

Welcome to the Patients Association's Weekly News

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Patients Association speaks out on the future of GP access



The future of GP services has been in the spotlight this week, with the Secretary of State declaring that in future consultations must be online by default. Our Chief Executive Rachel Power issued the following statement in response to his speech:

“Patients were largely absent from Mr Hancock’s extraordinary speech today. He described his job as, “to make the system work for those who work in the system”, but apparently not for patients. He said he had been speaking to NHS staff, “from regulators to frontline staff, to leaders of trusts to local directors of public health”. But apparently not to patients.

“His edict that general practice consultations must now be done online by default appears to be based on no evidence whatsoever of what works for patients. If there is an evidence base for this decision, it must be published immediately.

“In claiming that this will, “free up clinicians to concentrate on what really matters,” the Secretary of State appears to be saying that seeing patients does not matter. I hope he will clarify his remarks urgently.

“Patients have put up with a great deal over recent months to help the NHS cope with an unprecedented emergency – often at considerable cost to their own health and wellbeing. This cannot be allowed to become the new normal. Mr Hancock should have focused on how he will be improving things for patients, not for the system.”

Reflecting the concerns we had been hearing from patients that they might not be able to access face-to-face GP appointments in the future, [Rachel had earlier spoken to the Daily Mail](#):

“GP appointments need to be delivered in the way that works best for each patient, and the current predominance of telephone consultation suggests the NHS is still compromising heavily on this in the interests of minimising coronavirus infection rates.

“We support the emergency measures taken earlier in the year by the NHS, but some patients are now telling us they are concerned that their GP’s practice might never reopen fully. We would like to hear more from the NHS about how it will be assessing the impact of recent changes on patients, and how it will work with patients to ensure it meets their needs in general practice, including restoring higher numbers of face-to-face appointments for patients who will benefit from them.”

Rachel also appeared on the Jeremy Vine show on BBC Radio 2 to talk about the issue – you can hear her [from 1h35m on the BBC website](#).

NHS 111 First – NHS England wants your opinions on its new campaign



NHS England & Improvement has asked the Patients Association to recruit to, and facilitate a focus group to get patient input into a new campaign, NHS 111 First, which aims to triage patients to the most appropriate health service.

But spaces are limited and time is short, as the online focus group is next Thursday from 2-5pm. We are offering a £100 voucher to participants.

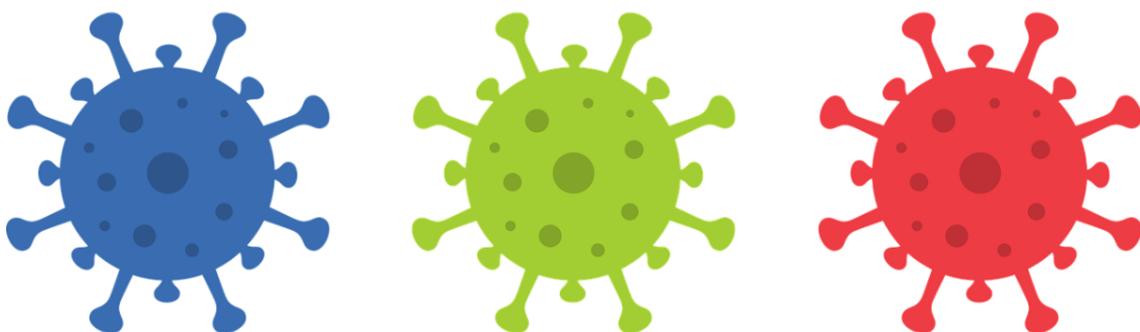
The stated aim of NHS 111 First is to triage patients to the most appropriate place for treatment, rather than forcing them to go through the traditional route of accident and emergency departments. This will enable accident and emergency services to maintain social distancing, as well as more effectively direct patients to more appropriate secondary care services that can deal more effectively and quickly with the patient's condition. NHS England would like to understand the best way to communicate about the campaign in a way that is clear to understand for all audiences.

We're specifically looking for people to take part who are likely to use A&E because of an underlying health condition or because they care for others who may use A&E, or from people who would consider a visit to A&E rather than wait until a GP appointment is available.

If you'd like to register your interest please email abdullah.mahmood@patients-association.org.uk.

[Register](#)

Coronavirus: self-isolation period and regional lockdown changes



Some significant changes in coronavirus rules and guidance have been made in England this week.

People showing symptoms of COVID-19, and who test positive, are now being told to self-isolate for ten days rather than seven.

Additionally, restrictions on when people may meet in enclosed spaces have been reintroduced in Greater

Manchester, Lancashire and West Yorkshire.

This comes as advice to clinically extremely vulnerable patients to 'shield' is due to lapse at midnight tonight.

Our [coronavirus resource pages](#) are being updated to reflect changes as they occur. Key articles include:

- [Coronavirus – advice, guidance and rules](#)
- [Testing and tracing systems in the UK](#)
- [Face masks and how to wear them safely.](#)

New Patients Association strategy with members for feedback

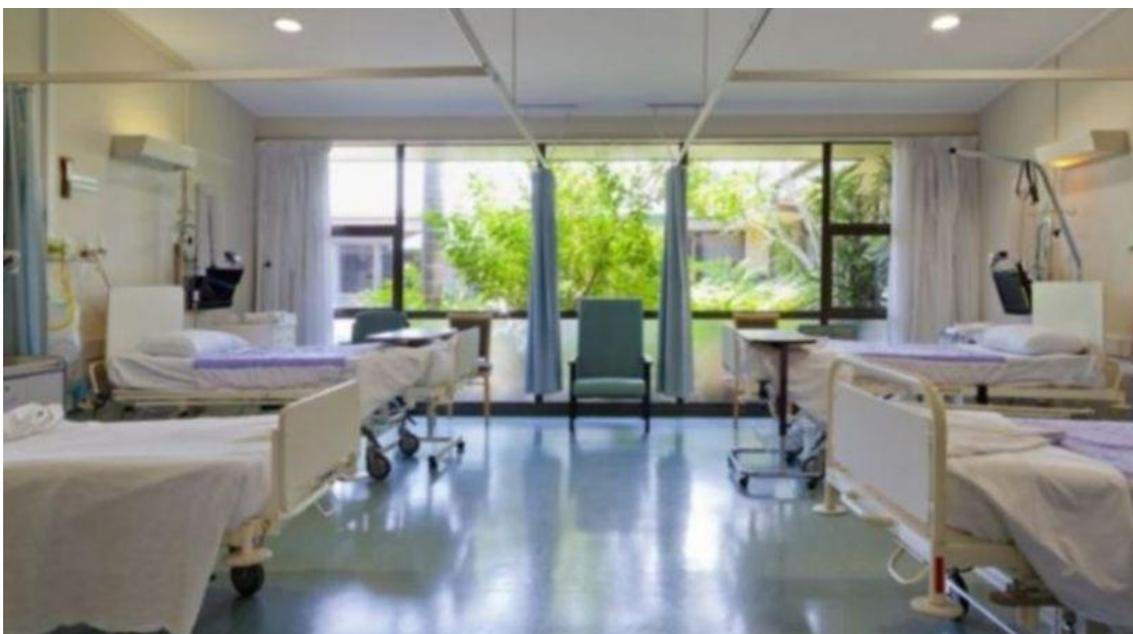


Members of the Patients Association have now received our draft new strategy document, Thriving in an Uncertain World, along with a short survey asking for their feedback on our plans.

More information on the strategy will appear in future editions of Weekly News. Having an early say in our decision-making about our future work is one of the benefits of membership of the Patients Association. If you would like to have this opportunity in the future, you can [join today for free](#).

If you are a member and have not received the draft strategy document, please contact abdullah.mahmood@patients-association.org.uk.

NICE guidance on going into hospital: no blanket self-isolation requirement



The National Institute for Care and Health Excellence (NICE) has published guidance to help healthcare professionals schedule planned treatment, while minimising the risk of COVID-19. It will also help patients make decisions about their planned care.

Importantly, it does not impose a blanket requirement for people to self-isolate for 14 days before surgery, though patients may be asked to do so on a case-by-case basis. We have had some calls to the helpline about this, so we're pleased to see it clarified in the guidance.

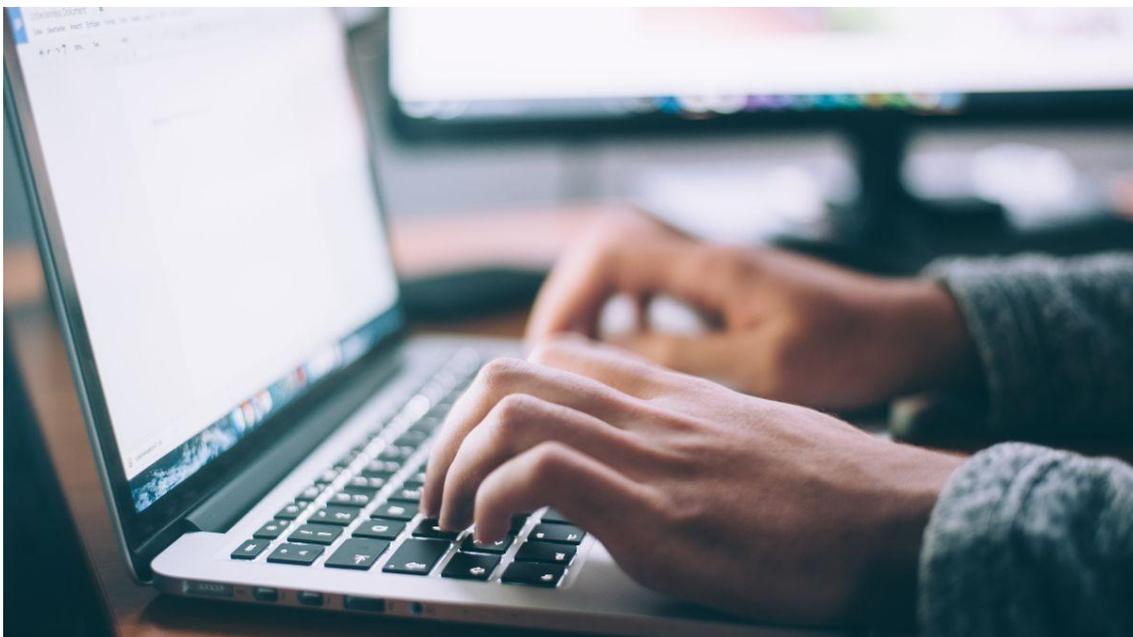
We were asked to comment and contribute to the guidance. You can read our full comments in [NICE's digest of the input they received](#).

The guidance covers adults, young people and children in hospitals and diagnostic settings, for elective surgery, interventional procedures, diagnostics and imaging. It does not include services where people have ongoing outpatient and day-case procedures such as chemotherapy, radiotherapy and dialysis.

We're pleased to report that following our comments there is more emphasis on shared decision-making, more extensive advice on what might happen, for instance, if treatment is brought forward, or if a patient tests positive for COVID and their treatment has to be delayed as a result.

We'd be interested to hear from you, if you have elective treatment planned: has your experience so far been in line with what the guidance says?

Participants sought for evidence programme



It's not too late to sign up for the NHS England focus group that will discuss the Evidence-Based Interventions Programme. The focus groups are likely last 2-3 hours and will be held on 13th and 20th of August, with a further date yet to be confirmed.

If you would like to be part of these focus groups, please email abdullah.mahmood@patients-association.org.uk to register your interest. All participants who are selected to take part in the focus groups, and go on to do so, will be reimbursed with a £50 voucher.

Register your interest

Call for lay members on research advisory committee at the National Institute for Health Research



The National Institute for Health Research (NIHR) currently has volunteer opportunities for patients and the public.

The NIHR funds research that is focused on the needs of patients and the public, and involves both patients and the public in its work. The NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) is looking for members of the public to join its advisory committees with the following research funding programmes: Health Technology Assessment (HTA) and Efficacy and Mechanism Evaluation (EME).

For more information and how to apply, [visit the NIHR website](#). There's also a [video on Youtube](#) that gives information about the role.

Members will be expected to prepare for, attend and participate in committee meetings, which will be virtual during the COVID-19 pandemic, and be willing to undertake or attend relevant training, development and support activities offered free by the NIHR.

The deadline for applications is 9am Monday 7th September 2020

Apply now

Exploring what would make you safe at your GP practice



There's still time to take part in our survey into patients' attitudes to returning to GP surgeries. We're working with Assura, a company that builds and manages GP surgeries and primary care centres, to find out what would improve your sense of security.

Assura will use the survey's findings in the design and management of its buildings and we'll share the results with primary care leaders.

If you have 10 minutes, share your thoughts and you'll help to make GP practices better and safer for all patients.

[Take the survey](#)

Last in the RSM summer webinar series – virtual care and personal health data



The last in the Royal Society of Medicine's summer series of webinars, 'The Tipping Point of Virtual Care and Rise of Personal Health Data', takes place on Wednesday 5 August 2020.

COVID-19 has accelerated the dramatic shift towards the use of digital health services and tools to virtually connect with and care for patients. This webinar will explore virtual care and the use of patient health data through remote patient monitoring.

The session will provide a deep-dive into the successful operations of the largest centralised remote patient monitoring programme in the USA, which supports over 3,000 clinicians and more than 50,000 enrolled patients.

The first 10 readers to email digitalhealth@rsm.ac.uk with the subject TEN63 will each receive a free ticket for the webinar.

Shared Decision Making – helping patients to have good conversations about their health



We have started a project looking at how patients can be involved in shared decision making.

Shared decision making happens when a patient and his or her doctors, or other health professionals, make decisions together about the patient's care and treatment, based on their views, priorities and values, as well as up-to-date medical evidence.

Currently, patients have a legal right to be involved in decisions about their care, and shared decision making is a key part of the Government's Universal Personalised Care agenda in England. This project is about making sure all patients have the right skills, knowledge and opportunities to be involved in decisions about their health and treatment, including people who might find it difficult to take part, whether because they are not confident to do so, or they are unsure of the facts.

So far, we have done research to understand what has already been tried, and what works, to help patients and professionals make shared decisions. Next, we want to work with patients to create and share tools they can use to have these important conversations.

You can find out more about shared decision making [on our website](#).

From the helpline



Martin* called us from Newcastle to find out how to make a complaint regarding a number of tests that were carried out in a private hospital.

He described the process of having several tests done as ‘absolutely shambolic’.

When the hospital invoiced him, Martin raised his concerns about the poor organisation and arrangements of the tests with the hospital. It agreed to reduce his invoice by 20%, but Martin believes the service was so poor he shouldn’t have to pay anything. He wanted to know if he could complain, and if so how.

The adviser on our help line advised Martin to contact the Independent Sector Complaints Adjudication Service (ISCAS) to ask whether the hospital he attended is one of their subscribers, and explained the ISCAS complaints process.

The adviser also explained that if the hospital is not an ISCAS subscriber that Martin should visit the hospital's website to obtain a copy of its complaints policy, and if it’s not available online he should call to ask for it.

We cautioned that if Martin didn’t pay the invoice there was a chance that the hospital may hand the invoice to a debt collection agency and that this could adversely affect his credit rating.

If you’re thinking of using private healthcare services we have information online you may find helpful, including a video.

* Name changed for privacy

To share your experiences or seek advice, call our helpline team for free on 0800 3457115 between 9.30am and 5pm on weekdays or email helpline@patients-association.org.uk. See [our website](#) for more ways to get in touch.

What our team is reading this week

Yes COVID-19 has accelerated innovation, but patients must now be heard in its adoption

More than £265m paid out following medical blunders by Welsh NHS

Coronavirus: UK lockdown solidarity 'starting to fray'

Pushing power out from the centre key to cutting red tape and supporting NHS people plan

Companies ready to defy Boris Johnson's planned return to work

About Us

Our vision is that health and social care will be delivered in a way that meets every person's health and social care needs.

Our mission is to give effect to the patient voice, to improve patient experience and support people to engage fully in their own care. Find out more about our values on our [website](#).

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