

Patient Participation Group (PPG) network meeting 4 notes

Monday 7th February, 6:30pm

We received 38 registrations for this event on Eventbrite and 29 people attended.

The 38 event registrations came mainly from patients registered at 13 Haringey Practices. 31 registrations for the event were from Haringey patients and of those, 27 were PPG members. The remaining 7 registrations were Haringey practice staff, North Central London Clinical Commissioning Group (NCL CCG) staff, a Community Pharmacist and Healthwatch Haringey staff.

APOLOGIES: Adrienne Banks, Kath Gill, Paul Mackney

Action points arising from this meeting

Action for PPG members: Send a request for data to Tanya at Healthwatch Haringey if you would like information on how your surgery performed in the GP stocktake.

Action for Sharon Grant, Healthwatch Haringey Chair: Write to Owen Sloman Assistant Director of NCL CCG on behalf of the PPG Network and Healthwatch Haringey, urging him to communicate the importance of PPGs to practices.

Meeting Notes

1. Haringey GP Stocktake

Raks Patel from Healthwatch Haringey introduced the presentation. The GP stocktake covered all 40 practices in Haringey and looked at phone systems, via mystery shopping. We also looked at websites and asked how user friendly are they?

The median time to answer calls was 3 minutes in the morning and in the afternoon. This was very good. But there was a lot of variation between practices. The mean time to answer the phone was 5 minutes in the morning and 6 minutes in the afternoon, because some practices

were taking a long time to answer the phone e.g. between 20 and 30 minutes, whilst other took over 30 minutes - we hung up after 30 minutes.

Most practices now had a queuing system on their phone lines - 30 out of 40. But 10 practices still did not.

We found 16 practices which only offered same day appointments, meaning patients have to call in the morning at 8am. This means everyone is trying to ring at the same time, which is not good. If all the appointments are taken by the time the patient gets through they have to call again the following morning. This is a huge source of frustration for patients. Some patients may get lucky, but others may just end up calling day after day and will still not get an appointment. Before the pandemic patients could call and book an appointment for the next day, or in a few days time, or for next week.

We recommended:

- For practices which had long waiting times for patients to get through on the phone to review their ways of working and their systems
- For practices which did not yet have a phone queuing system to introduce one, and
- For practices to allow patients to book appointments in the future (not just on that day) so patients do not have to call in day after day in the hope of getting an appointment

On practice websites, 17 practices didn't have an email address, which meant patients who could not get through to the practice on the phone had no alternative for contacting their practice. 16 practice websites did not have a search bar, making it hard for patients to find the information they wanted and needed from the website. Whilst 37 out of 40 practices signposted people to the 111 service, only 15 practice websites mentioned the specific Haringey out-of-hours service where patients could call to speak to / be seen by a local GP.

In terms of equality, diversity and inclusion considerations, 16 practices did not have a translate function on their website, making it hard for those with English as a second language to find the information they wanted. 15 practices did not mention interpreting services. 25 practice websites did not mention disabled access. There

was also much more potential to sign up to the Safe Surgeries Initiative and display the Safe Surgeries logo on their websites.

We did find examples of good practice - the Staunton Group Practice website is good with a search bar, a translate function, plain English language which is easy to understand, and the website was simple to navigate.

We recommended practice websites:

- Should be accessible and use plain English
- Should have a search bar
- Should signpost to the Haringey out-of-hours service as well as 111
- Should offer patients alternative methods of contacting the practice if they can't get through on the phone eg email address or allow patients to visit reception in person
- Provide a translate function
- Provide information on interpreting services
- Provide information on disabled access, and
- Sign up to the Safe Surgeries Initiative and promote this by clearly displaying the logo on the website

Raks explained we have presented this to GPs at the GP Collaborative and we will also be presenting the stocktake at the Practice Managers Forum. We will share the individual data with each practice, so GPs and practice managers can see the data on their own practice and know where they need to improve.

David Winskill asked if each PPG will be given the data on their own practice. Raks agreed if they send us a request, we will forward their own practice data.

Action for PPG members: Send a request for data to Tanya at Healthwatch Haringey if you would like information on how your surgery performed in the GP stocktake.

Graham Day asked if Healthwatch could list the bottom five practices so we can see who isn't doing so well. Raks replied that we had shared all the data with Owen Sloman, NCL CCG so he can raise issues when he is speaking to practices.

We only made two calls to each practice, one call in the morning and one call in the afternoon. So the results are robust and valid as a whole, but cannot be used as a performance indicator for individual practices because there may be reasons for their performance on that day e.g. Covid outbreak meaning core reception staff are off sick, we called that practice on a Monday morning its busiest time etc. It is valid as an overall snapshot and not as an audit of that practice.

The best performers on answering the phone were Spur Road, Havergal and Alexandra - they all answered our phone calls in under a minute in both the morning and the afternoon. 157 and Staunton had very good websites.

The CCG has some money for practices to improve their phone systems and websites if GPs apply. This is to improve access to primary care.

2. How is your PPG working?

Tanya Murat from Healthwatch Haringey asked for contributions from the virtual floor.

Esther Myerson confirmed that Staunton Group Practice / Morum House had now been taken over by the Hurley Group, who started on 1st November 2021. She stated that it is better than she thought it was, it's still going through teething problems, like everything it takes time, but the Hurley Group has been working with the PPG. Agendas are decided by herself, the Chair of the PPG after consulting with members and the practice manager. The setting of the agenda comes from the patients and the feedback comes from the practice.

John Rokos from Staunton PPG said that the Hurley Group didn't have to do a lot to improve things, because the previous managers (Federated 4 Heath) were so effective.

Ingrid Babcock from Staunton PPG stated that the PPG felt very let down by the process of the award of the contract to the Hurley Group. The PPG understands that there is a procurement review for the service provision at Staunton happening at the moment and the PPG provided feedback, but they don't know if the CCG has taken this on board. This has been a disappointing interaction with the CCG.

David Winskill shared that the Healthwatch Haringey report "Amplifying Patient Voices" was really useful. He asked Sharon Grant if

she would write a letter to Owen Sloman, Assistant Director of NCL CCG asking Owen what can be done when PPGs are moribund and if he could remind practices that PPGs are required by law. His own practice, The Vale in Crouch End is doing really well in his experience but as far as the PPG goes, any correspondence has been ignored. PPGs can contribute to increasing access and narrowing inequalities. David hopes this Network, via Sharon Grant, can encourage Owen Sloman to take this up. Sharon agreed. David Winskill said he would send Sharon a number of bullet points to include in the letter.

Action for Sharon Grant, Healthwatch Haringey Chair: Write to Owen Sloman Assistant Director of NCL CCG on behalf of the PPG Network and Healthwatch Haringey, urging him to communicate the importance of PPGs to practices.

Sharon said she is raising the issue in a number of forums, and she is prepared to write to the CCG about PPGs that have not been established or have stopped meeting. Another issue was the lack of GPs. This needed to be addressed.

Lourdes Keever said she found it difficult to assess the value and effectiveness of her PPG at Muswell Hill practice. But the surgery is moving into a new building in May so this could be an opportunity to be assertive as patients and re-launch the PPG. It would be good to have a model of good practice. Friends in a Waltham Forest PPG are very proactive, but often before the pandemic she felt the GPs were talking at them. Raks Patel shared the “Amplifying Patient Voices” report and the PPG Toolkit in the chat. These are both available on the Healthwatch Haringey website.

Branda Allen noted that her PPG at Queenswood faced similar issues to Muswell Hill. They had the same conversation “What are we doing here, what value do PPGs really have?” The PPG had read the “Amplifying Patient Voices” report, which was interesting, and they are a member of National Association for Patient Participation (NAPP). The PPG decided to meet with the GP and practice manager to have an honest, offline discussion. It was very positive. She is aware of PPGs in other areas who have a budget and are an adjunct to the healthcare system. It’s a difficult time - practices are struggling with sickness and recruitment, so no-one wants to put pressure on them. Brenda is interested to hear what other PPG members think.

Isobel Knight, a new PPG member from 157 PPG asked how patients get in touch with the PPG and raise issues they might have that the PPG can do something about. Esther answered in the chat “Our website has details how to contact the PPG, although at our request it goes via the practice and then to me as Chair.” Raks Patel wrote in the chat “Information about the PPG should be on the practice website, including how to contact the PPG or raise concerns with the PPG.”

Andy Jeffrey, a Vale patient and Public Voice associate, talked about the Haringey Digital Support service which connects patients into digital services with GPs and hospital trusts. He shared the link to the service in the chat and offered to attend any PPG meetings and explain what is available to patients.

Brenda Allen said patients are not only interested in what’s going on in their PPG. They are interested in influence. They saw the Operose / Centene debacle, what is going on in the CCG and the interesting Staunton / Hurley marriage. Healthwatch reports have been doing a brilliant job but there needs to be separate avenues for patient representation. We need to know how they get influence within the ICS. Raks Patel said that all 5 Healthwatch in the NCL area had been pushing for patient voice on the ICS. Sharon Grant said some big decisions about how money is spent will be made at the five-borough level and we need resource to ensure we are able to input. Brenda said the real decisions are going to be made at the North London Board level, and the minutes may not be published.

3. Referrals to community pharmacies

Rose Echlin, Chair of Rutland House PPG started by saying that PPGs have very limited powers to influence how policy that is handed down from above is implemented. The 2022 / 2023 NHS guidance for primary care says GPs should increase referrals to community pharmacies - around 50 referrals a week, possibly 15 or 20% of GP appointments. This is a lot. Rutland House PPG has discussed this. They are very supportive of community pharmacists, but they have concerns

- A high number of referrals to pharmacists
- Being triaged by GP receptionists - some would refuse to give confidential details.
- Who pays for the medicines?
- Patient history - is this available to the pharmacist?

- How is the pharmacist's advice included in patient's notes?
- How are patients being consulted about the way this pathway is being implemented?

Efa Mortty from Haringey CCG gave a presentation on GP referral to pharmacists where people can't get an appointment with their GP. This has been happening for a long time, but now the process is being formalised for minor ailments. This will reduce the pressure on GP appointments. She shared the referral pathway, involving the triage by receptionists with a suggested script and a minor ailments list. The GP can send the referral to the pharmacist and the consultation can be done. The pilot schemes have been done elsewhere and Efa showed what communications they had done with patients e.g. A poster in the practice.

Efa responded to the points made by Rose. Efa stated;

- It's fine if you don't want to share information with receptionists.
- Referrals - only 10% of patients seen by the pharmacist were unhappy with the treatment they got
- In Haringey there is what used to be called the "Minor Ailments Scheme" where patients who are socially vulnerable would not pay for medicines. It will come to an end and be replaced by the Self-Care Pharmacy First scheme which is currently being piloted in Camden, Haringey and Islington.
- There is an ability for the community pharmacist to forward the consultation results to the GP to be put in the patient's notes.
- Patients were consulted in the pilot schemes

Rahul Gajree, Pharmacist at Somerset Gardens answered questions:

- He explained that at the end of every consultation patients were asked if they were satisfied, and this will be sent to the NHS and the GP. The majority would be very satisfied, but if not, we would ask for more detail on how the service can be improved.
- Where a pharmacist is not able to treat the patient, due to a red flag or the patient has tried over the counter medications before and they have not worked, in these cases the pharmacist would contact the GP surgery and they would be put on the on-call doctor list that same day. It is a good system, but the pharmacist needs to develop a good relationship with the GP practice.

- If the patient doesn't pay for the prescription, they can be in the Pharmacy First scheme, and they don't need to pay.
- A patient will choose which pharmacy to go to. The patient's usual pharmacy will have access to all their previous prescriptions.

Efa Mortty responded to questions:

- The 15% figure of referrals to pharmacy is not expected to be across the board. Some practices will refer more patients, some less.
- Patients will not be obliged to take a referral to a pharmacist. You can choose to see your GP.
- The standard script for triage is a training script which is for receptionists to know what standards they are dealing with.
- Prior to the pandemic we were still trying to get patients to go to a pharmacist, so this is nothing new. Now there is more and more pressure on the NHS, and it is hard to get GPs these days. So, we are trying to keep the NHS afloat.

Rose Echlin thanked Efa Mortty and Rahul Gajree for coming and presenting to the meeting.

4. Wood Green Community Diagnostics Centre

Faye Oliver from Whittington Health gave a presentation about the new Community Diagnostics Centre (CDC) in Wood Green shopping mall due to open in the summer. The CDC will provide tests in the community - X rays, ultrasound, blood tests, ophthalmology in the first year. In the second year they hope to add MRI and CT scans. It will stay NHS, hosted by Whittington Health but patients across North London would be able to access the centre. Faye would like to hear your concerns and views. This is additional capacity to the hospital diagnostic services, and they have signed a long lease - 10 or 15 years. Faye provided her email address in the slides in case anyone had any other questions.

5. Announcements

Tanya Murat shared the Stay Well this Winter NHS leaflet in the chat and urges PPG members to share this with their PPGs.

The next PPG Network meeting will be at 6:30pm on Monday 20 June 2022.