Patient Participation Group (PPG) Network meeting 8 Notes

Monday 22 May 2023, 6:30pm

We received 23 registrations for this event on Eventbrite and 22 people attended.

The 23 event registrations came mainly from patients registered at nine Haringey Practices. 14 registrations for the event were from Haringey patients and of those, 10 were PPG members. There were eight registrations from Haringey practice staff, North Central London Integrated Care Board (NCL ICB) Public Voice and Healthwatch Haringey staff.

APOLOGIES: Adrienne Banks, Mary Weaving, Isobel Knight, Brenda Allan

1. Making the most of your Community Pharmacy

Kristina Petrou, Community Pharmacy Clinical Lead, NHS North Central London Integrated Care Board (ICB)

Kristina set out the nationally commissioned essential services, which are services that every NHS pharmacy must offer including dispensing medicines repeat dispensing, taking back any unwanted medicines, offering advice and self-care.

Advanced services are commissioned nationally, but they are optional, so pharmacies can choose to opt in or opt out of delivering them. These might be flu vaccinations, community pharmacy consultation service, hypertension case finding service. The contraception service is quite a new one.

Kristina spoke about the discharge medicine service. 60% of patients admitted to hospital have three or more changes made to their medication whilst they're in hospital. 20% of patients have reported experiencing adverse effects within three weeks of discharge and 60% of those could have been managed or

avoided by getting the medication right. If the patient agrees to have the service, the pharmacy will then double check the right medication is being prescribed.

The GP Community Pharmacy consultation service is where patients that present to the GP practice with minor self-limiting conditions that could be managed in a pharmacy are offered the option to be fast tracked to a clinical appointment in a pharmacy rather than waiting for a GP appointment. The top conditions managed by this scheme in the month of January were sore throat, cold, flu, cough.

If you're over the age of 40 and you don't already have a diagnosis of high blood pressure, you can walk into a participating pharmacy. They would cheque your blood pressure, give you advice and depending on your blood pressure, can refer you to the GP practice. Regular checks for people with high blood pressure are available at some pharmacies.

Later in 2023, pharmacies will be able to start someone off on oral contraception, whereas now they can only continue the oral contraception that's already been initiated in a sexual health clinic or in the GP practice.

Recently on the news government said it is investing £645 million over the next two years into boosting services in pharmacy to help mitigate the access problems with getting an appointment and getting through to your GP practice. So, the plan is that over the next two years, this investment will free up 15 million GP appointments across England, which is about 2% of the appointments. Pharmacies will be able to offer medications that previously were only available on prescription for seven common ailments which are earache, sore throat, sinusitis, impetigo shingles, infected insect bites and uncomplicated urinary infections in women. That is the plan. Kristina stated that she has not seen the finer details yet because negotiations are underway. Their negotiations are between the community pharmacy negotiating body with Department of Health and NHS England. What also needs to be ironed out is the digital connectivity between the pharmacy and the GP and there will be some

training needs for pharmacists to make sure pharmacists are fully skilled on all these services. The exact launch date is unknown but maybe in time for winter.

Mary Weaving's written question (Acting Chair - Staunton Group Practice PPG): How easy and quickly will the government's plan to use community pharmacies more - i.e. prescribing antibiotics etc for ailments such as UTIs be for said pharmacies to implement. I have to say I've found my local pharmacies to be the stalwarts during the pandemic and continue to be but are not necessarily recognised as such.

Kristina responded that the change could be September or December. They will communicate this to Healthwatch colleagues as soon as they know.

Paul Zickel stated that normally you're registered with a particular pharmacy and your GP practice sends your repeat prescriptions there. And I would regard that as being my main pharmacy.

Kristina responded that that's what's referred to as your nominated pharmacy. So that is. Unless you tell the GP otherwise, that's where your prescription would go, unless you might be in a situation where you want the medication right now, or you don't want to wait for it. You could say on this occasion 'Can you send it to the pharmacy across the road from my house but without changing my preference that in future my regular prescriptions would go there.' But all of these services are available at a pharmacy of your choice and by community pharmacy.

Paul Addae, Healthwatch Haringey manager asked how it can be ensured that the pharmacists will necessarily be supportive of people because sometimes pharmacists turn people away. A second issue is with regards to pharmacists being stocked up with the medication that people require. Do pharmacists welcome their expanded role?

Kristina responded: Pharmacies are experiencing massive workforce issues and massive work pressures, like GPs. And so even though these services are technically available for them to provide there will be some pharmacies that are saying I can

literally just about keep my head above water dispensing prescriptions. We also have just in the nature of being in London, some pharmacies that are just physically so tiny that they can't have a consultation room big enough that you can sit in there and have your blood pressure checked.

And in terms of availability of drugs, that is a major national problem. Everybody we're seeing in the news. It's one category after each other. It's adrenaline injections, it's HRT medications, something else will be out of stock. There are a number of different political reasons as to why medications are sometimes out of stock, but very rarely, because of pharmacy colleagues' inability to manage their stock levels, and generally because that particular medication isn't in the country.

All of the advanced services are optional - pharmacies can choose to deliver or choose not to deliver. So they're not, they're not compulsory, but the community pharmacy consultation service, has about 99% uptake. Hypertension case finding - about 70% the pharmacies are offering that. The smoking cessation and contraception service – not very many, about 25 to 30% offering the smoking cessation service and the contraception service is only about a handful offering it so far.

2. How is your PPG working?

PPG members are invited to share their experiences.

Mary Weaving's written question:

'Any ideas or existing good practice to ensure the diversity of the PPG members to reflect a GP practice's patients. Staunton Group practice for example has a high level of English as a second language patients.'

Isobel Knight's written comment (PPG member – 157 surgery):

'The 157 Medical Practice is really starting to take off, we have two new members joining us for our next meeting, which will mean that there are 6-8 of us. I have been doing some data entry of Practice Feedback forms in the reception area, where I can see

how things are working there, and the sorts of issues that come up for the practice staff, as well as for patients. I can also be an ambassador for the PPG.

The fairly new reception team have been trying really hard to encourage patients to complete practice feedback forms and have done well. My job is to input the data for the managers and clinical commission groups etc. There are some to input from last year. My aim is to come and volunteer twice a month, trying to attend on different days, to get different "flavours" of the practice. We are also going to explore the use of social media platforms to promote our PPG and do some short interviews - soundbites, brief podcasts, so other patients know what we are doing.'

PPG members congratulated Isobel in her level of commitment. Rose Echlin from Rutland House PPG talked about the difficulty making contact with patients as they don't have people's contact details. Esther Myerson from Staunton Group PPG said Mary's question is really relevant because no matter what we have tried to do, we have never been particularly successful in diversifying the PPG. We as a PPG, we don't have details of the patients and there's a huge confidential confidentiality issue and therefore the people that you really need to convince is your practise management that they will do it. But when you phone in to book an appointment and you have that waiting time on the phone, it does actually talk about the PPG and invite you to become a member.

Tanya Murat shared details of the NHS Webinar. The NHS is putting on a free webinar called patient participation - the art of the possible. Available to anyone wants to talk to others who've got ideas about how to organise. They might be able to answer some questions. It's on 6 June between 12pm and 1pm.

3. Opportunities for local community engagement in the Integrated Care System

Elizabeth Stimson, Engagement Lead, NHS North Central London Integrated Care Board (ICB)

Elizebeth Stimson talked about how the ICB is beginning to develop their approach to working with local communities.

She started with an overview of the two engagement strategies the ICB developed. The Working with our Community strategy is about trying to map the way that we want to work with communities so people can engage in any way that suits their lives, from a basic online survey to a much more in-depth co-production. Working with VCE particularly recognises the need for close working with the sector. It recognises the kind of unique skills and experience and knowledge that sit within the sector supporting well-being and helping people to maintain healthy lives. There is an aim to move away from short-term commissioning with the voluntary sector to a much longer-term investment approach.

Much of the activity is delivered at borough and at neighbourhood level, so the strategies are supporting what's already happening.

Elizabeth asked how the ICS is building community voice into governance structures? She shared a slide on the ICB governance structure. The voluntary community and social enterprise alliance is made-up of 11 representative voluntary sector organisations from across North Central London, so from across each of the five boroughs. Their role is to embed the voice of the voluntary sector, both within the governance structures, but also ensuring that the voluntary sector have that kind of strategic voice within the integrated care system.

There's a mix of committees, specialist commissioning groups, forums. The voluntary sector sits alongside other providers and partnerships of the health and social care system in NCL. The North Central London Community Partnership Forum is a strategic level integrated care system which brings together community partners where there's also space for open conversation. The forum is currently made up of some PPG members from across NCL and the VCSE.

The community engagement steering group is a new steering group that has been specifically set up to look at how to

implement those two strategies, working with communities and working with the voluntary sector strategy.

NCL ICS are proposing six community participant roles that would sit on three of the Committees - Medicines optimization, primary care and strategy and development. and then there'll be a further two patient safety partners with a slightly different role to the community participants and they will sit on the quality committee. The ICS is in the process of developing the job description, other recruitment materials with some of the voluntary sector partners and the aim is to start recruiting for the roles over the summer, with the community participants in place by early autumn.

The ICS would like to come back later and let the PPG Network know who's been recruited and give an update.

Sharon Grant acknowledged that a lot of this engagement is going on at a local level but wanted to know about the engagement at the strategic North Central London level as that's where a lot of the big decisions about resources and strategy are taken under the new system. In some integrated care board areas, there is funding for Healthwatch to be involved at that strategic level so that we are at the table when some of these big decisions are taken, but North Central London has not agreed to provide that funding to any degree. There is a lack of representation at the sub-regional level where all the big decisions are being taken.

Elizabeth Stimson responded that the NCL Healthwatch working arrangement was agreed across all the five Healthwatch. Sharon said it was imposed. Elizabeth stated there's an arrangement across the five NCL boroughs where Healthwatch get a small amount of funding to have representation on some of the committees as the community participants - the strategy and development, quality medicines, optimisation and primary care committees.

All NCL Healthwatch are invited to the Community Partnership Forum.

NCL ICS is currently going through a restructure as an organisation, and it is not totally clear where all of the decision making will be yet.

Esther Myerson asked how the ICS intends to recruit the community partners and safety partners. The five boroughs are very different. How will their different needs be reflected?

Elizabeth Stimson stated that the job description and recruitment materials are being developed with some of the voluntary sector partners and they will be shared across each of the boroughs through the voluntary sector. The intention is to develop a pool of people.

Paul Addae asked about community research and future involvement with the ICS. Elizabeth said she would like to use some of the existing insight gained from previous research.

Community Partnership Forum report

Dan Rogers, CEO Public Voice / Healthwatch Haringey and member of the Community Partnership Forum (ICS body)

The focus of the last meeting of the CPF was the integrated care system delivery strategy, which is around population health. Four key delivery areas that are being looked at over the course of the coming year are children and young people as a key community and adults as a key community as well as deprived communities that's defined in the what's called the core 20 + 5 initiative NHS level. And then looking at wider determinants of health.

The CPF membership includes PPGs the VCS alliance representatives and the North Central London health organisations and members of North Central London Integrated Care Board.

Dan suggested that he could feed back PPG members' views on the membership make-up of the CPF.

The last CPF meeting included six volunteer community participants and two patient safety partners. The CPF did talk

about representing the deprived communities that are a specific focus. If there are comments or feedback either on the make-up of the Community Partnership Forum or the representation of communities in terms of the community participants Dan can pass those on.

Hilary Sinclair asked which VCSE are included in the CPF.

Elizabeth Stimson responded there are 11 organisations from across North Central London in the voluntary sector alliance and they send three representatives.

Ester Myerson asked how six to eight patients can cover all five broughs in the CPF and how 'frequent flyers' in NHS services, i.e., older people can be represented.

Mark Leveson agreed with Esther and said that he thought there was a reluctance to treat very old people, like his mother as she is 97 and there might be a fear of being sued.

Hillary Sinclair questioned the number of people engaged at 43 engagement events. 518 people did not seem that many when compared to the millions of people covered by these NHS services.

4. Caroline Gillett NCL ICB - update on primary care services.

The biggest priority is the change to the way that GPs are going to be looking to provide appointments. There are new changes to the core contract and the recovery plan that's recently been launched. One aim of the recovery plan is to tackle the 8 o'clock rush. The ICB will be going out and speaking to patients as well and supporting practices to get PPGs up and running.

The ICB is launching a new long-term condition service which has started this year in shadow form, enabling patients to take a little more control of their path with their long-term condition, but also having a much more multidisciplinary approach.

Sharon Grant stated that it would be helpful if there is some sort of project plan and timelines for when some of these changes are expected.

Caroline Gillett agreed that deadlines were necessary. She said practices need to be seeking patient views and patient experience. She said 157 practice and the work being done there by a volunteer, which is laudable, is something that other practices may well be looking at.

5. Announcements

Project update: Barriers to GP registration in Haringey – Report and event

Report summary:

https://www.healthwatchharingey.org.uk/report/2023-05-16/barriers-gp-registration-haringey

Report launches event Mon 19 June, 6:30pm, on Zoom

https://www.healthwatchharingey.org.uk/event/2023-06-19/barriers-gp-registration-haringey-report-launch

Loneliness Awareness Week 12 – 18 June 2023 multiple events including in person conference.

https://reachandconnect.net/event/2023-06-12/loneliness-awareness-week

https://reachandconnect.net/event/2023-06-16/connection-matters-conference

NHS webinar – Patient Participation – the Art of the Possible 6 June 2023

https://www.healthwatchharingey.org.uk/event/2023-06-06/webinar-patient-participation-art-possible

The next PPG Network meeting will be at 6:30pm on Monday 25 September 2023.