

Patient Participation Group (PPG) network meeting 3 notes

Monday 27th September, 6:30pm

Theme: How can PPGs help with accessing your GP?

We received 42 registrations for this event on Eventbrite and 35 people attended.

The 42 event registrations came mainly from patients registered at 13 Haringey Practices. 36 registrations for the event were from Haringey patients and of those, 26 were PPG members. The remaining 6 registrations were mainly Haringey practice staff, North Central London Clinical Commissioning Group (NCL CCG) staff and Healthwatch Haringey staff.

Action points arising from this meeting

1. **Action for Healthwatch Haringey** Provide subtitles for future meetings
2. **Action for Paul Sinden** Please respond to Healthwatch Haringey: In view of the Staunton experience, what steps are being taken to ensure patients' voice is part of commissioning of primary care services for individual practices?
3. **Action for Healthwatch Haringey** Ask the CCG to circulate and promote the template practice service commitment to all practices.
4. **Action for Paul Sinden** Contact Healthwatch Haringey and the Haringey PPG Network with details of how to be involved in the upcoming Primary Care Review.
5. **Action for PPG members and patients** Feedback any issues / concerns / experiences around GP access to Councillor Pippa Connor by emailing pippa.connor@haringey.gov.uk

1. Introduction

Raks Patel from Healthwatch Haringey welcomed everyone to the third Haringey PPG network meeting, bringing together PPG members, PPG Chairs, and practice staff from GP practices across Haringey.

Raks introduced the Panel.

- **Dr Sheena Patel**, Medical Director, Haringey GP Federation - Federated4Health who would be reporting on the GP collaborative / forum and actions from the feedback PPG members gave at the PPG conference about GP access.
- **Councillor Pippa Connor**, Chair of Haringey Adults and Health Scrutiny panel, Chair North Central London Joint Health Overview and Scrutiny Committee discussing how the JHOSC / Adults and Health Scrutiny will be taking forward recommendations from the Healthwatch England report 'Locked Out', the Healthwatch Haringey Report 'Accessing GP services' and other feedback from PPG members about patient access to GPs.
- **Rose Echlin**, PPG Chair, Rutland House Surgery discussing the process of developing a practice service commitment. A template practice service commitment is on the PPG Toolkit page of the Healthwatch Haringey website.

Raks also mentioned that **Paul Sinden Chief Operating Officer NCL CCG** would be joining us to discuss the forthcoming review of primary care.

2. PPG Conference Report

Tanya from Healthwatch Haringey thanked all the PPG members in the meeting for helping to make the PPG conference on 19 June a success; by shaping the themes, speaking, or giving technical support. The keynote Speaker was Roger Kline and there were workshops on the Integrated Care System, the Voluntary and Community Sector and Running a PPG.

The PPG Conference Report, writing up the key themes and discussions, was published today (Monday 27 September) and is available to download on the Healthwatch Haringey website.

<https://www.healthwatchharingey.org.uk/report/2021-09-23/haringey-patient-participation-groups-conference-report-2021>

Tanya explained that the theme of this meeting, GP access, was a major theme running through the Conference which people wanted more time to explore.

3. Panel contributions

Dr Sheena Patel, Medical Director, Haringey GP Federation

- Together with Owen Sloman, the Assistant Director of NCL CCG, the GP Federation set up some workshops to gather best practice and they shared feedback they had gained from patients
- The GPs looked at digital inclusion and the project run by Healthwatch Haringey was promoted and publicised. The digital inclusion project has got good feedback from patients, especially from people with mental health issues
- Initially, when the pandemic struck, GPs were advised to keep patients safe by communicating with them remotely (phone calls or video calls), and not to see them in person. But this left many patients feeling excluded
- Seeing patients in person has continued throughout the pandemic for patients where this is clinically needed / appropriate
- It is clear many patients do want face to face appointments reinstated as soon as possible, although for some working people GP phone consultations have been much more convenient and preferred
- Money is being put into improving GP services. There are two new buildings and another one in the pipeline. West Green Practice will be moving in on the Ladder and the Hawes and Curtis building will be developed. These will have better facilities
- Primary care is under a lot of pressure. Demand is overwhelming. At the start of the pandemic, people stayed away from GPs and hospitals, but now they are coming forward with a backlog of problems
- NHS England is supporting Primary Care with lots of additional roles e.g. Clinical pharmacists, social prescribers
- Dr Patel wanted to emphasise that GPs love seeing patients and talking to patients and everything GPs do is about helping patients

Councillor Pippa Connor, Chair North Central London Joint Health Overview and Scrutiny Committee

- The Joint Health Overview and Scrutiny (JHOSC) talks about the big issues of the day that affects health across the five boroughs of North Central London
- The last JHOSC was on 25 June where all the Councillors had the opportunity to discuss GP services and the huge workload and stress for GPs
- JHOSC has adopted the five principles of the Healthwatch England Report on post-Covid-19 digital healthcare (see below, Appendix A)
- The next JHOSC meeting is on 1 October and items include digital inclusion and Integrated Care Systems (ICS). It is helpful to hear from PPG Members, Healthwatch and the public
- Councillor Connor had not heard from any residents saying they could not get a face-to-face appointment, so if that is wrong, she wanted to hear
- PPG members and patients can feedback any issues / concerns to Councillor Connor by emailing pippa.connor@haringey.gov.uk

Rose Echlin, PPG Chair, Rutland House Surgery

- Queens Avenue and Rutland House PPGs merged when their surgeries merged in May
- Paul Mackney, Acting Chair of the former Rutland House PPG, shared his comments about the process of producing a Practice Service Commitment (See Paul Mackney's comments below, Appendix B).
- Rose shared the template Service Commitment which PPGs could use for their own practices. This is available to download on the Healthwatch Haringey website.
<https://www.healthwatchharingey.org.uk/patient-participation-group-ppg-toolkit>
- PPG members were keen to specify the proportion of face-to-face appointments compared to telephone appointments
- It was hard work starting a new PPG, but now they have a good core group
- The PPG is putting together a newsletter
- The PPG has established a very good relationship with practice staff
- The Queens Road patients were having to wait up to 40 minutes to get through on the phone and there was a long recorded message at 8am when people called in. The PPG got the practice to cut down the length of the message and introduce a call-back system. The wait time is now down to 10 minutes. Everyone in management and

admin will now answer the phone in the morning if the wait time is getting too long

Sharon Grant, Chair, Healthwatch Haringey

- Sharon congratulated Rose and Rutland House for the work they have done, producing a practice service commitment
- PPGs are so important to inform the work of Healthwatch Haringey when feeding back to the NCL CCG. Healthwatch Haringey has taken all the issues raised at the PPG conference to the local Health and Community Advisory Board, the local Health and Wellbeing Board, and the Safeguarding Adults Board, where GP access can be a safeguarding issue for vulnerable adults
- Sharon has attended two high level meetings with the Chair, Chief Executive and senior management team at North Central London CCG about booking appointments, getting face to face consultations, digital access, e-Consult and where patient voice will be in the new ICS from April 2022
- Some changes have been made e.g. recorded messages at some practices have been shortened
- Sharon had raised the issue of face-to-face appointments with the CCG and that some people should be given priority for this, encouraging Haringey practices to follow the guidance from the Royal College of GPs
- Sharon has also asked for greater consistency in the types of digital systems used by practices, like e-Consult
- Governance arrangements are still not clear for the new ICS
- Healthwatch Haringey is very aware of the enormous pressures in Primary Care and the demands on GPs, but the voices of patients should still be heard
- Some hospital consultants have fed back that some patients have been incorrectly referred to them, perhaps as a result of a decision made at a phone consultation. Sharon would welcome a study of the impact of telephone triage. There should also be a means that a patient can challenge possible wrong diagnosis, and have the initial decision reviewed
- Sharon expressed concern that there was a potential wave of undiagnosed illness coming through to GPs which would lead to a massive increase in workload and have implications for the overall NHS system
- Healthwatch Haringey, and its PPG network, are very keen to be involved in NCL CCG's upcoming Primary Care review

4. Discussion

Pat Charlesworth, Disability Action Haringey, said many people with learning disabilities needed face-to-face consultations. Sharon said Healthwatch Haringey has asked for face-to-face appointments to be prioritised for people with learning disabilities.

Helen Weaving, Staunton PPG asked Dr Sheena Patel how she was actioning the reinstatement of face-to-face appointments. Dr Patel said many practices are doing this now and the proportion of face-to-face consultations vs phone consultations is about 50:50. Her own practice gives patients the choice and calls patients with learning disabilities offering a face-to-face consultation, and this was shared as good practice.

Paul Zickel, West Green PPG asked if the template practice service commitment could be amended to meet particular practice needs. Raks explained the template is a template, and each PPG and practice could shape and amend it to suit their particular needs.

Janet Shapiro, Muswell Hill PPG explained that her hearing was bad, and long waits on the phone are difficult for people with hearing problems. For people with hearing impairments, a face-to-face consultation is much better. She said there should be more information for patients about important things like GP patient data and the new Bill, and she voiced her opposition to the ICS structure.

Yvonne Denny, Lawrence House PPG raised two issues. Practice receptionists were often rude and should be more customer friendly. They are also often unhelpful, stopping patients from getting appointments, and yet they are not clinically trained so should not be making those decisions. The second issue was repeat prescriptions which were often wrong or incomplete.

Paul Sinden, Chief Operating Officer, NCL CCG

- Paul works with all five boroughs in the CCG and recently met Sharon Grant to talk about GP access
- The CCG recognises that practices are under a lot of pressure and are dealing with more appointments than before the pandemic

- The CCG would like to build on the work of Healthwatch Haringey and others to understand problems with access and explore issues around demand and capacity
- This will involve working with the five Healthwatch in the NCL CCG area and with PPGs and practices
- The CCG wants to talk to people about what they would like to see in a strategic review of general practice
- There have been lots of changes, for example the creation of groups of practices in Primary Care Networks (PCN) and the creation of GP federations in each borough
- The CCG would like to look at perhaps providing some elements at scale, for example e-Consult
- The direct feedback the CCG receives from PPGs and Healthwatch would be used to provide practices with support to better manage demand

Action: Paul Sinden will be in touch with Healthwatch Haringey and the Haringey PPG Network in terms of how to be involved in the upcoming Primary Care Review

5. Further discussion and summing up

Marylyn Duncan, Queenswood shared her experience with an 84-year-old patient hanging on the phone for 49 minutes. Then given a face-to-face appointment and admitted to hospital as she was extremely ill.

Councillor Pippa Connor said she was grateful for being given the opportunity to hear patient perspectives. She has taken notes and will ensure all points are raised at JHOSC.

Action: PPG members and patients to feedback any issues / concerns / experiences to Councillor Connor by emailing pippa.connor@haringey.gov.uk

Sharon Grant reiterated that there was a real opportunity for emerging PPGs to influence the way in which primary care is shaped in the future. She was grateful to Paul Sinden for finding the time to be in the Network meeting. How people access primary care is important for the NHS system as a whole so PPGs should be fully involved in the upcoming primary care review.

Comments in the chat were noted for action

6. From **Janet Shapiro, Muswell Hill PPG - Action for Healthwatch Haringey**: Please provide subtitles for future meetings
7. From **Esther Meyerson, Staunton PPG - Action for Paul Sinden**: Please respond to Healthwatch Haringey: In view of our experience, what steps are being taken to ensure patients' voice is part of commissioning of primary care services for individual practices?
8. From **David Winksill, The Vale PPG - Action for Healthwatch Haringey**: ask the CCG to circulate and promote the template practice service commitment to all practices.

Appendix A

Five principles for post-COVID digital healthcare [from Healthwatch England Report “Locked Out”](#)

1. Maintain traditional models of care alongside remote methods and support people to choose the most appropriate appointment type to meet their needs.
2. Invest in support programmes to give as many people as possible the skills to access remote care.
3. Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely.
4. Enable practices to be proactive about inclusion by recording people's support needs.
5. Commit to digital inclusion by treating the internet as a universal right.

Appendix B

Paul Mackney's comments on the production of the Rutland House Practice Service Commitment:

“People should have a look at the document Tanya has prepared which is derived from the one for the new Rutland House merged practice.

Many people were unsettled by news of the Rutland House / Queens Avenue merger, the retirement of a number of much-loved doctors and staff, the Centene takeover of North London surgeries, surgery arrangements during COVID and COVID itself.

The Service Commitment evolved out of a response to questions which related to these items.

It was an attempt to show how the culture of the two surgeries - the way things are done - would be maintained or improved.

It was the surgery detailing to the PPG a number of promises about what things would be like during and after the merger. It's clear that it may need to be 're-visited' in the light of changing events after the merger.

It also enhanced the reputation of the PPG with patients and provided an important focal point for an agreement, albeit not legally binding between the surgeries, their patients and, by extension, the local community.

We stumbled across this approach in a merger situation. It is more developed than a 'mission statement', which can often be anodyne and vacuous. It might have something to offer other PPGs particularly entering a time of change."