for us. Would be advised by the surgery or NHS? Thanks **You should be called up by the NHS but if not can book using the NHS online service from NHS.UK Eligibility: aged 75 years old or over aged 12 years old or over with a weakened immune system. People are advised to wait 6 months since their previous dose to get maximum protection from a spring booster but can book from 3m after.**

18:46:25 From Jitu : The surgery has had quiet a few new good doctors but how come they don't stay long enough? **We discussed this in the meeting**

18:47:08 From Hemen : When can we ask for face to face appointments? **We discussed this in the meeting -if you feel you really need a F2F meeting, let us know and we'll try and oblige depending on the circumstances.**

18:47:18 From Hemen : Econsult is not helpful and just doesn't work **We discussed this in the meeting -maybe we'll be changing to a better system – watch this space!**

18:49:05 From Farzana: when we ask for appointments they don't give it quickly and they don't give face to face **We discussed this in the meeting**

18:49:32 From Pamela : Will the online referral system continue as it does not benefit patients in giving a good picture of their illness. **We discussed this in the meeting – probably for the time being at least. Generally we do get a fairly good idea of a patient's needs though we know it certainly doesn't suit everyone and we do also offer telephone as a first contact (which is,of course how many used to book their appointments anyway).**

18:50:25 From Maha : econsult hasnt worked for me some time you cant even find the symptoms or what you need to talk about. **We agree it can be difficult – maybe we'll be changing system soon.**

18:51:16 From Harbir: What happened to the health reviews after blood test & other checks & tests ,,& a review was sent & posted in your online health records?? **We discussed this in the received questions in the meeting**

18:52:37 From Apurva : econsult should be better done with patient given a single form to submit as the current system takes a long time to report the problem and consume lot of time when someone is sick **We are in agreement and maybe will be changing to a quicker system**

18:52:52 From Pamela: There is a long wait and time consuming in getting through to the surgery, what improvements will be put in place **We do apologise for the delays which we agree are not acceptable as we discussed this in the meeting. We're working towards solving this.**

18:53:03 From Maha : its hasnt been helpful this econsult. not enough space to explain so it would been easy to pick the call and have chat. you dont have internet access to **It's certainly not ideal**

18:53:27 From Hemen : We do not want Econsult, I might as well use online service and there is no need for a local surgery **We hope we still know each other, hold your complete medical record and benefit from knowledge of local services. We agree we have lost something of the personal touch during this pandemic and hope to recover it as resources allow. Many people do like econsult but we appreciate that many don't. We hope we strike the right balance in the future.**

18:54:05 From Don : It seems a poor return for all the money we pay to the NHS in taxes, when we can't even access a doctor. Where is all our money going? You need to ask the Health Secretary and the Chancellor of the Exchequer! It is well recognised that our NHS is very poorly funded compared to most comparative countries and this funding has been eroded over the past few years with disproportionate lack of spending in primary care. There has been wastage in wrongly thought out schemes, big headline projects, constant reorganisation and so on but it largely comes down to political decisions over how the country spends its money.

18:54:27 From Bina : personally I have had a fantastic experience using econsult on several occasions the best one being when I had shingles and managed to get treatment within the correct timeframe. all via consult and phone and a prescription delivered straight to pharmacy. Understand it doesn't suit everyone though. Thank you for some positive feedback! Many people do like the system and it suits many lifestyles or needs and does allow us to prioritise and deliver very quick results for those in need.

18:54:33 From Maha : when your not well you do not want to be fiddling and filling econsult it's annoying but helpful at all Sorry about this – some find it good, others not.

18:55:13 From Elizabeth: I understand your difficulties, but sometimes patients are sent to A&E unnecessarily thus giving A&E the problems and putting great stress on the hospitals. We do agree: econsult has many safety features built in and they are often set at a rather low threshold for safety (it has been proven to be an extremely safe system) and some patients are definitely given the wrong advice. If we do end up with another system we hope this can be improved.

18:56:18 From Maha : dr abas has been very helpful when I needed help. Thank you – many people do appreciate Dr Abbas's kind help.

18:56:21 From Pamela: When messages are left for Doctors to call, they do not respond for days if at all. I'm sorry if there are delays – sometimes less urgent messages might need pushing back depending on priorities and some doctors don't work on some days so may not always be able to answer quickly. Anything urgent will always be dealt with promptly and receptionists will help if there are problems.

18:56:44 From Jitu : On line econsult is very cumbersome & pretty difficult for patients to take pictures of their problems & sent to Surgery This is very TIME CONSUMING. This system affects many elderly patients. Surgery should look at this issues? Please look into this. Yes, as we discussed in the meeting

18:56:50 From Apurva : Is booking blood test H1bAC for diabetes available through the app no- we'd like to but tests like this need authorising first as they are dependant on clinical need – some people may need them more often, others maybe only once a year so we have to decide. If you request via econsult we look at your record and can add a test request to your record if due and ask you to book an appointment. Booking the actual appointment time online can be made active but we are concerned people may book appointments without a test being authorised first.

18:57:51 From Hemen : What is wrong with just booking a face to face appointment with a doctor and turn up to the surgery? We discussed the reasons during the meeting

18:57:54 From Maha : taking pictures do t usually work and it doesnt really show the issue if it did I would have sorted my problem I'm sorry to hear this. Often we find a picture very helpful .Sometimes may need to ask for a clearer one or from a different angle.

18:58:10 From Hemen : People usually only come to surgery when they have issues, not for fun We do understand that! However many people do wait to come to the surgery

for an appointment when a quick call on the phone or econsult would have sorted the problem quickly on the same day. It's all about knowing what the patient needs and offering the best response

18:58:43 From Apurva : Everyone is working normal now but only service I see not working is GP surgery I don't think this is true – many businesses have closed or are working reduced hours due to staff shortages and economic factors. The high streets may never fully recover. Many offices are empty as people continue to work from home. The pandemic has hit everyone and in fact many of the changes in the health service, with more online access were in the NHS plans and have been merely accelerated. We have had staff shortages and financial restrictions for a long time and the pandemic has probably just accelerated the changes that were already happening to make the service more responsive to the changing environment and incorporating modern ideas and technology.

18:59:43 From Hemen : That is so true, why are GPs not going back to normal? We discussed this during the meeting

19:00:06 From Maha : some off the info should be removed on the econsult also where you have to rate your pain and if you dare to put 6 it goes straight red zone call 999. I should be able to rate something without getting logged out of it. We agree- it is repetitive and sometimes unhelpful by setting too low a bar for reasons of safety.

19:00:13 From Hemen : Can patients have a say on whether we want online Econsult type system or not? There has been a substantial consultation exercise across NW London and actually we had more responses from this practice than any in the region – well done to our patients! Econsult would never be compulsory – it is an aid to quick access to medical advice and help from our surgery and the telephone is the other main option.

19:00:44 From Farzana sultan : in a econsult form, they ask lots of questions so you should make it small We agree – see previous responses

19:01:00 From Kibru : many of us have now gone back to work, 'living with Covid'. we must be able to access our doctors. an online system is not good enough to determine a problem I may be having. We are currently living with this cycle of Covid. We are having to be cautious – this pandemic has not gone away. We need to keep our options open – we may well have a more virulent variant in the future months and need to be able to adapt our service again as we did during the first and second waves. At least we don't currently have a total population isolation as in Shanghai but who knows what might happen in the future? Certainly there will be another pandemic at some stage.

19:01:19 From Maha : if Gps are vaccinated why are they getting ill. that means it's not working so what is the point in wasting time and money to vaccinate others. The vaccines can only provide so much protection. They saved millions of lives worldwide during the first couple of waves and shortened the illness and made it much milder for many, kept thousands out of hospital, probably saved complete NHS breakdown and continue to have a useful effect. They were not designed to work with the current variants and the virus always has the potential to outwit the vaccines as they evolve very rapidly.

19:02:36 From Maha : why can't we just speak to drs directly instead of filling econsult if they have to call you anyway. time wasting. We discussed this during the meeting

19:02:37 From Hemen : We want GP surgery to go back to normal, face to face appointments Many of us would like this We discussed this during the meeting

19:02:41 From Jitu : Too many repetitive questions are asked on the econsult. The form should be Simplified. Thanks We agree – see previous answers

19:03:09 From Maha : jitu I agree with your question

19:04:07 From Hemen : But surgery still recovers the same money for each patient from the government, so why is the supply and demand a problem? [We discussed this during the meeting -it's really not that simple! Where are the doctors and nurses and support staff we needs? If they were available in sufficient number to meet the demand at the available funding levels there would be no problem.](#)

19:04:14 From Maha : if we are able to see the nurse for blood test why can we see the gp [We discussed this during the meeting](#)

19:04:16 From Hemen : Sorry but that is not an acceptable argument that you don't have enough staff [We discussed this during the meeting](#)

19:04:57 From Jitu : Good feedback is that the Telephone System has improved a lot 🙌🙌🙌 [We are working really hard to fix this – we do not want to rovide a substandard service and it used to be demonstrably very good.](#)

19:05:17 From Kibru : it shouldnt just be those patients the GP or receptionists feel 'need' to be seen. patients should be given the option to make that decision themselves. [Unforatunately given the resources we have to offer an equitable service to meet the needs of everyone. If resources were no problem we could indeed offer a totally 'on demand' services and see people whenever they wanted. If you pay a proper fee for a service it can be provided \(eg many private GP services offer an on demand service at £75 a call – NHS GP services offer total 365 day care for around £152 a year – just 2 private GP calls- so, given opru resources, we have to apportion our service to those who most need it\)](#)

19:05:33 From Maha : well I need to see someone face to face for my on going issue.[We will see you F2F if we need to or otherwise offer a more efficient way of helping you](#)

19:06:06 From Hemen : It seems patients don't have a choice any more, they are reliant on whether you have enough staff, its a not a fair argument [Well, I'm afraid it's a real world problem – what else can we do?](#)

19:06:49 From Maha : maybe it may work in some places but not any another. as a patient I should be given that choice in seeing the dr [In an ideal world we agree](#)

19:06:55 From Hemen : Nope, we don't get a face to face appointments any more I [showed the numbers – we do many F2F appointments whenever needed.](#)

19:07:32 From Maha : everyone is going back to normality but our doctors hasn't [See above](#)

19:07:33 From Hemen : Dr. Selwyn - it appears your patients are asking for face to face appointments. I hope you will take our feedback onboard [Indeed , that's why we have meetings like this and respond to patient questions and complaints. We feel your pain!](#)

19:08:44 From Apurva : what about the working people when you call and if I am at work you don't have any system to arrange time convenient for the patient. Online doctors should be available 24x7 for the service you are planning [24/7 is difficult given the funding – if it's so hard finding doctors, nurse and support staff willing to work 8-6:30pm where will we find and fund the other hours. We do have 111, walk-in centres and A&E for emergencies. GPs are contracted to provide services 8-6:30pm and many have handed over the other hours to the commissioning bodies to provide put of hour urgent care – in this surgery we are rare in that we pay for this ourselves so we can monitor quality.](#)

19:08:45 From Hemen : I was happier pre-pandemic with Willow Tree surgery, just to be clear.[So were we all – it would have been great of the pandemic had not happened! However it has accelerated changes already in the NHS plans. We do hope we get back to](#)

the level of satisfaction with our service we previously enjoyed. The NHS may never recover that fully though.

19:08:53 From Oliver: When will Willow Tree Remote Doctors revert to Willow Tree Family Doctors? Each contact with you now is like a first contact. One feels like one is an integer in an algorithm. [We agree – we need a better system – watch this space.](#)

19:10:42 From Ronald iPhone : I have no problems with e consult other than when you have a simple straightforward question. In the last couple of years I have had a hospital referral and a number of telephone calls I really did not need to see face to face and when I needed I did. [Thanks! Your experience is pretty common – a lot of people are quietly very happy with the service provided.](#)

19:11:55 From Olabisi to alan selwyn(Direct Message) : Why is there no follow up from the surgery when one is sent by them for a procedure at the hospital – [patients should be copied in to letters from the hospital to the GP so everyone is aware of whatever is needed. If we need to carry out some action \(another referral, tests etc\) we will need to contact the patient. If it is straightforward information provided by the hospital it is not usually required to provide additional contact though patients can always request this. We receive hundreds of letters a week and cannot contact a patient for every routine non-action letter.](#)

19:12:09 From Pamela: Would the surgery consider a Saturday appointment once a month. [The local Primary care Network does provide a limited number of weekend appointments and we fill these – if the funding would allow this service \(which we used to provide many years ago\)_ then we can but who will staff it when we already have a shortage of clinicians and support staff?](#)

19:12:32 From Jitu : The call back doesn't work ALL THE TIME. Sometimes it will say press the number for call back. This doesn't work? Am i making a mistake or what? [If you have a problem let us know- we pay a lot of money for this telephone system and want it to work only know if there is a problem when patients tell us. All calls can be tracked and problems corrected.](#)

19:12:48 From susan: How about Saturdays more than once a week [see above](#)

19:15:11 From susan alterman : My latest results have not been properly downloaded to the Patient Access app. Who do I need to speak to so that they can put this right and I can see the info I am entitled to [I am sorry for any delay- normally we look at our test results each day and make them visible to patients – there may be a delay if a locum orders tests and they arrive in a mailbox of a regular doctor who may only be in the surgery 2 days a week> some times there are also delays in the lab. You can always call reception who will alert a doctor to any problems – they can tell whose mailbox they are sitting in.](#)

19:15:12 From Hemen : What we need is freedom for patient to be able to see doctors face to face. People who wants to use the online system are free to do so [see above](#)

19:15:18 From Jitu : When will the Patch system be introduced? [If Brent decides on this system there will be an 8 week training and implementation period from now. If we buy it ourselves probably similar.](#)

19:15:27 From Maha : I've always said if you dont catch me on first call please call me second time and those drs has been brilliant and also I mention do not call me before 10am [Thanks it's always important to notify us on each occasion as to your availability as this information is not retained form one contact to the next.](#)

19:15:46 From Maha : what is a patch system [Patches, the name aof another rtype of online consultation system as described in the meeting](#)

19:16:04 From Jitu : Is Dr Urvi Shah coming back? sadly not. [After her maternity leave she found a practice very close to her home which allowed her to work more easily with a young baby](#)

19:18:08 From Naomi: Would it be easier to recruit medical staff if UK visa requirements were easier or is the supply limited by other factors e.g. conditions of work, pay, availability of slots on training courses, etc? [Probably](#)

19:19:17 From MS MARIAM: Since covid neither my husband or I have been called in for a yearly check. [Some conditions have not needed a yearly check and many could not be provided when we were prevented from seeing patients F2F and had strict instructions from NHS England to deal with urgent cases only. It is true that many long term condition checks are now needed and we hope to provide them this year.](#)

19:19:22 From Ronald's iPhone : I am more than happy with the service I get from Willow Tree in general. The telephone service was a vast improvement from when you had to be face to face [Thank you so much for that! It is often easier to present a negative picture than the main positive experiences.](#)

19:24:05 From Shobhna : If you have two suppliers?If I need to change the pharmacy it is difficult to change online [You should be able to change your pharmacy easily using the NHS App of Patient App or you can let us know or do it at your new pharmacy](#)

19:24:13 From susan: Why don't you confirm appointment time by text. Last time I phoned for an appointment the receptionist failed to tell me it would be in 4 days time so I waited all day and kept the line clear. I had to call back the next day. [The system should send an automatic text reminder for booked appointments \(not telephone slots or econsults though\). Let us know if this has not worked and we'll track down the issue.](#)

19:24:41 From Michael and Raquel: Could the surgery consider speaking with patients about results of tests because I realise that if the results come back within normal ranges nobody from the GP will call me and the problem or disease is likely to persist (and maybe needs different tests or further investigations). [The patient App or NHS App will show your results and pour comments once the doctor has signed them off. If we need to speak to you about your results that are important or action needed we phone or text you but we are not able to do this \(unless agreed previously\) folr all normal results that do not need any changes.](#)

19:25:56 From Maha : when you have blood test how come no one calls to explain what is going on about the results.[see above](#)

19:25:56 From susan: No no no. The data is not appearing properly in the app. Who do I contact to deal with this [Call reception and we'll investigate](#)

19:28:09 From Jitu : I am also finding it hard to this Blood pressure APP. It is quite complex. Somebody in the surgery should help? Who do we contact? Please advise. Thanks [If this is the trial system \(Omron\) there is a support system which should have been made clear to you. Please contact the surgery to ask.](#)

19:32:02 From Bina : under the ICS model - will the practice be involved in the elective recovery programme work? [Indeed – the whole local system is and GPs very much so. It will be complex and long. We have an excellent Advice and Guidance system I have been heavily involved in as IT Lead for Brent\) linking GPs to Consultants to help assist cases that would otherwise wait for outpatient appointments are introducing AI assisted referral pathways and review systems for the existing waiting lists as well as additional capacity from the private sector, outpatient redesign and so on.](#)

19:35:07 From iPad : If you have more than one complaint, it is very difficult to use eConsult please advise [Agreed, you often have to submit several as the algorithms are specific to that complaint or you can fill in a 'general' freetext request](#)

19:35:59 From Andrea: A very informative meeting, thank you Dr Selwyn. [Thanks!](#)

19:36:26 From Apurva : also the econsult not working out of GP hours so when you are at home and in the evening you want to fill in it is not available It has been up to now but not at weekends or bank holidays ([we took the decision to turn it off at these times, like most practices, in order to be able to cope better having faced a huge number on the first day back, many for things which had actually resolved](#)).

19:37:47 From Sukaina: I have difficulty booking patient transport for local health centres it always gets rejected when I have been using the service for years [As this is a personal matter please contact the surgery.](#)

19:37:56 From Eldica: on the whole the surgery is doing we [Hopefully this is good news!](#)

19:41:13 From Bijal : When hospital consultants and departments send updates and letters to the GP surgery, reception team advise us that GPs look at them and will be in touch with the patients. This doesn't happen. Which is annoying as patients have to follow this up themselves. There needs to be more of a proactive approach. [See answer earlier above](#)

19:42:52 From Bijal : How are patients going to be consulted and working in partnership under the new ICS model? [There will be patient representation on all committees and Healthwatch are closely involved in the ICS as are many patient representative groups and local council bodies. I hope there will be many opportunities – the ICS is only just being set up and its success depends on patient involvement which is enshrined in all the NHS legislation.](#)

19:46:15 From Maha : basically vaccine hasnt been helping, it had we wouldnt be it ever 4months. [See earlier answer about vaccines.](#)

19:47:03 From Bijal : Has the Surgery considered hiring a HR/Resources manager to assist with better resource management (recruitment, retention, contingency planning etc)? [Our practice manager and assistant manager are fully trained in HR matters and we use a wide variety of recruitment sites and strategies - this is a major part of their role. They belong to professional organisations that advise on such matters. We have used employment agencies when in desperate straits but there are hugely expensive and many times the staff have been of substandard quality. HR advice is not really the problem – it is a shortage of appropriate and committed staff at all levels.](#)

19:49:41 From Elizabeth: Thank you for your time Dr Selwyn, and for your efforts on our behalf [Your comments are much appreciated!](#)

19:51:05 From YvonneT : NHS App Support <https://www.nhs.uk/contact-us/nhs-app-contact-us> [Thanks Yvonne!](#)

19:51:54 From Hilda : where do you advertise your jobs [NHS jobs website, local papers, professional bulletin boards, Gumtree, LinkedIn and other social media, Royal College of GPs , BMJ, Nursing Times and so on.](#)

19:52:06 From Jitu : what is the out of hour service emergency number? can you please put it on the chat. Thanks [111](#)

19:52:20 From Donna: This has been a really informative update. As a manager of a practice in another borough, I empathise with the staffing situation faced by the practice as experiencing the same situation in terms of GP, Nursing & reception recruitment for the first

time in over 14 years. The staffing issue is a national problem [Many thanks for your helpful comments – we are all in it together!](#)

19:53:12 From Neil: Agreed,: thanks Dr Selwyn, Yvonne (and Willow Tree Family Doctors) for the thoughtful presentation. I am only sorry to hear Dr Patel will be leaving. [So are we all! We'll really miss her.](#)

19:53:28 From Maha : like to thank you dr Selwyn and it's good to see you has been a long time since we gave seen familiar face. [Since 1986!](#)

19:53:54 From Jitu : Thank you Alan for your valuable feedback & very Informative. [My pleasure!](#)

19:54:44 From Naomi: I think you, Alan Selwyn, have done a brilliant job giving the reality of the situation you are in and the issues the practice is working with. Thanks for patiently and clearly answering all the questions. Thank you so much. [And thank you for joining us tonight!](#)

19:58:10 From Michael and Raquel: Thank you very much. Still thinking that if a condition is still causing concern to the patient after the tests results return normal then needs to be more of a follow up (not just a new e-consult to talk about the same problem that is still causing pain or affecting everyday life). [We can always make improvements and welcome any suggestions.](#)

20:01:12 From Beni : Thank you Dr Selwyn fit this very useful informative session. I hope that we continue to have these sessions regularly [Thanks – we'd like to – certainly when we have news to tell.](#)

20:01:24 From Bina : Thank you Dr Selwyn, Yvonne and all at the Practice, this was a really informative session. Thanks for all you are doing to look after us all especially in these more challenging times. Also thank you for the continuous improvement efforts. [We really appreciate your kind comments!](#)

20:01:26 From Maha : the receptionist the one I've had interaction with has been brilliant. [That's good to hear- I think we have a really good group currently and now need to train and empower them and hopefully keep them for a while, at least. Talented young people will move on – one for instance who worked her way up from receptionist to IT workflow administrator and has recently accepted a job at Barts Hospital as an administrator in a top research team- all power to her but a sad loss to us! It's lovely to see our team members progress and a reception job in itself doesn't offer much career progression though there are many vital administrative roles they need to fulfil and it's how many talented practice managers and other NHS administrators started out. It's a really tough job satisfying the needs of patients, practice staff and managers and they sometimes face unwarranted anger and abuse from patients for things well beyond their control, especially during periods of hardship and stress within society in general. They really do care and try their very best and we hope people will treat them with the respect and politeness they deserve. It certainly helps staff morale and retention if they can enjoy their jobs and not feel stressed and upset by the responses of certain people when simply trying to do their job as best they can.](#)

20:01:44 From susan : Yvonne Could you please add your email address to the chat. Thanks Please use patient.willowtreefamilydoctors@nhs.net and ask for it to be directed to whoever you wish. It is secure and confidential.

20:02:04 From Maha : yes email would be good

20:02:11 From Hemen : Thank you Dr. Selwyn and team, appreciate you taking the time to schedule this session. I hope feedback provided by the patients will be taken into account, particularly the face to face appointments. **Absolutely!**

20:02:21 From YvonneT : Hello Susan, you can contact us on patients.willowtreefamilydoctors@nhs.net Thanks, Yvonne! (and it can be 'patient' or 'patients' – both come to the same account!)

20:02:25 From Bijal : Thank you for a very informative session. I would find more of these sessions useful. **We'll certainly do the next when we have some news!**

20:02:44 From iPad : Hi Yvonne, what is the email address to send our questions as the telephone service had been frustrating. Thank you very much. **As above**

20:03:42 From susan : Yvonne. Thank you. Dr Selwyn thank you for such a helpful presentation. It is so much better to be informed, even if things are negative. It helps immensely **And it helps us, hearing from you too!**

20:03:53 From Pamela: Thank you Dr Selwyn and your team for information session, how often do they occur.

20:03:53 From Ronald iPhone : Thank you to all of you for your support!

20:04:16 From Michael and Raquel to alan selwyn(Direct Message) : I have a very good idea to help mental problems (anxiety/depression) using acupuncture. Please send us information on our email address patients.willowtreefamilydoctors@nhs.net

Goodnight and thank you, everyone!

Alan, Yvonne and Anne-Marie

The End

