

Lambeth Together Local Care Partnership Board Public Forum

In person - in public at Brixton (Tate) Library
Thursday 6 March 2025

Responses to questions from members of the public*

Abbreviations and acronyms used in the meeting are explained using square brackets [...]



Question 1: Eugenie Dadie, Patient and Public Voice (PPV) Board Member

How can the board help to improve the care of fibroid patients, especially Black African Caribbean women in the community? GSTT produced information and ran a support group for fibroids patients – what has happened to this?

What can the board do to improve patient experience and reduce inequality in our community?

Response: Dr Di Aitken, Co-Chair Lambeth Together Care Partnership Board

Guys and St Thoms NHS Foundation Trust (GSTT) produced a booklet and ran the group 7-8 years ago but has now finished. We now have a project called Women's Health Hubs, focusing on community clinics looking at heavy or painful periods, preconception advice, menopause advice etc. We are coproducing a model with women directly and Lambeth and Southwark are leading the way on this in South East London.



Response: Andrew Eyres, Lambeth Place Executive Lead, NHS South East London and Corporate Director of Integrated Health and Care, Lambeth Council

Administration and management is part of the process but it's about listening. All NHS providers and all of us should be thinking about how we are communicating with patients and service users. We have seen at this board a number of times in some areas of care where it doesn't work well, such as in maternity services with black and minority ethnic women have had poor outcomes. All of our organisations have quality assurance committees to review patient experience and the trusts have implemented a new tool to directly speak to patients about booking systems, records and so on for the patient to speak directly to the clinical team. For many I would hope this would improve the communication aspect. Much more to do though.



Question 2 Chantelle Pinto:

My experience with surgeries and with menopause has not been great. As a black woman I have found walls every time I have asked a question about my care and treatment. It's not just me, it's lots of black women in our community. This is Lambeth Together, what is out there for us? We need somewhere in our community that we can trust.

Response: Dr Di Aitken, Co-Chair Lambeth Together

Without going into personal medical history, I will say that we are developing women and girls health hubs which will be based in the community together with community workers and hospital trust clinicians so you've got gynaecologists joining as well as GPs. I was at a meeting just yesterday where we agreed on a list of community organisations to approach, they've been involved in some of the workshops already. Improving our menopause services is of utmost importance and you give us a very good example of why it's so necessary.



Question 2 – response cont..

Cllr Dyer, Co-Chair Lambeth Together

This board, Lambeth Together, is an anti-racism board. We are committed to anti racism, so issues that you are raising like this, we will make sure we are looking at through that lens. Because I hear completely what you are saying and there is a dynamic that is present, almost invisible and we never attend to it and it's the differential treatment that you get as a racialised body. We made a commitment as a board to be on that ongoing learning journey so you don't have that kind of disparities in treatment. There's something around decision making in some of these areas where there is a racialised experience where people are not getting their needs met somehow, and we need to unpack it and attend to it. I can assure you that we are doing that when it comes to mental health so we need to be tackling all the other health conditions as well.



Question 3 from the audience: How do we give feedback on the NHS app?

Response: Andrew Eyres, Lambeth Place Executive Lead, NHS South East London and Corporate Director of Integrated Health and Care, Lambeth Council

Any feedback you want to give to the NHS, you can do it through us at Lambeth Together on our website, if it's for a specific organisation they have their own websites which have a contact point, there is Healthwatch who can pick up issues on your behalf. All major providers will have a PALs (Patient Advice and Liaison Service) team to pick up specific issues. Lots of ways to engage with us.



Question 4 Karen Taylor, Head of Patient Experience at Kings College Hospital (KCH):

Thank you to everyone who has shared their stories today, it's been really powerful to hear your experiences. KCH are looking for people and service users with lived experience of services to give their feedback in some work we are doing around waiting, communications, improving the experience of people with learning disabilities, reducing aggression in A&E, and supporting people before and after surgery. We hope people can raise issues and help us find solutions. Details of how to get involved in all our involvement and engagement opportunities can be found on our [Collaborators Hub](#), and I wanted to ask that if anyone would like to join us in this work to take a look.



Question 5 Margaret Ashmead: How do identify unpaid carers? I have contributed to the Carers Strategy but many of the problems identified are still happening. We are suffering in silence and I want to see action.

Response: Dr Di Aitken, Co-Chair Lambeth Together

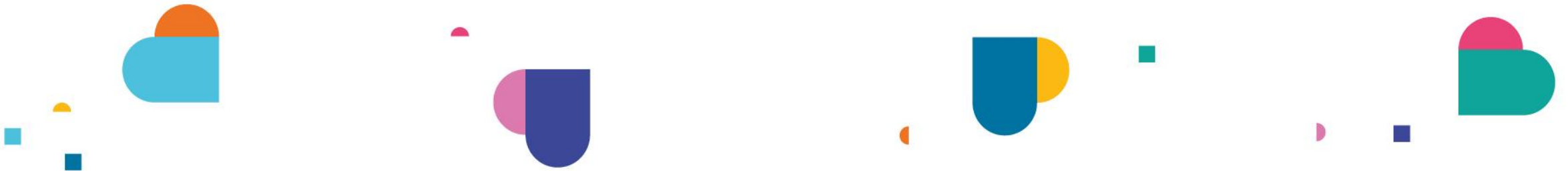
As a former unpaid carer myself in 2017 we did some quality improvement work but the technology has now changed. From a general practise aspect we have been working with the council to help with the strategy, working on quality improvement in GP surgeries to identify support and signposting. Many people don't realise they are a carer and this needs to improve.



Question 6 Graham Syme, Patient Group Gracefield Gardens: I was referred to the hub at Gracefield Gardens to have my leg wound looked at regularly as it needs the dressings changed more frequently. How do I get my leg dressed if there are no resources to do it?

Response: Dr George Verghese, Co-Chair, Lambeth GP Clinical Cabinet

It's confusing as you should get dressings changed by your surgery nurse, but the end of financial year could mean that nursing resources are reduced. Moving to a neighbourhood health service we hope to see better coordination of services than we currently have. The aim is to identify resources available and to coordinate in a better way, an ambition for current government and for Lambeth.



Question 7 Joan Cabello: Why does the GP keep changing diabetes tablets, for example why has the brand of medication been changed?

Response: Dr Di Aitken, Co-Chair Lambeth Together

As GPs we are encouraged to prescribe by the ingredients of the drug. That is specific to the prescriber at the practice, if you want a specific brand you can request it.

Dr Raj Mitra, GP and Clinical and Care Professional Lead for Lambeth Together Children's and Young People's Alliance

The national guidance for the NHS is to buy medicines for the cheapest cost so the ingredient is the same but the brand name changes.



Question 8 Nicola Kingston – received in advance via email and not heard at the public forum:

The agenda paper on Integrated Neighbourhood Teams does not include any mention of patient involvement. Will patients groups from PCNs be involved in any discussions, or will they be told what the decisions are?

Have any background papers looked at the evaluations done for previous integrated care, e.g. Local Care Neighbourhoods, and Southwark and Lambeth Integrated care?

Response: Josepha Reynolds, Programme Director, Neighbourhood and Wellbeing Delivery Alliance, Lambeth Together

The proposed neighbourhoods have been built around the Lambeth council town centres, which involved resident engagement when designing them. We have also designed the neighbourhoods around the existing PCN boundaries so that we can link into existing patient groups around PCNs and the Thriving networks. The only exception here is HBD PCN due to the location of the practices, where we know that we will need to do some work with the PCN (patients and staff) to understand how this aligns with the other neighbourhoods.



Response to Qu 8 – cont..

We want to note that choosing our neighbourhoods is only a first step – the work that we want to do is understanding how we can improve health and care in Lambeth through taking an integrated team approach. The next steps for the work will be designing potential models for integrated teams in the neighbourhoods, and we will be working closely with patients and residents to do so. We expect this work to start in April 2025.

The background papers have looked at evaluations of local pilots previously, as well as national and international examples of integrated neighbourhood working. We're happy to share the background paper which reviews all the existing research with the LTCPB if that would be helpful.



Question 9 Nicola Kingston – received in advance via email and not heard at the public forum:

The Public Forum discussions around the Swiftqueue system and the impact on health inequalities of digital access to services is something that concerns many . Given the direction of travel, please can we have a report to the next LT meeting from Public Health and academic partners on the impact on health inequalities of digital only access to health and prevention services, and the lessons to be learnt for future design of services, and how monitoring and evaluation of such impact must be carried out?

Response – Jo Jarret, Synnovis

Swiftqueue was rolled out in August 2023 with the intention for us to offer an appointment system (accessed digitally) as well as a same day service for those that cannot/do not want to use the system. As you know this is monitored on a regular basis and we have seen the usage of SQ improve (55% in Feb 2024 to 85% in Feb 2025), as well as more positive feedback on how this system is used. However, we will continue to offer a same day service to ensure that patients who do not have access to a smart phone, or do not wish to use this service, can continue to access the service.

We also hold regular internal sessions where we review all patient feedback, via compliments / complaints and other feedback to ensure we continue to improve the services offered to patients wherever possible.



Q10: A series of questions from Odilon Couzins – received in advance via email and not heard at the public forum:

1. Indoor Air Quality
2. Measles
3. Health of HMO Residents
4. Long Covid (Post-acute Covid-19 Syndrome)
5. ME/CFS

Response:

Please see separate attachment with full answers to the questions.

