Patient Participation Group (PPG) Network meeting 10 Notes

Monday 5 February 2024, 6:30pm

We received 29 registrations for this event on Eventbrite and 22 people attended.

The 29 event registrations came mainly from patients registered at 14 Haringey Practices. 22 registrations for the event were from Haringey patients, and of those, 19 were PPG members. There were six registrations from Haringey practice staff, North Central London Integrated Care Board (NCL ICB) Public Voice, Healthwatch Haringey and others.

APOLOGIES: Adrienne Banks, Karen Doku

Agenda

1. Update on Physician Associates in GP surgeries - Including David Winskill, The Vale PPG and Tanya Murat, Healthwatch Haringey

2. How is your PPG working? - PPG members are invited to share their experiences.

3. Opportunities for local community engagement in the Integrated Care System - Elizabeth Stimson North Central London ICB

4. 4. Reach and Connect: Getting a medical summary - Ashley Grey, Reach and Connect

5. Announcements /AOB

1. Update on Physician Associates in GP surgeries

Tanya Murat from Healthwatch Haringey and David Winskill from The Vale PPG spoke.

Tanya mentioned the PPG Network meeting September 2023 also had PAs on the agenda. This item was introduced by Cassie Williams, CEO Haringey GP Federation and NHS North Central London ICB PA Ambassador Chaima Hales. Caroline Gillett, Head of Primary Care – Haringey Development and Population Health Directorate NHS North Central London ICB gave the presentation. PPG members reported good experiences of Physician Associates in their surgeries and there were several questions also raised about supervision and prescribing.

Tanya then went on to talk about Healthwatch actions since then. Healthwatch Haringey met with the Healthwatch England Policy Team and four of the five North Central London Healthwatch last week.
Issues raised in the discussions included:

- The 'Order' to regulate PAs via the General medical Council (GMC) is not primary legislation, so it doesn't require the full process of parliamentary scrutiny. It is now going to the House of Lords.
- Regulation for PAs – GMC or Health and Care Professions Council (HCPC). The HCPC regulates 15 healthcare professionals including chiropodists / podiatrists, clinical scientists, dieticians, paramedics, physiotherapists, radiographers. The GMC regulates doctors.
- Healthwatch England is keen to have patent feedback.
- HWE believes there is a knowledge gap and most of the public do not know what PAs are and how they differ from doctors.
- HWE wants to be able to inform the GMC's regulatory process and make sure patients are informed. Would like to see reviews in place once the regulation has been adopted.
- HWE is interested in knowing what happens at triage – do receptionists say you are seeing a PA? Does the app for making appointments at your GP surgery send you to a GP automatically?

David Winskill started by thanking Rod Wells for sending him lots of information about PAs, Barba Rowlands for doing excellent research on the issue, and Tanya Murat for doing some work in the background.

He reminded the meeting that this issue started for the PPG Network at the last meeting when we became aware of the young woman who died due to a misdiagnosis. She was seen by a PA at The Vale practice. She was sent over to go and see a Physio, and then she was given anti-anxiety pills. She eventually was rushed to hospital and died. It's not just locally and around London and around the region. The mainstream press is picking it up.

As you know if you have a PA in a GP Practice that PA is to be supposed to be subject to close training and very, very close supervision, but what GPs are saying is because they need so much attention and supervision they haven't got the supervisory bandwidth to give to trainee GPs. The government and the NHS have been putting pressure on GPs to actually recruit PAs. There hasn't been a proper work force strategy in the UK for at least a decade.

And the NHS seems to think that you can fill these gaps with PAs. David had some sympathy with that - there are some roles they can do, but not the job of a GP.

There was a patient consultation but is the most complex consultation David had ever seen in the NHS.

The PAs have been lobbying over the past 8 years to try and get some regulation and to try and get some proper registration. The government and the NHS are not taking patients with them. They're certainly not taking the professions with them.

Tanya's outlined how all the legislation is going to be put through. David doubted the regulatory system would be up and running by the end of the year. So he had a meeting with NCL ICB and suggested that they set up their own North Central London Registration scheme - just a very quick one, whereby we could

keep track of the PAs working in in the 5 boroughs. We could find out what their qualifications are. We could find out who the supervisor is. We could find out what the training program is. All the things you need to know to satisfy yourself that the person that's seeing you is competent, safe, and properly supervised.
I come in from the point of view that they've got a duty of care for all us patients. We pay. We give the money to the ICB to spend on our behalf and in the absence of any outside regulation. Surely it's up to the ICBs to do something about it.

The ICB pointed out that they've got no way of insisting that the GPs follow what they're suggesting.

The NHS has got a website that lists PA vacancies, and it's worth going to look at. If you look at the ones within a 10 mile radius of where I'm sitting in Crouch End you will find there are about 22 vacancies, half of which are by companies like Operose.

David Winskill said he would circulate that around.

He said he didn't think the ICB would take up his suggestion so he suggested to them is that they put a page on their website with everything a patient needs to know about a Physician Associate, what they are, where their competencies lie, how they're supervised, and, above all, how to get in touch with someone to complain if something goes wrong.

He would like to see all GP practices that employ PAs to do likewise, so that if you do go to a GP website, and I'm sure some good GPs are already doing this, you will know exactly who you're likely to see and again, what their qualifications are. He is still seeking reassurance that the people that dole out the appointments, the people on the front desk know how to properly triage, how to move the switch in the direction of sending someone to a PA or sending someone to a qualified GP. This is crucial.

David Winskill also suggested that the ICB sends a letter to all GPs suggesting they **suspend recruitment of Physician Associates** until this legislation has gone through.

The ICB has agreed to a meeting on 22 February. Barbara Rowlands and Rod Wells are coming to it. Katherine West MP is going to chair it.

David asked if anyone in this meeting has any further suggestions for what else we could ask the ICB to do, to simply to reassure people that PAs are safe, or to help make them safe. Please forward your thoughts to Tanya after this meeting.

Tanya Murat stated that are121 Physician Associates in the North Central London area. They are currently unregulated.

Brenda Allan thanked David, for really good summary. She said Janice and herself are in the Queenswood medical practice, and this has been a live issue because they are neighbours of The Vale, and they had been thinking of employing PAs, but after the Vale incident decided not to. But in thinking of triage, role of Physician Associates in triage is not a good one. At Queenswood practice they use Accurx which you can do either electronically by phone or walking in. So the triage is just done by GPs. They firmly believe that is the safest thing to do. Other professions, on the whole, except for, say, physios with a musculoskeletal issue are not diagnosticians, or good at assessment and triage.

But that led to some reassurance.

People in the PPG said, well, "We'd want to know. But we're telling you now we're not seeing PAs, unless it's for a post triage situation." So at Queenswood, it's been handled quite well in terms of the assessment.

Brenda went on to talk about cheap labour and the point David Winskill mentioned about Operose who nationally use a much higher percentage of PAs and a low percentage of GPs per listed population. And that's a trend in most of the commercial practices, because obviously they're cheap labour.

Tanya Murat added that PAs starting salary is more than a maybe, qualified Doctor but where the saving comes in is that most of that

salary will come from the NHS, and it won't come out of the budget of the GP Partners. This is ARRS funding. But there's no additional funding available for GPs.

Barbara Rowlands asked if we knew how long the 121 PAs had been employed for and which ones have been there for years, because it's been going for about 20 years. Is there a breakdown?

Tanya responded that we do not know. The figure of 121 PAs came from the published minutes of the Primary Care Committee (PCCC)which was in December 2023. The next one is going to be on 20 February 2024. Papers should come out a week before, and there may be some more information in there. But currently all we've got is a figure. And we don't know where they are.

Barbara Rowlands asked David Winskill if this is a done deal that they're going to be regulated by the GMC. David Winskill responded that we know this ahead of the registration. PAs get the same number series as the Doctor series. Some people are saying, at least give them a different prefix to distinguish between PAs and doctors.

Barbara Rowlands added that currently the Doctors Association and the BMA are both against. What they do is pretty much precisely what a doctor does - analysing tests, diagnosing illnesses, and some PAs want to be allowed to prescribe. She says she is worried that this really is the start of the slippery slope – they have got two years training on top of perhaps a zoology degree they can actually prescribe which would be very concerning.

Tanya clarified that PAs require a GP to sign off the prescription but we know what it's like in a GP surgery, how busy they are. Imagine the level of supervision required, and the time taken to interrogate why a particular prescription is recommended and you can see that there's immediately an issue there. So either the doctor is very thorough in his or her supervision and satisfies themselves that this prescription recommendation is correct, because the diagnosis is correct or they are rushed off their feet, and maybe not that thorough and you can imagine a situation in which they might sign without a full report. But the problem is, of

course PAs are not supposed to take time away from the doctor. They're supposed to release the doctor from time consuming activity. If the supervision done right, by its nature it is time consuming.

Sharon Grant thanked Tanya for her work on this and for calling the meetings and she also thanked David Winskill for his pursuit of this issue, which is remarkable. She picked up on the point about how little information that we have about PAs. In Haringey there are huge health inequalities, and we don't want some of our population getting less than high standard service, a disproportionate number of PAs in the practices in our borough, particularly in the east of the borough.

A lot of our GPs know about this diversity and have some understanding of the diversity that we have, and they're used to dealing with it. We should be asking for more information about how many PAs we're getting in our borough as opposed to other boroughs. What equal opportunities, experience and training do these people have. Are we getting more of them in practices that have that don't have permanent partners in the practice as opposed to series of locums? Instability is a concern. There are circumstances when you accept that PAs have a role, but we need to know what it is and how that's going to work in our particular borough with the particular disadvantages as it has. So can we add that to our list of questions? Perhaps.

Sharon stated that she will be able to attend the meeting with Catherine West MP and the ICB on 22 February. Tanya stated that she would make sure that the notes from this PPG Network meeting reflect Sharon's comments.

Sharon stated that she would like these questions asked in advance of the meeting on 22 February. David Winskill asked Sharon to drop him a note and that he would put those questions on the table by the end of this week as he has a good dialogue with the ICB.

Paul Zickel if it would be possible to establish some sort of best practice. Could one ask the GP Partners at practices to confirm

that who, you see will be based on clinical need? David Winskill responded saying that's a brilliant point, but it shows where we are. The pickle that we're in. How can we be confident that if we get to see a PA, it's based on clinical need? It's not clear. This is the really awful thing the way this is being handled. It seems to be being dumped upon us. People know what a Practice Nurse is, what a Practice Pharmacist is. They're confident those people are members of professional associations with professional standards and are competent in what they're doing, generally. With PAs we're not sure what they are, what they are competent to do, or who is pointing us in the direction of going to see them. It's an absurd situation.

Paul Zickel stated that maybe if GPs are asked to confirm or state that it's based on clinical need and then a patient thinks or establishes that it's not, that might persuade GPs that it should be done based on clinical need. He is afraid that if, for example, a practice run by Operose is run primarily for a profit motive, or what they can get out of it then the natural tendency would be to use whatever costs them less and if someone else, rather than the GP. Practice pays for the Physician Associate, then you build into the equation that doctors may fairly naturally be tending to try and use Physician Associates, to make the cost of providing the service the main arbiter of what they decide to do.

David Winskill replied that Paul had put his finger on it.

Brenda Allan responded that Operose and similar practices are not run by GPs, they're run by other people. So asking, who's making the decision? It's not a GP making a decision. It's a company making a decision about who sees you, not a medical or clinical decision at all.

Rose Echlin thanked Tanya and David, and Brenda. This discussion had clarified something because her last practice meeting (Rutland House) they said that they're going to be moving to total triage by Doctor system, and you know. I'm sure a lot of practices are going down that route, with a massive increase in duty doctors to go through them all. Rose asked what the nature of the

pressure is to employ PAs? She understands it's financial. But is it going to be a target? Rather like diverting people to pharmacies is in next year's contract.

Rose had a further comment and a question. She is concerned patient participation in the NHS is very weak now. PPGs are quite a weak mechanism. Rose's PPG has a very good relationship with the practice, the practice manager and the partners. But if you weren't happy with your practice and you wanted to become a more activist you couldn't. It would be quite difficult, you'd be discouraged. I wanted to ask a bit more about the ICB.
What I didn't see is the dashboard in the PCCC papers which used to be in the old GGG Primary care committee papers, and that was quite useful because you could see what your practice was doing compared with other Haringey practices. So it seems there's much less transparency with this new ICB. Rose said she used to know who the assistant director primary care was. No idea who it is now.

David Winskill mentioned the shortage of GPs. It's virtually impossible to recruit GPs in London. They are having more and more things put on their shoulders. A lot of them are going part time. So there actually is a shortage of GPs. The government hasn't had a proper workforce program for a decade. Brenda Allan said probably the practices with less resources are under more pressure to recruit PAs. There was a time when the NHS halted training and recruitment of GPs and pushed Physician Associates. There is now the position where some practices are recruiting PAs rather than GPs, even though GPs are around to be recruited and can't get jobs. And it's the same for Anaesthesia Associates. Some hospitals are recruiting them rather than anaesthetists. Brenda has And a medical colleague in Enfield who was seen by a PA for nine months, and it wasn't until he finally forced his way into a GP and he finally got treated, and they said you should have been treated nine months ago.

Brenda continued you can question the ICB till you're blue in the face. GPs have enough problems, seeing patients and supervising Trainee, GPs. They do not have the capacity, whatever anyone says, to supervise other professions. So, whatever the ICB says, it's

not true. It's not doable. Physios, pharmacists, and nurses are supervised within their own profession. They have their own professional regulation and supervision arrangements.

Sharon Grant mentioned that Health and Wellbeing Board which is the governing body of our local integrated Care Board has talked about recruitment of health and social care staff generally. But there's a shortage of staff across the board.

2. How is your PPG working? - PPG members are invited to share their experiences.

Tanya Murat stated that PPG members from St Ann's Road surgery (Diane Paice and Graham Day) had asked to raise the issue of the sale of the practice to another entity.

Diane Paice stated that the owner Operose has agreed a sale of St Ann's and there is a contract finishing this year. There is a short term consultation, or lack of it, about what's happening with the sale. But the other issue is with the contract, and they've got a bit conflated. But there is tentative attempt to try to relaunch the PPG, which has not gone well. They haven't got a practice manager at St Ann's. They have had about three or four in the last 18 months, who seem to last for a little while and then disappear. And that's one of the reasons why they haven't been able to meet regularly, as even a small PPG. But the sale of Operose is something that Diane has been prevented from speaking about at the PPG by the regional director - she's the regional director of the South East London, not NCL. But she doesn't think it's appropriate to speak about the sale of the company, or what might happen in the future other than a slide which says that nothing's going to change. But actually, one of the things at St. Ann's is patients really want change, because they don't get the service they need. On PAs, interestingly, over the last 18 months. There are four bits of paper which give different numbers for PAs at St Ann's, and the last gave a figure of 0.3 PAs because they've now taken on nine locums. What is their strategy? Operose / AT Medics seem to be moving away from PAs, which is quite interesting. But the new company that has bought St Ann's, HCRG

is a recruitment agency. It recruits health staff, but it's not got a record of running healthcare. It recruits healthcare staff and GPs. The practice is below performance on all the KPIs so when they take over, they will be hoping to recruit more PAs or more healthcare assistants, because they'll have a pool of staff.

The patients haven't had a PPG meeting for over a year. But what they had is a couple of mass chaotic meetings with 40 people in all trying to find out what's going on. They had a presentation from the regional director which Diane was sceptical about. The director claimed some eight FTE GPs. But nine of them are locums who do three or four sessions.

Graham Day continued to describe a lack of information coming out of the practice to the patient. There is little information on the website. Only a few days ago the patients heard about a webinar by NCL on 29 of February, for only 45 minutes.

Graham said the practice treats the PPG like a corporate body rather than a patient group. Patients will be putting some terms of reference together for the for the group. Not sure whether the practice will accept them or not. Patients are looking for a meeting and there seems to be a reasonable group of patients who want to come together.

Diane mentioned that the practice seems to think everything is in their slides. Their paperwork here is about how we're to assist them. And it, in fact, actually just says what the PPG would do is provide local intelligence. It says, what improvements would patients like to see, be a critical friend, to encourage and support the practice and provide honest feedback, so that together we can improve things, assist us volunteering to support with community events and flu clinics and encourage new PPG membership. That's it. They don't see it as anything which is sort of in any way interactive. It's about they want to. The terms of reference which we were both sent, saw the PPG as basically as a sub department of Operose. They would run everything. And we would just have a chat with them assist them.

Diane stated that patients want the opportunities to be able to find out, for example, how many appointments they're managing to offer a week. They want to know about, the triage system. But at the last one neither Graham nor I, which we're co-chairs of the PPG, we weren't informed that this was happening. We weren't sent the email which obviously the other 40 people, or whatever were and Graham only found out about it because he happened to visit the practice and someone mentioned it. So I wasn't told at all. So we both turned up. The practice claimed it was just an administrative oversight. Diane does not believe that's an administrative oversight at all.

Sharon Grant suggested a complaint to the Care Quality Commission. She would first of all write a letter to the practice. Make it clear that you know what's supposed to happen. And that that it's a far cry from what's supposed to happen. You can also make a complaint to the CQC. They lay down standards. And if there are significant departures from those standards, I think you first of all complain to the practice and if you don't get satisfaction, you can ask the CQC to come and do a bit more detailed inspection and pull the practice up a bit.

Diane confirmed that last July she sent the reference for those expectations from the Care Quality Commission. She looked up the NHS contracts. But unfortunately that was two practice managers ago, which was within the last year.

Sharon Grant also mentioned the London Medical Committee which has some influence in these matters.

Paul Zickel stated that to some extent it looks as if what they're offering is something of a minimal tick-box approach, ultimately it sounds as if it could be like something like a commitment to motherhood and apple pie and what one probably needs to try and do is box them in a bit with specifics which will then show that they don't have a real commitment to it.

Post meeting note
Patient and public survey on change of control at AT Medics, started 24 January 2024, deadline 16 April.

https://feedback.northcentrallondon.icb.nhs.uk/primary-care/potential-change-of-control-of-at-medics-ltd-webin/

NCL ICB webinar on change of control, 29 February 2024. https://nclhealthandcare.org.uk/news/potential-change-of-control-at-at-medics-ltd-patient-and-public-webinar/

3. Opportunities for local community engagement in the Integrated Care System - Elizabeth Stimson North Central London ICB

Lizzie Stimson gave a presentation on opportunities for local community engagement in the Integrated Care System. She reminded the PPG Network that she last came to speak on this subject in June 2023 and now she will give an update on key bits of work.

She stated that the ICB has two strategies – 'working with our people and communities' and 'working with our voluntary sector'. They were developed a year and a half ago. Our communities face the highest health inequalities and we are building strong relationships with our voluntary sector.

Lizzie stated that across NCL over the last 18 months they have strengthened the way that they worked with Healthwatch at a North Central London level. They provided funding to ensure that there is proper representation through all of the ICB committees and steering groups.

She was pleased to say that funding will continue for 24/25. Working closely with the five NCL Healthwatch. The last year the NCL lead was Healthwatch Islington, that's now being rotated to Healthwatch Enfield. But a really similar, a relationship where the lead works with, and coordinates with the five Healthwatch to gather their views and then feed that into committees, and then vice versa, bringing back some of the key issues from the committees.

Lizzie stated NCL also works closely with the VCS alliance, which will be built on. The Alliance is continuing for a further year. And

this is also something that they provide funding for to bring the five umbrella organizations together across NCL alongside organisations that work with a range of communities from homelessness to young people.

In June Lizzie presented on NCL's recruitment for community participants. So these are community participant roles that are sitting on ICB committees and steering groups. Healthwatch Haringey were actually one of the voluntary organisations that supported NCL in developing the recruitment materials, the JD and supporting in the recruitment process. NCL have now recruited eight people, representing the different boroughs.

Alongside that the community participants are also coming together in a network. So they're meeting each other to share learning, best practice, to share what they're discussing at their committees.

More formal or governance engagement includes key programs currently running like the Start Well programme . Start Well is looking at maternity neonatal, and some of the children and young people services. Lizzie's colleagues that are leading on this undertook some pre-engagement that took place across a 10 week period. They've worked with a range of local communities. They were out and about in the community, giving local people the chance to shape the proposals. There were over 43 engagement events. They had over 207, like in-depth conversations with local people most affected by the changes, and alongside that they held three youth summits where you had over 40 young people involved both shaping proposals and then also helping to shape the consultation material to ensure that it was as accessible as possible. The consultation period is now live. Again, the focus has been on reaching people most affected by the changes and also communities that that face the highest health inequalities. If you haven't yet read the proposals. You haven't yet responded to the consultation please do.

There will be a drop in session in Haringey on 28 February, 11:30am to 2 pm at the Tottenham Community Sports Centre. If there are

community groups that you think it would be useful for NCL to go to speak to, please drop colleague Karina, an email.

Lizzie talked about two other programmes. One is community connectors, focused around raising awareness about high blood pressure. They have built 19 community connectors or champions in communities face the highest health inequalities but are also most likely to have high blood pressure and not access support.

NCL has also recently launched the research engagement network. This is part of a national program to increase the diversity of a community voice in academic health research. They targeted communities in Enfield and Haringey where they have some of the highest health inequalities in North Central London. They are doing targeted work with Black and Gypsy Roma Traveller communities in Enfield and Haringey.

Identified research priorities include prostate cancer in Haringey.

Rose Echlin asked how PPGs can get involved with some of this. How can we make more use of what you're doing?

Lizzie asked the Network meeting what could be the ways that we could link you in, or vice versa? And as NCL are doing the engagement they encourage people to join their PPG. Lizzie would be happy to hear from PPG members about ways of linking in.

Ingrid Babcock asked about the structure of the ICB and patient involvement. Were Healthwatch satisfied with their relationship with the ICB and where they sat in terms of the structure and being at the table, adequately, in terms of the decision making? Ingrid recalled that Lizzie referred to strengthening the relationship with Healthwatch, and wondered whether that was something that was addressed. Does Healthwatch Haringey feel good about where they sit within the ICB?. Do they feel they have the right position, because that would be helpful in terms of working with PPGs. Just because there is this this PPG Network meeting which is so important.

Lizzie answered that as a collective she believes NCL Healthwatch are very pleased with where the relationship has gone, although there is a lot of variation in VCSE. Healthwatch Enfield can maybe come to speak at one of these meetings.

Sharon Grant stated that Healthwatch did use to have a place as on the governing body of the CCG. We weren't allowed to have a place as Healthwatch on the new ICB main governing body and committee and it was resolved by small amounts of money being given to one Healthwatch on a rotating basis, to try to reflect the views of five different borough Healthwatch on issues that are coming up. It's not adequate in terms of funding to do consultation properly. It's not easy work. It's time consuming work. You must pay people to do it. What's going on across five Healthwatch is more than we are resourced to do. So there are real difficulties.

Sharon Grant continued. It has been asked about how PPGs can be encouraged and better involved in some of these strategic questions. The ICB could appoint a co-ordinator or give some money to a specifically appoint one. Now we are doing this at Healthwatch to a very limited budget. Tanya does a brilliant job alongside all the other things that that we have to do. So if we have a dedicated PPG Development Officer, that will make a huge difference and be able to involve all these people on this call, who know quite a lot about how the system operates.
But until we have something like that, these people will feel that engagement is quite confined and constrained.

Lizzie responded on the point about funding. The ICB has gone through a restructure process, reducing 30% of running costs. So things are pretty stretched now. The ICB is keen to work within current resources, and she would be happy to come back, present again and keep the relationship going particularly when times are quite tough in the NHS.

4. Reach and Connect: Getting a medical summary - Ashley Grey, Reach and Connect

Ashley Grey is a community connector working to support older people over the age of 50 in Haringey to remain independent. Ashley stated that Reach and Connect have six connectors working across the borough, and one of the things they often struggle with is helping older people get access to their medical information from their GPs The GP Health Record. This medical evidence is needed to get a taxi card, blue badge, disability living allowance and any sort of benefit for supported housing. Reach and Connect struggle particularly with people who don't have access to the Internet or mobile phones to get this information from their GPs.

They have been told that it should be quite easy to access, that someone should be able to ring their GP and get this information. However, their experience is that there some people are told they have to wait 28 days. Some people are told that there is a charge.

This would be not the full medical record. This would be a brief medical summary which lists active conditions, significant history, medications, and tests undertaken at the doctors, and at the top it has the person's name, date of birth, their NHS number, and the doctor that usually sees them.

There doesn't seem to be any common practice across GP surgeries. Each GP surgery has a different procedure in place for getting access to your brief medical summary.

What is people's experience in their surgery?

Mary Weaving responded on a personal basis saying she could get these details through Patient Access or on some occasions she has done a SARS - the subject access request which can take 28 days which can be quicker. There's a vast number of English as a second language patients, so they may struggle. She is not aware of any sort of standard.

Mary's partner is in a different Borough, and there, where they put the consultations on Patient Access, they don't seem to write anything. In Mary's practice if she's had a consultation they put

chapter verse in there, whereas on his Patient Access they don't seem to do that. So it is a bit hit and miss trying to glean information.

Sharon Grant suggested if people are not sure what is going on in their surgery perhaps we should give people a series of questions about this which everybody could ask of their own PPG, and they could be fed back to us. And we will have
the data to start to work on. E.g.

- How long does it take?
- Who should people approach? Is it a receptionist?
- Is there a form that people put in, how long does it take?
- Is there a charge?
- What if they require the information urgently, and it doesn't come back?

Sharon has been involved in trying to help disabled people get access to the LTN, and more people are applying for the Blue Badge so a delay is not welcome. Maybe Tanya and Ashley could send the questions to each PPG so they can raise the issue at the surgery. Then we might be a bit more aware and know what issues we need to press on.

Tanya agreed to liaise with Ashley to put together some relevant questions.

Brenda Allan said she would take that up with our practice. She suspects that the information, if they have to get it for people who can't use the Internet if someone in the practice has to produce that summary is probably quite labour intensive, and hence the delay. Hence, maybe a charge.

Ashley Grey responded that, having been to several GPs who will do it on the spot, it seems to be just a button on their system. So there is a template. She has been doing this job for five years, and they all have exactly the same layout and information. So there must be on the record system a button that says brief medical summary or GP health record or something. Because they can do it there and then if they choose to.

Brenda replied that maybe that needs circulating through all practices. Maybe if there is just a button on their system, and that's all they need. We have turnovers of admin and managerial stuff, I mean, maybe there's also an information thing.

Mary Weaving added that at Staunton Group Practice when you phone up on the telephone options, when you're waiting in the queue, there is a button there you can press - an option to request a document, such a thing as a summary of your medical history.

5. Announcements /AOB

Sharon Grant shared that Healthwatch Haringey will be recruiting soon for the Healthwatch Advisory Group. Many of you might be excellent recruits for this. Please watch out for details and consider applying.

The next PPG Network meeting will be at 6:30pm on Monday 17 June 2024.